



The Regulation and
Quality Improvement
Authority

Trackars Ltd
RQIA ID: 10769
23 The Craig Road
Downpatrick
BT30 9BG

Inspector: Amanda Jackson
User Consultation Officer: Clair McConnell
Inspection ID: IN21322

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**Unannounced Care Inspection
of
Trackars Ltd**

01 March 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 01 March 2016 from 09.30 to 14.45. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

The details of the QIP within this report were discussed with the registered manager Ms Anita McClurg as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Trackars Ltd/Mr Terence Leo	Registered Manager: Ms Anita McClurg
Person in charge of the agency at the time of Inspection: Ms Anita McClurg	Date Manager Registered: 17 February 2016
Number of service users in receipt of a service on the day of Inspection: 99	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.

Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2014/2015
- User Consultation Officer (UCO) report.

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager and co-ordinator.
- Consultation with three staff
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the User Consultation Officer (UCO) spoke with one service user and four relatives on 31 December 2015 and 04 January 2016 to obtain their views of the service. The service users interviewed live in Ballynahinch and surrounding areas, and receive assistance with the following:

- Management of medication
- Personal care
- Meals
- Sitting service.

The findings from their feedback have been included within the body of this report.

During the inspection the inspector met with three care staff and their feedback is contained within the body of this report.

Ten staff questionnaires were provided to the registered manager post inspection. She was asked to forward these to a random sample of care staff, to find out their views regarding the service. Five staff questionnaires were received following the inspection and feedback supported that of staff spoken with on the inspection day and contained within this report.

The following records were examined during the inspection:

- Three service user records in respect of care plan, risk assessment and daily recording records
- Three staff induction records
- Three staff training records and competency assessments in respect of manual handling and infection control training

- Manager and co-ordinator training records and competency assessments
- Three staff recruitment records regarding driving licence, car insurance and registered person/manager sign off
- Staff supervision and appraisal policy and procedure
- Co-ordinator supervision and appraisal records
- Restraint policy
- Three complaints records
- Three new service user's referral, assessment, care plan and initial visit information
- Three long term service user review/quality monitoring information
- Three compliments
- Three staff quality monitoring records
- Four communication records with staff regarding changes to service user's needs
- Additional staff training in the areas of Dementia, MS and Parkinson's
- Annual Quality reports for Service users, staff and commissioners 2015
- Staff rota's
- Procedure for management of missed calls
- Two missed call/late call records
- Communication log
- Diary on call records
- Three communications with HSC trust professionals
- Three monthly quality monitoring reports
- One staff disciplinary record
- On call rota's.

5. The Inspection

Trackars Ltd is a domiciliary care agency located on the outskirts of Downpatrick/Crossgar, providing care services to approximately 99 service users in the areas of frail elderly, learning and physical disability, mental health categories and one service user in the child category. The care provision is mainly in the arena of intimate personal care and domestic tasks. The agency currently employs approximately 48 domiciliary care staff.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 4 and 5 November 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 15(2) Regulation 21 and	The registered person/acting manager is required to ensure service user home files are current with up to date care plans, risk assessments and appropriate staff recording.	Met

Schedule 4	Action taken as confirmed during the inspection: Review of three randomly selected service user records confirmed appropriate up to date care plans, risk assessments and home recording.	
Requirement 2 Ref: Regulation 16(5)(a)	The registered person/acting manager is required to ensure a consistent approach to staff induction in line with the agency policy and procedure. Action taken as confirmed during the inspection: Review of three recently recruited staff files evidenced an induction process regarding staff training in mandatory areas together with a three day shadowing induction process signed off by senior staff and manager/registered person.	Met
Requirement 3 Ref: Regulation 16(2)(a)	The registered person/acting manager is required to ensure staff competency assessments for the areas of manual handling and infection control are consistently evidenced and signed off. Action taken as confirmed during the inspection: Review of three recently recruited staff files evidenced an induction process regarding staff training in the required mandatory areas together with competency signed off by the trainer.	Met
Requirement 4 Ref: Regulation 11(1) Regulation 11(3) Regulation 13(b)	The registered person/acting manager is required to ensure all training records and associated competency records for the manager and management staff are compliant with Regulation 11(1). Regulation 11(3), Regulation 13(b), Standards 8.17 and the RQIA mandatory training guidelines (2012) and include management training in the areas of supervision and appraisal in accordance with standard 13.1.as appropriate. Action taken as confirmed during the inspection: Review of the records for the registered manager and one co-ordinator confirmed all mandatory training, competency assessments and training in supervision and appraisal had been completed.	Met
Requirement 5 Ref: Regulation 16(2)(a)	The registered person/acting manager is required to ensure all training records and associated competency records are maintained for all staff training.	Met

	Action taken as confirmed during the inspection: As detailed within requirements two, three and four above all staff training records were confirmed as met.	
Requirement 6 Ref: Regulation 21(1)(2)	The registered person/acting manager is required to ensure all service user home records (including medication records) and staff recording in these home records are compliant with Regulation 21(1)(2) and Standards 5.2 and 5.6. Action taken as confirmed during the inspection: Review of three randomly selected service user home recordings confirmed compliance with Regulation 21(1) (2).	Met
Requirement 7 Ref: Regulation 13 and Schedule 3	The registered person/acting manager is required to ensure a statement regarding staff fitness forms part of the recruitment procedure together with appropriate driving license and car insurance. Action taken as confirmed during the inspection: Review of three recently recruited staff files evidenced compliance with the required areas under Regulation 13 and Schedule 3 and requirement seven.	Met

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13.2 Standard 13.3 Standard 13.6	The registered person/acting manager is recommended to review and revise the staff supervision and appraisal policy and procedure to reflect clear processes for management staff and ensure the procedure of supervision is consistently implemented for all management staff. Action taken as confirmed during the inspection: Review of the revised policy dated 05 November 2014 did not confirm management staff procedures. Review of the process of supervision and appraisal for the one co-ordinator confirmed compliance. Submission of a revised policy post inspection confirmed management/office staff supervision procedures.	Met

<p>Recommendation 2</p> <p>Ref: Standard 9 and Appendix 1</p>	<p>The registered person/acting manager is recommended to review and revise the agency restraint policy.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of the revised policy dated 13 March 2015 confirmed an appropriate restraint policy in respect of domiciliary care.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 15.10</p>	<p>The registered person/acting manager is recommended to ensure all complaints records are fully maintained in compliance with standard 15.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of three complaints during 2015 did not evidence complete records regarding resolution of the complaints raised. However, review of one complaint currently under review by the recently registered manager was confirmed as compliant with Standard 15.10.</p>	<p>Met</p>

5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.

Is care safe?

Service user referral information received from HSC Trust commissioners contained a reasonable level of information regarding service user and/or representative's views. The referrals detailed a care plan and risk assessment together with multi professional assessments where appropriate. The care plans completed at service commencement contained evidence that service users and/or representative's views had been obtained and incorporated, where possible. The person centred assessment of need, risk assessments and care plans reviewed during inspection were found to be kept under continual review, amended as changes occur and kept up to date to accurately reflect at all times the needs and preferences of the service user. Service user guides and agreements had been provided to service users and were signed by service users or their relative.

The UCO was advised that new carers are usually introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and the carer's knowledge of the required care.

The documentation relating to three service users was reviewed by the inspector during the inspection. The files reviewed contained log books and these were being completed appropriately by carers.

Is care effective?

The UCO was informed by all of the people interviewed that they are aware of whom they should contact if any issues arise. Two relatives advised that complaints had been made regarding missed calls; one of which is ongoing.

Questionnaires are sent out by the agency to obtain the views of the service from service users or their representatives. Management visits are taking place to discuss their care, however none of the people interviewed were able to confirm that observation of staff practice had taken place.

Review of staff quality monitoring during inspection confirmed an appropriate process and timeframe for staff observations. Evidence of the annual quality reports for 2015 were reviewed during inspection. The reports include service users'/relatives, staff and commissioner feedback in three separate reports and evidence of sharing the report outcomes with all stakeholders was reviewed during inspection. Service user quality visits and contacts were confirmed during inspection for three service users and had taken place in line with the confirmed timeframes.

The agency had received a number of complaints since the previous inspection. Review of three 2015 records did not support an appropriate procedure for complaints review and resolution as detailed within recommendation three within the follow up section of this report. However, review of one current 2016 complaint matter evidenced appropriate procedures in place under the new recently registered manager.

The compliments records from service users reviewed during inspection contained positive feedback regarding the care provided to service users as detailed below:

‘Lovely, lovely people, spot on’.

‘Carers treat mum like a friend’.

‘We were very happy with all the care workers who came to look after our father, two stand out in particular XXX and XXX’.

The inspector discussed during the inspection how the agency provides positive feedback to staff following compliments, this was reviewed within the agency communication records for two staff members relating to the above compliments.

The agency has monthly monitoring reports completed by an independent consultant and quality reviewed by the registered person. The inspector reviewed three such reports and found reports to be consistent with the RQIA template and appropriately detailed regarding all matters stated. The reports also evidenced actions taken to address matters and review of outcomes at each monthly review.

Communication records viewed in the agency office evidenced how feedback was received and shared with staff as necessary in respect of changes to service users’ needs.

Three staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user or when changes to current service users’ needs are agreed. They provided examples to demonstrate how they promote service user independence and choices. Staff discussed how processes such as daily contact with their line managers share ongoing changes to service user’s needs and evidence of these processes were reviewed during the inspection day. Additional staff training is offered as required to ensure staff are appropriately knowledgeable in service users’ specific needs and staff spoke positively regarding training provided. Two out of five staff questionnaire received suggested staff training could be improved in the area of service users mental health needs/dementia. One staff questionnaire also requested improved training in the areas of challenging behaviour and whistleblowing. This feedback was shared with the manager post inspection for review.

Is care compassionate?

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from Trackars. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible.

No concerns were raised regarding the carers treating the service users with dignity or respect, or that care is being rushed. Examples of some of the comments made by service users or their relatives are listed below:

- “Pleased with their work”.
- “Very good to my XXX”.
- “Couldn’t do without them. Doing well at the moment”.

- “Couldn’t say a bad word”.

Service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding the service user’s condition. Examples given included working with service users with limited mobility and dementia.

It was good to note that service users or their representatives are included in decision making regarding their care plan, either at service commencement or during reviews. They are also given the opportunity to comment on the quality of service either during home visits, by telephone or surveys for the agency.

Staff interviewed confirmed that service users’ views and experiences are taken into account in the way service is delivered. Staff confirmed that training provided had been relevant to allow them to meet their service users’ particular needs.

Two out of five staff questionnaires received highlighted that more time allocated for service user needs, additional time to talk and listen to service users and greater involvement of service users in influencing the running of the agency would be beneficial in supporting effective and compassionate care. This feedback was shared with the agency manager post inspection for consideration.

Areas for Improvement

The agency has met the required standards in respect of theme one.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.

Is Care Safe?

A range of management systems and processes were reviewed in operation within the agency during inspection to ensure communication channels with service users and their relatives during daily contacts, on call arrangements and management of missed calls. The agency has a policy and procedure for management of missed calls and this was reviewed as appropriate during inspection. The agency has experienced missed calls and review of records and discussions during inspection confirmed the circumstances surrounding the matters. Communications with the referring HSC Trust commissioners were not available for review in the cases discussed but have been introduced within a new communication/contact log. Other communication emails with trust professionals were reviewed during inspection regarding changes to service users’ needs. Review of staff rota’s during inspection for three staff members/locality areas reflected a process for allocating the staff numbers to service user calls however the inspector was unable to verify the effectiveness of this rostering system given that the inspection day only presents an overview of the system.

Is care effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carer's timekeeping and they are usually contacted by the agency if their carer has been significantly delayed.

Three of the relatives interviewed also advised that they had experienced a number of missed calls from the agency. Feedback from the agency manager post inspection confirmed follow up with the three relatives and satisfactory conclusion that the stated missed call related to extenuating circumstances and were actually late as opposed to missed. The inspector was satisfied with the feedback provided.

The manager confirmed that missed calls would not occur in the service and late calls would be very occasional. Evidence of agency processes around communication and staff discipline in such cases was reviewed during inspection.

Monthly monitoring reports completed by an independent consultant and reviewed by the registered person were reviewed during inspection but do not reference the above missed/late calls as the above calls were covered by a second staff member hence they calls were not specifically missed.

Staff interviewed on the day of inspection confirmed that they felt supported by management staff and demonstrated a clear understanding of their reporting processes if running late for next service user visits or missing a call.

Is Care Compassionate?

As previously detailed under theme one of this report, service users and their relatives spoken with by the UCO highlighted service quality to be good with appropriately trained and skilled staff who delivered compassionate care. Where issues arise service users described appropriate communication processes in order to keep them informed.

Staff interviewed on the day of inspection confirmed that they felt supported by management staff and demonstrated a clear understanding of their reporting processes if running late for next service user visits or missing a call.

Areas for Improvement

The agency has met the required standards in respect of theme two.

Number of Requirements:	0	Number of Recommendations:	0
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5.3 Additional Areas Examined

The inspector did not review incidents during the inspection as two previously reported matters had been concluded. This was confirmed with the registered manager during inspection.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Anita McClurg	Date Completed	04.04.16
Registered Person	Patricia Casement	Date Approved	04.04.16
RQIA Inspector Assessing Response	A.Jackson	Date Approved	05.04.16

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to agencies.team@rqia.org.uk from the authorised email address

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.