



The Regulation and
Quality Improvement
Authority

Inspector: Amanda Jackson
Inspection ID: IN23259

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

Tel: 02882840487
Email: patricia@trackars.biz

**Unannounced Care Inspection
of
Trackars Ltd

21 July 2015**

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 21 July 2015 from 09.30 to 13.15. 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's 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	1

The details of the QIP within this report were discussed with the recruitment consultant and the registered person/manager 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 (Fintona)/Mrs Patricia Mary Casement	Registered Manager: Mrs Patricia Mary Casement
Person in charge of the agency at the time of Inspection: Recruitment consultant	Date Manager Registered: December 2014
Number of service users in receipt of a service on the day of Inspection: 117	

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 regulation and standards have been met:

- Standard 14.1
- Standard 14.4
- Standard 1.9
- Regulation 5 and Schedule 1
- Regulation 16(2)(a), Regulation 11(1)(3), Regulation 13(b), Regulation 16(2)(4)
- Regulation 15(10)
- Regulation 15(2),(6)(d) and (10)
- Standard 10.5.

4. Methods/Process

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

Prior to inspection the following records were analysed:

- Previous inspection reports
- Previous returned quality improvement plans.

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

- Discussion with the registered person/manager and recruitment consultant.
- Examination of records
- File audits
- Evaluation and feedback.

The following records were examined during the inspection:

- The vulnerable adult's procedure
- The vulnerable adults post training competency assessment
- Agency newsletter April/May 2015
- The statement of purpose
- Policy on 'Management, control and monitoring of the agency'
- Training records for registered manager, assistant co-ordinator and senior carer
- Supervision and appraisal policy and procedure
- Restraint policy and procedure
- Three service user care plans and risk assessments
- Training content in the area of recording and reporting and post training competency assessment.

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 117 adults in the localities of Fintona, Dromore, Drumquin, Irvinestown, Trillick, Seskinore and Omagh. All referrals are made through the Western HSC Trust and three private packages are currently in place with the agency. Services provided include personal care, meals preparation and social support. Currently services are provided to adults, but referrals for services to children would be accepted. The agency employs 32 staff.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 12 March 2015. The completed QIP was returned and approved by the inspector.

5.2 Review of Requirements and Recommendations from a previous care Inspection on 8 October 2013

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 14.1	The registered manager is recommended to expand their protection of vulnerable adult's procedure to include a flowchart of key steps staff should follow within the process.	Met
	Action taken as confirmed during the inspection: Review of the vulnerable adult's policy dated 18 March 2014 was found to be compliant with standard 14.1 and recommendation one.	
Recommendation 2 Ref: Standard 14.4	The registered manager is recommended to expand their staff competency assessments following protection of vulnerable adults training.	Met
	Action taken as confirmed during the inspection: The agency has expanded their staff competency assessment for vulnerable adults dated December 2014 which was implemented in early 2015. The assessment template was found to be compliant with standard 14.4.	

Recommendation 3 Ref: Standard 1.9	The registered manager is recommended to develop a system to verify all service users have been provided with a summary of their annual quality report.	Met
	Action taken as confirmed during the inspection: Due to the recent purchase of Trackars (Fintona) in December 2014 the agency have not completed an annual quality review and report for the Fintona service. This is due to take place in December 2015. The inspector reviewed evidence of this process taking place within the Trackars Downpatrick service. Notification to service users following the report completion is via the agency's business newsletter. Review of the newsletter dated April/May 2015 was found to be compliant with Standard 1.9 and recommendation three.	

Review of Requirements and Recommendations from last care inspection on 12 March 2015

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 5 and Schedule 1	The registered person/manager is required to review the management structure within the statement of purpose and policy on 'Management, control and monitoring of the agency'. (Minimum standard 8 and standard 9 and appendix 1). As discussed within theme one, criteria one of the report.	Met
	Action taken as confirmed during the inspection: Review of the statement of purpose dated 16 July 2015 and the policy on 'Management, control and monitoring of the agency' dated 13 April 2015 were found to be compliant with Regulation 5 and Schedule 1.	

<p>Requirement 2</p> <p>Ref: Regulation 16(2)(a) Regulation 11(1)(3) Regulation 13(b)</p> <p>Regulation 16(2)(4)</p>	<p>The registered person/manager is required to ensure implementation of mandatory training across all staff groups to include supervision and appraisal training for the registered manager and management staff as appropriate. Competency assessments are also required for all mandatory areas.</p> <p>(Minimum standard 12)</p> <p>As discussed within theme one, criteria one and three of the report.</p> <p>The registered person/manager is required to review the staff supervision and appraisal policy and process to ensure appropriate application across all staff groups in compliance with the revised agency policy.</p> <p>(Minimum standard 13)</p> <p>As discussed within theme one, criteria two of the report.</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>Review of the mandatory training and competency assessments for the registered person/manager in the areas of medication, service user monies and supervision and appraisal were reviewed as compliant with Regulation 16(2)(a), Regulation 11(1)(3) and Regulation 13(b) as required at the previous inspection.</p> <p>Review of mandatory training for the assistant co-ordinator in the areas of manual handling and medication were reviewed as compliant with Regulation 16(2)(a), Regulation 11(1)(3) and Regulation 13(b) as required at the previous inspection. Competency assessments still require to be completed</p> <p>Review of mandatory training for a senior carer had been updated in a number of areas since the previous inspection but competence assessments were not available for review.</p>	<p>Met</p>

	Review of the staff supervision and appraisal policy dated 10 April 2015 was found to be updated regarding management staff supervision and appraisal processes. Implementation of the supervision process for senior staff/office staff has still to be implemented as no staff were due for supervision since the last inspection in March 2015.	
Requirement 3 Ref: Regulation 15(10)	<p>The registered person/manager is required to review the agency restraint policy and procedure.</p> <p>As discussed within theme two, criteria one of the report.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Review of the restraint policy dated 13 March 2015 was found to be compliant with Regulation 15(10) and requirement three.</p>	
Requirement 4 Ref: Regulation 15(2),(6)(d) and (10)	<p>The registered manager is required to ensure service user care plans and/or risk assessments clearly detail service user restraint and money management.</p> <p>As discussed within theme two, criteria one of the report.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Review of three service user care plans and risk assessments in respect of money management or restraint were found to be compliant with Regulation 15(2)(6)(d) and (10) and requirement four.</p>	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 10.5	The registered person/manager is recommended to review staff training in the area of recording and reporting. As discussed within theme two, criteria one.	Met
	Action taken as confirmed during the inspection: Update training took place in July 2015 following the March 2015 inspection and included review of the agency policy on recording and reporting dated 20 January 2014. Following training staff are required to complete a recording and reporting competency assessment and the template for this was reviewed during inspection but was not available for review in its completed state given that the training was only completed a week prior to the inspection.	

Number of Requirements:	0	Number of Recommendations:	1
--------------------------------	----------	-----------------------------------	----------

5.3 Additional Areas Examined

No additional areas were reviewed during this inspection.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the recruitment consultant and the registered person/manager Patricia Casement as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk and assessed by the inspector.

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 agency. 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.

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 12.9</p> <p>Stated: First time</p> <p>To be Completed by: 21 December 2015</p>	<p>The effects of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Immediately, following training, candidates are required to complete evaluation questionnaire verifying intake of information and quality of delivery.</p> <p>Supervisions will monitor training intake of information and recorded on this template</p>

Registered Manager Completing QIP	Patricia Casement	Date Completed	28/07/15
Registered Person Approving QIP	Patricia Casement	Date Approved	28/07/15
RQIA Inspector Assessing Response	A.Jackson	Date Approved	03/08/15

Please ensure the QIP is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address