

Short Notice Announced Care Inspection Report 05 January 2017



Trackars Ltd

Type of service: Nursing Agency
Address: 15 Stranmillis Road, Belfast, BT9 5AF
Tel no: 02890332190
Inspector: Amanda Jackson

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

A short notice announced inspection of Trackars Ltd took place on 05 January 2017 from 09.30 to 15.30 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

This inspection was underpinned by the Nursing Agencies Regulations (Northern Ireland) 2005, the Nursing Agencies Minimum Standards, 2008 and previous inspection outcomes and any information we have received about the service since the previous inspection.

Is care safe?

The agency operates robust recruitment systems and ensures sufficient supply of appropriately skilled and competent staff at all times. The agency's provision for the training needs of staff has been assessed to be in compliance with the minimum standards. The welfare, care and protection of service users is ensured through identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the service users and HSC Trust representatives. The agency has systems in place to ensure the identification, prevention and management of risk whilst promoting the human rights and independence of service users. It was noted that the agency is responsive to the requirements of service users.

Is care effective?

The inspector saw evidence of the implementation of quality monitoring in accordance with minimum standards and guidance issued by RQIA. The agency has in place a system for review and monitoring the quality of care in conjunction with service users. There are systems in place to effectively communicate with service users; this was verified by one service user/trust professional who spoke to the inspector.

Is care compassionate?

The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was embedded throughout staff attitudes. The agency has systems in place for obtaining and responding to the views and opinions of service users. It was noted from discussions with four staff members and two service users that the agency seeks to obtain and value the views of service users. This feedback supported positive outcomes for service users. The agency has a system in place to monitor and manage the performance of nursing staff. The agency's quality monitoring systems include consultation with service users.

Is the service well led?

The agency has in place management and governance systems to meet the needs of service users. Agency staff have a clear understanding of their roles and responsibilities within the management structure, and have confidence in the lines of accountability. The registered person fulfils their responsibilities in order to promote effective service delivery and operate the agency in accordance with the regulatory framework. Evidence of effective working partnerships with service users, HSC Trust representatives and other external stakeholders was

evident during the inspection. Two service users provided satisfactory feedback regarding the manner in which issues and concerns are addressed.

1.1 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 were discussed with Ms Patricia Casement, registered person and current acting 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Trackars Ltd/Ms Patricia Mary Casement	Registered manager: Mrs Joan Bernadette Newberry
Person in charge of the agency at the time of inspection: Ms Patricia Mary Casement	Date manager registered: 15 October 2015

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report and QIP
- Record of notifiable events for 2015/2016
- Record of complaints notified to the agency.

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

- Discussion with the registered person and current acting manager
- Consultation with four staff
- Consultation with two service users
- Examination of records
- File audits
- Evaluation and feedback.

It was identified that policies and procedures viewed had been issued or reviewed within the previous three years which is in accordance with the minimum standards.

During the inspection the inspector met the registered person who is also the current acting manager.

Following the day of inspection the inspector spoke with four nursing staff and spoke with the two service users to discuss their views regarding care and support provided by the agency, staff training and staffs general knowledge in respect of the agency. Feedback is contained within the body of this report.

The acting manager was provided with ten questionnaires to distribute to a random selection of staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. Five staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

The following records were examined during the inspection:

- Recruitment policy and procedure
- Induction policy and procedure
- Three staff recruitment records
- Three staff induction and training records
- Staff training and development policy
- Three long term staff training records
- Supervision and appraisal policy and procedure
- Three staff supervision records
- Three staff appraisal records
- Three staff quality monitoring reports/members assessments
- Protection of Vulnerable adults policy and procedure
- Two safeguarding records
- Three monthly monitoring reports
- Annual quality report 2015
- One quarterly newsletter to service users regarding annual quality report outcomes
- Whistleblowing policy and procedure
- Three staff skills profiles and competence assessments
- Three staff monthly NMC checks
- Management of records and information policy
- Statement of purpose
- Service user guide
- Staff handbook
- Confidentiality policy
- Untoward incidents policies and procedures
- Communication logs with various service users
- Three compliments records
- Three complaints records
- Two agency initial nursing home visits (regarding information gathering for future placements).

4.0 The inspection

Trackars Ltd nursing agency operates from premises on Stranmillis Road in Belfast. The agency currently supplies 40 registered nurses into a range of facilities in the Belfast, Northern and South Eastern Health and Social Care Trusts (BHSCT, NHSCT and SEHSCT). Service provision includes complex cases in service users own homes, supply of staff into nursing homes and into supported living facilities.

The inspector would like to thank the registered person who is also the current acting manager, service users, and agency staff for their support and co-operation throughout the inspection process.

4.1 Review of requirements and recommendations from the most recent inspection Dated 07 March 2016

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 07 March 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 12(1)(b) Stated: First time	<p>The registered person shall ensure that no nurse is supplied by the agency unless-</p> <p>(b) he has the qualifications, knowledge, skills and competencies which are necessary for the work he is to perform.</p> <p>Action taken as confirmed during the inspection: Review of three recently recruited staff member's records supported appropriate staff recruitment, induction and skills assessment processes in place.</p>	Met
Requirement 2 Ref: Regulation 14(2)(a) Stated: First time	<p>The registered person shall ensure that each employee of the agency-</p> <p>(a) receives appropriate supervision.</p> <p>Action taken as confirmed during the inspection: Review of three long term staff members records support a system of staff supervision and quality monitoring in line with the agency's policy and procedure.</p>	

<p>Requirement 3</p> <p>Ref: Regulation 20(1)</p> <p>Stated: First time</p>	<p>The registered person shall introduce and maintain a system for reviewing at appropriate intervals the quality of services provided by the agency (regarding staff quality monitoring/members assessments).</p> <p>Action taken as confirmed during the inspection: Review of three long term staff members records support a system of staff quality monitoring in line with the agency's policy and procedure.</p>	<p>Met</p>
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4.3 Is care safe?

During the inspection the inspector reviewed staffing arrangements in place within the agency.

The agency's recruitment and selection policy for nurses outlines the mechanism for ensuring that appropriate staff pre-employment checks are completed prior to commencement of employment. It was identified from records viewed that the agency has in place a pre-employment checklist which records the checks that have been completed; the acting manager stated that nurses are not provided until all required checks have been completed.

The acting manager stated that a skills profile is completed during the interview process to identify skills and experience of individual staff; evidence of this process was reviewed during inspection. An update skills assessment is completed ongoing by the agency and was available for review during inspection. The agency's induction policy outlines the induction programme provided to staff prior to their commencement of employment. The agency maintains a record of the induction training provided to staff; review of induction for three staff members recently recruited outlined the training provided during the induction period. Staff questionnaires returned indicated that staff had received appropriate training for their job role. and this was also confirmed by four staff members spoken with post inspection.

The agency's supervision and appraisal policy details the procedure for staff supervision and appraisal. The agency maintains a record of staff supervision; records viewed indicated that they are completed in accordance with the agency's policies and procedures. The agency undertake staff appraisals on an annual basis and this was confirmed within three staff files during inspection. Staff who completed questionnaires indicated that they receive supervision and appraisal and this was also confirmed by four staff members spoken with post inspection.

The inspector examined the agency's provision for the welfare, care and protection of service users. The acting manager described the agency's response to the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' issued in July 2015; and have revised their policy in accordance with the guidance.

The inspector reviewed three records maintained in relation to safeguarding vulnerable adults and found all matters had been addressed in line with regional guidance. Discussions with the acting manager clearly indicated that they had knowledge of safeguarding within the agency and could describe the process for reporting of any incidents of suspected, alleged or actual abuse and the mechanism for liaising with the appropriate bodies in relation to any investigation they are required to be involved in.

Two service users who spoke to the inspector post inspection stated that issues or concerns do not generally arise in relation to the staff members provided, however one matter which had arisen in both services was appropriately managed. The service user stated they would be confident that any future matters arising would be handled appropriately and in a timely manner.

Discussions with the acting manager indicated that staff are provided with training in relation to safeguarding vulnerable adults during their initial induction; staff are required to complete an annual update and records of this were reviewed during inspection. Staff and service users spoken with post inspection were also able to confirm update training. It was discussed how staff are being support regarding NMC revalidation and this was confirmed by the staff members spoken with post inspection. The acting manager discussed their plans to support staff in this process ongoing.

The agency's staff handbook details the necessary actions staff are required to take in the event of suspected, alleged or actual incidents of abuse being identified and their responsibility in highlighting and raising concerns. Staff are provided with information in relation to the agency's safeguarding and whistleblowing policies (within the staff handbook) during their induction and have recently been updated regarding the revised procedure. Staff spoken with post inspection confirmed the recent update.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety.

The agency's registered premises includes a range of offices which is suitable for the operation of the agency as described in the Statement of Purpose. The acting manager confirmed the agency computers are password protected. Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained.

The acting manager could describe the process for assessing the needs and requirement of a request for an agency nurse; it was noted that this included assessing the knowledge, skills, training and experience of the nurse to be provided. The agency retain records of such assessments which are completed during interview with the staff member and reviewed on an ongoing basis. The agency also provided evidence of two recent new service referrals and the process implemented by the agency to obtain full information from the service on their requirements for staff being placed. The agency has a process for checking the NMC register at recruitment and on an ongoing monthly basis for each staff member employed; records maintained were viewed by the inspector.

Two service users stated that they are requested by the agency to complete members assessments in relation to staff provided; the inspector viewed a number of those returned.

Service users' comments:

- 'The staff members provided to the service ongoing are very competent and skilled, where issues arise these are promptly addressed.'

Areas for improvement

No areas for improvement were identified during the inspection.

4.3 Is care effective?

During the inspection 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 detailed within the Statement of Purpose and Service User Guide.

The agency's policy on 'Management of records and Information' which was viewed by the inspector clearly detail the procedures for the creation, storage, retention and disposal of records; it was noted from a range of records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy.

From discussions with four staff and two service users and records viewed it was identified that the agency has in place arrangements to monitor, audit and review the effectiveness and quality of the service provided to service users.

From records examined it was identified that the agency completes a monthly audit of the effectiveness and quality of care provided to service users this include a review of training, complaints, incidents and safeguarding referrals. The inspector noted that the agency requests that service users complete a 'Members assessment'/quality monitoring record for each staff nurse provided. Records of audits viewed included the views of service users. The acting manager confirmed they are in contact with service users to obtain their views on the service provided.

Service users are requested to complete an annual satisfaction survey in addition to the members' assessments. This feedback is detailed within the annual report reviewed during inspection for 2015.

Two service users stated that they are provided with details of the agency's complaints procedure and indicated that they are confident any matters arising would be handled appropriately. No matters have arisen within this service.

There was evidence of systems to promote effective communication with service users, agency staff nurses and other relevant stakeholders. Discussion with two service users confirmed appropriate communication processes are in place.

The acting manager stated that service users are informed of the process for contacting the agency to discuss concerns in relation to the competency of staff provided; they could describe the process for engaging with service users with regard to receiving feedback as to the competency of staff provided. It was identified that the agency has a process for obtaining the views and comments of service users in relation to staff provided and for addressing competency as necessary.

The acting manager confirmed, when concerns relating to a staff member are identified the agency will address the concerns with the individual immediately. Whilst this process is ongoing the manager confirmed the staff member would not be provided to work. Evidence of discussions with one staff member regarding practice matters were reviewed during inspection and appeared to have been appropriately addressed. Discussion with the staff member post inspection confirmed the process of review by the agency.

Service users commented:

- ‘Communication with the agency is good, we receive the same staff members ongoing and they are generally very competent and well trained.’
- ‘Consistent staff with no issues arising.’

Areas for improvement

No areas for improvement were identified during the inspection.

4.4 Is care compassionate?

Staff were aware of the need to ensure confidentiality and had knowledge of the areas of confidentiality applicable to their placements. The staff handbook is provided to all staff at induction and this was confirmed during discussions with four staff post inspection. The handbook includes details on confidentiality. The agency has a policy on confidentiality and this was reviewed during inspection.

The agency has a process for obtaining the views of service users in relation to staff performance; the acting manager described the process for engaging with the relevant service users in order to obtain feedback; it was noted from records viewed that this process involves issuing a members assessment for each staff member provided on an ongoing six monthly basis.

The agency retains staff training records within individual staff files which were viewed by the inspector. The staff members spoken with post inspection stated that they receive training specific to their role; one staff member commented the training is very good whilst a second staff member highlighted that induction training could be longer as there is a lot of information covered; this feedback was shared with the acting manager post inspection. Staff confirmed that they receive effective supervision and appraisal and can speak with the acting manager or recruitment staff at any time.

Discussions with two service users and agency staff indicated that the promotion of values such as dignity, choice and respect, equality and diversity, were embedded in the culture and ethos of the organisation. The service users spoken with stated the staff member is very competent and provides a good quality of care.

The acting manager stated that, prior to placement, agency staff nurses were provided with the relevant information to ensure they are aware of the appropriate action to be taken in the event of a suspicion of, or actual abuse. Records viewed indicate that staff provided by the agency have received the relevant training and the staff handbook which details such information. Staff spoken with post inspection confirmed their training and information provided in this area and presented appropriate knowledge on the area of safeguarding and whistleblowing.

The agency has in place a ‘Supervision and Appraisal policy’; it was noted that staff are required to complete an annual appraisal and six monthly supervision. The manager stated that training and development is discussed during the appraisal meeting and a plan developed to address identified training needs. The manager stated that staff are encouraged to liaise at any time with the manager in relation to training needs; this was confirmed by the staff members spoken with post inspection.

It was confirmed by the acting manager that the agency has in place systems to ensure that nurses can report concerns they may have regarding a placement. This was confirmed by the staff member spoken with during inspection who also confirmed good on call arrangements are in place.

The agency's 'Whistleblowing Policy' outlines the responsibility of staff in highlighting concerns or issues relating to poor practice and the procedures to be followed.

The acting manager confirmed the agency maintains a record of all incidents of suspected, alleged or actual abuse identified. Review of three matters arising since the previous inspection supported appropriate processes in place.

It was noted that the agency has in place systems to ensure that the views and opinions of service users are sought and taken into account. A range of relevant agency documentation viewed recorded the feedback received from service users. Formal processes to record and respond to service users are maintained through the complaints process, monthly quality monitoring and annual service user satisfaction surveys.

The acting manager described the range of processes for receiving feedback from service users following the provision of staff. The inspector viewed the annual quality report for 2015 which presented feedback from all stakeholder groups.

Service users commented:

- 'The staff members we have received ongoing for some time now are very competent and skilled, with no issues arising.'
- 'No issues with the staff coming in.'

Staff Nurses' comments:

- The staff spoken with following the inspection discussed respect and dignity and demonstrated a clear knowledge around confidentiality and raising concerns to their line manager as appropriate.

Areas for improvement

No areas for improvement were identified during the inspection.

4.5 Is the service well led?

The inspector reviewed management and governance systems in place within the agency to meet the needs of service users. During the inspection the inspector viewed a number of policies and procedures; it was noted that the agency has in place a comprehensive range of policies and procedures which were noted to have been reviewed ongoing and in accordance with the Minimum Standards, relevant legislation and guidelines. Policies and procedures are retained in paper format stored within the agency's office and also maintained on the agency intranet. Staff have access to policies in both formats and are alerted via email or text when policies have been revised. This process was evidenced during inspection regarding the recently updated safeguarding policy and staff spoken with post inspection confirmed receipt of the update.

The agency's complaints policy outlines the procedure in handling complaints; it was noted from records viewed that the agency had received three complaints for the period 01 April 2015 to 31 March 2016. Review of the three records during inspection supported an appropriate process of review and resolution. Discussion with the acting manager indicated that the agency could deal with complaints received in accordance with their policy and procedures.

It was identified that the agency has in place a management and governance system to review quality through monthly quality monitoring by an outside consultant. Records viewed provided evidence of staff supervision and appraisal in accordance with the agency policy and procedure.

The agency delivers all mandatory training through their training team. The acting manager stated that staff are required to complete training during their induction and ongoing annual updates in line with mandatory requirements. It was confirmed by the manager that agency staff are not provided until all the necessary pre-employment checks and documentation relating to training have been received and verified. Review of three staff members file who were recently recruited confirmed compliance with the recruitment and training procedures.

The agency has a system in place for recording training completed by staff within individual staff files and this was reviewed during inspection. Records viewed indicated that staff have received the necessary mandatory training. The acting manager could describe the procedure for informing staff when training updates are required and stated that staff are not provided to work if training updates have not been completed. Staff spoken with post inspection confirmed ongoing update training and competency assessments.

The organisational and management structure of the agency identifies clear lines of accountability and the roles and responsibilities of staff. It was noted that at the commencement of employment staff are provided with a job description and a staff handbook which outline the roles and responsibilities of their individual job. In addition they are provided with information relating to the process for contacting their line manager. The agency retains a record to confirm staff have read and understood the agency's information provided to them during their induction programme and this was reviewed during inspection.

The acting manager has worked with RQIA during the past year to operate the service in accordance with the regulatory framework. The agency's Statement of Purpose and Service User Guide are kept under review.

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

Discussion with the acting manager and service users indicated that there are good working relationships with external stakeholders and HSCT representatives. The service users could describe the process for contacting the agency's staff in relation to issues or concerns and indicated that two matters of concern had arisen (one matter from each service user feedback) and was appropriately managed. The service users confirmed they had confidence in the agency to respond effectively to any issues highlighted.

The agency has a process for requesting feedback from service users following staff placements; the inspector viewed feedback documentation received by the agency and noted that they contained positive feedback in relation to the service provided.

Service users' comments:

- 'Quality of care delivered is good.'
- 'Service provided is grand.'

Staff Nurses' comments:

- Management team are an excellent support network, only a phone call away. They listen, investigate concerns and will feed back to you.

Areas for improvement

No areas for improvement were identified during the inspection.

5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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