



The Regulation and
Quality Improvement
Authority

Trackars Ltd
RQIA ID: 10899
5 Carnalea Road
Fintona
BT78 2BY

Inspector: Amanda Jackson
User Consultation Officer: Clair McConnell
Inspection ID: IN21323

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**Unannounced Care Inspection
of
Trackars Ltd**

29 February 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 29 February 2016 from 09.45 to 14.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. No areas for improvement were identified during this inspection. 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 |

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

| | |
|---|---|
| Registered Organisation/Registered Person: Trackars Ltd/Ms Patricia Mary Casement | Registered Manager: Ms Anita McClurg |
| Person in charge of the agency at the time of Inspection: Ms Anita McClurg and the co-ordinator . | Date Manager Registered: 17 February 2016 |
| Number of service users in receipt of a service on the day of Inspection: 116 | |

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 four staff
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the User Consultation Officer (UCO) spoke with three service users and two relatives on 22 and 25 January 2016 to obtain their views of the service. The service users interviewed live in Dromore and receive assistance with the following:

- Management of medication
- Personal care
- Meals
- Housework.

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

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

Seven staff questionnaires were provided to the co-ordinator on the day of inspection. She was asked to forward these to a random sample of care staff, to find out their views regarding the service. One staff questionnaire was received following the inspection and supported staff feedback from the inspection day with no matters arising.

The following records were examined during the inspection:

- Three staff training/competency 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 complaints
- Three service user home recording/contact records

- Three staff quality monitoring records
- Three 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
- Communication log
- Diary on call records
- Three monthly quality monitoring reports
- On call rota's.

5. The Inspection

Trackars Ltd (Fintona) has been operational since December 2014. Trackars Ltd is based in the town of Fintona and provides services to 116 adults in the localities of Fintona, Dromore, Drumquin, Irvinestown, Trillick and Seskinore. All referrals are made through the Western HSC Trust and one private package of care is currently in place with the agency. Services provided include personal care, meals preparation and social support. Currently services are provided to adults within the categories of frail elderly, mental health and learning disability, but referrals for services to children would be accepted. The agency employs 31 staff.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 21 July 2015. 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 Recommendations | | Validation of Compliance |
|--|---|--------------------------|
| Recommendation 1 Ref: Standard 12.9 | The effects of training on practice and procedures is evaluated as part of quality improvement. | Met |
| | Action taken as confirmed during the inspection: Review of three randomly selected staff files confirmed compliance with standard 12.9 and requirement one. | |

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. 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 had not made any complaints regarding the service, however they are aware of whom they should contact if any issues arise.

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 on a regular basis 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 one complaint since the previous inspection. Review of this record supported an appropriate procedure for complaints review and resolution.

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

'Couldn't live without them'.

'Look forward to her visit each evening, she is very helpful'.

‘Also his carers, especially XXX for her excellent care and attention’.

‘Thanks also to all her lovely carers who looked after XXX so well and always had a smile for her’.

‘We are deeply grateful and extend a very special thanks to all the carers who looked after mum and treated her with dignity, respect and affection. Without them it would not have been possible to keep mum at home’.

The inspector discussed during the inspection how the agency provides positive feedback to staff following compliments, this is completed via telephone to individual staff. The inspector recommended retaining records of such feedback for future reference.

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.

Four 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. One staff questionnaire received post inspection supported staff feedback from the inspection day discussions.

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; however one relative felt that care can be rushed. Discussion with the co-ordinator and registered manager confirmed follow up to this matter following UCO feedback to the agency. The service is currently being provided as commissioned. Service users, as far as possible, are given their choice in regards to meals and personal care, and are allowed to complete tasks themselves if appropriate. Examples of some of the comments made by service users or their relatives are listed below:

- “I don’t like change so happy to have just one carer”.
- “Can’t say anything bad about them”.

- “Couldn’t complain at all”.
- “Very attentive”.

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, Parkinson’s and dementia.

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

Staff interviewed and returned staff questionnaire 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.

Areas for Improvement

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

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|--------------------------------|----------|-----------------------------------|----------|
| Number of Requirements: | 0 | Number of Recommendations: | 0 |
|--------------------------------|----------|-----------------------------------|----------|

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 not experienced missed calls and hence records were not reviewed during inspection. Communications with the referring HSC Trust commissioners was again not applicable as no missed calls had occurred. 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 if their carer has been significantly delayed. The people interviewed also advised that they had not experienced any missed calls from the agency.

The manager confirmed that missed calls would not occur in the service and late calls would be very occasional hence evidence of agency processes around communication and staff discipline in such cases was not 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 missed or late calls as no missed calls have occurred.

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.

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|--------------------------------|----------|-----------------------------------|----------|
| Number of Requirements: | 0 | Number of Recommendations: | 0 |
|--------------------------------|----------|-----------------------------------|----------|

5.3 Additional Areas Examined

The inspector did not review incidents during the inspection as no matters had been reported to RQIA since the previous inspection. This was confirmed with the registered manager and co-ordinator during inspection.

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.

No requirements or recommendations resulted from this inspection.

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|--|-------------------|-----------------------|------------|
| I agree with the content of the report. | | | |
| Registered Manager | Anita McClurg | Date Completed | 01/04/2016 |
| Registered Person | Patricia Casement | Date Approved | 01/04/2016 |
| RQIA Inspector Assessing Response | A.Jackson | Date Approved | 04/04/2016 |

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

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