

Unannounced Care Inspection Report 14 November 2019



Trackars Ltd

Type of Service: Nursing Agency
Address: 15 Stranmillis Road, Belfast, BT9 5AF
Tel No: 02890332190
Inspector: Caroline Rix

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Trackars Ltd is a nursing agency which supplies registered nurses to a range of health care services including nursing homes and to provided complex care in service users own homes, commissioned by the Health and Social Care (HSC) Trust.

3.0 Service details

| | |
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| Organisation/Registered Provider: Trackars Ltd Responsible Individual: Patricia Mary Casement | Registered Manager: Mary Lorraine Collins |
| Person in charge at the time of inspection: Mary Lorraine Collins | Date manager registered: 25 February 2019 |

4.0 Inspection summary

An unannounced inspection took place on 14 November 2019 from 09.45 to 15.00.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Nursing Agencies Regulations (Northern Ireland) 2005 and the Nursing Agencies Minimum Standards, 2008.

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of nursing agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Service users have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found throughout the inspection in relation to governance arrangements in place including: staff recruitment, training, the agency's quality monitoring process and communication with service users and other relevant stakeholders.

There were no areas requiring improvement identified during the inspection.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mary Collins, manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 11 February 2019

No further actions were required to be taken following the most recent inspection on 11 February 2019.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous RQIA inspection report
- records of notifiable events reported to RQIA since the last inspection
- all correspondence received by RQIA since the previous inspection

During the inspection the inspector spoke with the responsible person and the registered manager.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision; no responses were received.

The following records were examined during the inspection:

- A range of policies and procedures regarding recruitment, induction, staff supervision and appraisal, safeguarding adults, whistleblowing, record keeping, confidentiality and incidents management.
- Statement of purpose.
- Service user guide.
- Three staff members' recruitment records.
- One staff members' induction records.
- Two staff members' training and competency assessment records.
- Nursing and Midwifery Council (NMC) registration checking process.
- A range of quality monitoring reports.
- Incidents, accidents records.
- Complaints log and records.
- Quality audits and governance arrangements.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Inspection findings

6.2 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The agency's registered premises are suitable for the operation of the agency as described in the Statement of Purpose.

The agency's recruitment policy outlines the procedures for ensuring that the required staff pre-employment checks are completed prior to commencement of employment. The agency retains a record of checks completed; the manager confirmed that information is reviewed and verified by the manager and that registered nurses are not permitted to work until all pre-employment checks have been satisfactorily completed and verified. Staff recruitment records viewed evidenced that required checks had been completed and that the agency's recruitment process is robust.

The agency requires registered nurses to complete an induction and in addition, to complete training in a range of mandatory areas prior to their commencement of employment. A record of induction provided to staff is maintained; records viewed outline the information and support provided to staff during the induction process.

There was a rolling programme of training, competency assessments, supervision and appraisal. Records of staff supervision indicated that staff had received supervision and appraisal in accordance with the time frames specified in the agency's procedures.

The agency has a system for recording training completed by staff and for highlighting when training is required. The manager stated that registered nurses are not permitted to work if annual training updates have not been completed. It was good to note that additional training had been provided to staff in areas such as consent, record keeping and confidentiality.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice, to ensure that the service users were safe and protected from harm. The review of records and discussion with the manager confirmed that there had been one safeguarding incident reported since the previous inspection. Records confirmed this matter has not yet concluded and it has been appropriately managed.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that the responsible person was the identified ASC. The Annual Position Report had not yet been completed, however the manager indicated preparation work has been ongoing to complete the report following the implementation date of 1 April 2020.

The manager stated that nurses employed by the agency are provided with information relating to the agency's safeguarding and whistleblowing policies during their induction and in the agency's staff handbook. It was identified from discussions with the manager and documentation viewed that staff are required to complete adult safeguarding training during their initial induction and regularly thereafter. Training records viewed during the inspection indicated that staff had completed appropriate training.

The manager could describe the procedure for reporting any incidents of suspected, alleged or actual abuse and the mechanism for liaising with the appropriate bodies in relation to any investigation they may be required to be involved in. It was noted that the monthly quality monitoring audit process includes the review of referrals made in relation to adult protection matters.

The manager could describe the procedure for appropriately matching the individual skills of the registered nurses employed to the needs of the service users; this includes the completion of a skills and experience profile during the interview process and ongoing training, development and competency assessments following employment.

The agency has a system for monitoring and recording the registration status of nurses with the NMC; the manager could describe the process for checking the NMC register on a monthly basis to ensure that all staff are registered.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to the service users' health, welfare and safety. The inspector viewed a range of risk assessments in place relating to individual service users.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, and supervision.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.3 Is care effective?

The right care, at the right time in the right place with the best outcome.

The inspector reviewed the agency's arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided is outlined within the Statement of Purpose and Service User Guide.

It was identified from records viewed that they were maintained in a well organised and secure manner and in accordance with legislation, standards and the organisational policy.

The review of the care records for patients in receipt of private nursing care identified that they were person-centred and maintained in an organised manner. The care records evidenced referral information and risk assessments.

The care plans reviewed identified that consideration had been given to the service users' human rights. This related particularly to, but was not limited to, the service user's right to privacy and dignity; personal choices and autonomy; promoting family life; and their right to refuse care.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with service users' next of kin and other key stakeholders.

Discussions with the manager and documentation viewed provided evidence that the agency has effective systems in place to monitor, audit and review the effectiveness and quality of the service provided. The systems were noted to include processes for the review of compliance levels of training completed by staff, nurses' registration status with the NMC, audits of complaints, accidents, incidents, referrals relating to adult protection and audits of service user feedback and documentation. This information is provided to the senior management team in accordance with their governance procedures.

Systems to promote and achieve effective communication with service users, the agency's registered nurses and other relevant stakeholders were evident on inspection. Discussions with the manager and review of records provided evidence that the agency seeks to develop and maintain effective working relationships with service users. The manager stated that service users are informed of the process for contacting the agency to discuss concerns in relation to the competency of registered nurses provided. The agency has systems in place for obtaining the comments of service users in relation to staff provided; they include staff feedback forms, face to face meetings and regular phone contact with service users.

The manager described the process for addressing concerns relating to individual staff members; it indicated that the agency's procedure for dealing with concerns is effective.

Areas of good practice

Areas of good practice were identified in relation to record keeping, communication with service users, the agency's training programme and systems for reviewing the quality of the service provided.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of areas for improvement | 0 | 0 |

6.4 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

It was noted that the agency's staff handbook and information provided to all registered nurses during their initial induction programme contains details of a number of key policies and procedures including the agency's confidentiality policy. The policy relating to confidentiality outlines the actions required by staff to ensure confidentiality is maintained at all times.

The 'Whistleblowing Policy' provided to staff, outlines the responsibility of staff in highlighting concerns or issues relating to poor practice and the process for raising concerns.

The agency has on call arrangements in place to ensure that staff and service users can report concerns they may have regarding a placement, or to access support and guidance. The agency's staff handbook clearly outlines the process for staff in relation to reporting concerns.

Discussions with the manager during the inspection indicated that the promotion of values such as dignity, choice, equality and respect were embedded in the culture and ethos of the organisation.

The agency has a range of methods for obtaining the views of service users in relation to staff performance; it includes requesting that service users complete a feedback pro-forma for staff provided. The manager described the processes for engaging with service users in order to obtain feedback; this includes the agency's quality monitoring process, face to face meetings and telephone contact with service users to obtain their views as to the quality of the service provided and feedback on staff performance.

Comments received from service users included:

- 'We are happy with the service, staff quality is excellent'.
- 'The office is very responsive when contacted, thank you for finding staff to cover our service'.
- "Thank you to all the Trackars staff who provided care to our relative in her last weeks, we were very impressed and pleased with the service'.

Areas of good practice

Areas of good practice were identified in relation to communication and ongoing engagement with service users, staff and the promotion of values such as confidentiality, dignity and respect.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.5 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Registered manager Mary Collins is supported in the management of the agency by a general manager, three client relationship officers, and training officer, accounts manager and two payroll staff.

A range of policies and procedures were in place which directs the quality of services provided by the agency. Policies and procedures were readily available, centrally indexed and compiled into a policy file. Electronic versions of policies and procedures were also available for inspection and to agency staff. Policies and procedures were ratified and signed by the manager, with review dates recorded in line with the minimum standards.

Records viewed and discussions with the manager indicated that the agency's governance arrangements promote the identification and management of risk. These include provision of relevant policies and procedures; monthly audit of registration status with the NMC, staff training, complaints, incidents and safeguarding.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints management.

The agency's complaints policy outlines the process and timescales for managing complaints; records viewed indicated that the agency has managed complaints received in accordance with their policy and procedures. Records viewed were noted to contain comprehensive accounts of the outcome of the investigation of the complaint received and any further actions taken by the agency.

The agency's incident policy outlines the process for managing incidents and the reporting arrangements for RQIA and other relevant agencies. It was identified that the agency has a system for retaining a record of accidents, incidents and safeguarding referrals made and of actions taken. A number of incidents have been reported appropriately to RQIA since the previous care inspection.

The manager explained the systems in place to seek, record, monitor and retain service user comments regarding the quality of care provided by the agency. Methods included for example; agency staff and provider satisfaction surveys; regular audits of service provision and monthly quality monitoring visits.

Monthly quality monitoring audits are completed by an independent person and a monthly report developed. The three most recent reports viewed contain details of the management of incidents, complaints, safeguarding referrals and feedback received by the agency. The records confirmed that the responsible person reviews the quality monitoring reports, as part of the quality monitoring process. It was noted that the responsible person had signed and the date the report had been reviewed by them was included on each of the quality monitoring reports.

The manager confirmed they have commenced their annual quality review for 2019. Surveys have been sent to service users, representatives, staff and key stakeholders to request their views on the service being provided by Trackars staff. A number of completed surveys had been returned. The 2018 annual report included an overview of complaints, compliments, accidents/incidents and staff training for the year. The manager confirmed that service users, their representatives, staff and other key stakeholders are involved in this process, and their views will be included in their annual quality report.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Areas of good practice

Areas of good practice were identified in relation to the agency's governance arrangements, engagement with stakeholders, monitoring of compliance and the management of incidents.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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