

Unannounced Care Inspection Report

09 November 2017



Trackars Ltd

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

www.rgia.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

This is a nursing agency which supplies qualified nurses to a range of health care services including nursing homes and complex home care commissioned by the Health and Social Care Trust.

3.0 Service details

Registered organisation/registered person: Trackars Ltd	Manager: Pamela Ann Miriam Adams
Person in charge of the agency at the time of inspection: Pamela Adams	Date manager registered: Manager not registered with RQIA. Application for registration submitted to RQIA.

4.0 Inspection summary

An unannounced inspection took place on 09 November 2017 from 09.15 to 14.15 hours.

This inspection was underpinned by the Nursing Agencies Regulations (Northern Ireland) 2005 and the Nursing Agencies Minimum Standards, 2008.

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 in relation to staff recruitment, induction, training, supervision and appraisal, communication with commissioners of the service and general governance arrangements.

One area requiring improvement related to ensuring prompt notification of alleged adult safeguarding is made in accordance with regional Department of Health (DOH) procedures and the agency's policy and procedures on safeguarding.

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	1

This inspection resulted in one area for improvement being identified. Findings of the inspection were discussed with Pamela Adams, manager, as part of the inspection process and can be found in the main body of the report.

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 inspect report
- Notifications
- Correspondence

During the inspection the inspector met with the manager, registered provider and training officer.

The following records were examined during the inspection:

- RQIA registration certificate
- Liability Insurance
- Statement of Purpose
- Service User Guide
- Policies and procedures relevant to this inspection
- Pre- employment check lists
- Three staff employment files
- Staff induction programme
- Staff supervision and appraisals
- Staff training
- Staff profiles
- Safeguarding
- Complaints
- Accidents / Incidents

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

A poster was provided for display to inform staff how they may comment and share their views on the service with RQIA via electronic survey monkey or by use of mobile telephone scan code. No responses were received within the timescale requested.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 06 January 2017.

The most recent inspection of the agency was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 05 January 2017

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

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

The staffing arrangements were discussed with the manager who advised that all staff were recruited and selected in accordance with legislative requirement and minimum standards. This was evidenced in three recruitment records reviewed.

The agency had a selection and recruitment policy and procedure for nurses which detailed information including undertaking of documentation appropriate checks prior to commencement of employment. Records of pre-employment checks were retained. The manager advised that nurses are not employed until all required checks have been completed.

The agency provides a minimum of three day structured induction programme for all newly appointed nursing staff. Detailed information of the induction was reflected within the revised induction policy dated 08 November 2017. Three staff induction programmes viewed by the inspector outlined training provided.

The agency retains a policy and procedure on staff supervision and appraisal. Records of supervisions were retained within the agency. The manager advised that staff appraisals were provided with records retained.

Mandatory staff training and other appropriate training was provided with records of staff attendance retained electronically. Close monitoring of staff attendance was undertaken by the manager.

The agency's policy and procedure on adult safeguarding, dated July 2016, was discussed with the manager who advised that staff were aware of the policy and procedures through induction and recent refresher training provided on 19 October 2017. Reference to safeguarding was also reflected within staff handbooks which are issued to all staff.

The manager demonstrated knowledge and understanding of adult safeguarding including prompt notification of reported allegations to the commissioning trust and RQIA. Review of the agency's register and associated records on reported safeguarding issues was reviewed and discussed with the manager who advised that three notifications remain under investigation by the safeguarding team. The delay in notification of one allegation during 2016 to the commissioning trust and RQIA was discussed.

Action is necessary to ensure that all allegations of abuse are reported without delay in accordance with Department of Health (DOH) regional procedures on adult safeguarding. The manager agreed to forward details on the outcome of investigations to RQIA. One recommendation was made in this regard.

The manager described the mechanisms in place for matching appropriately skilled staff to commissioned placements and explained that a staff profile is forwarded detailing the knowledge, skills and experience of the staff member being supplied.

The agency had a process for regular checking the Nursing and Midwifery Council (NMC) registration status of each nurse employed.

The notification of accidents and incidents was discussed and clarified with the manager. Records of accidents and incidents were being recorded including action taken and when necessary ensure measures were in place to minimise recurrence and lessons learned.

The agency obtains feedback on staff performance within placements through direct telephone contact with the provider and direct contact through visits.

The agency's registered facility was well maintained and suitable for the purposes of the agency as reflected within the Statement of Purpose.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision, appraisal, record maintenance and communication with commissioners of the service.

Areas for improvement

One identified area of improvement related to ensuring that all suspected, actual or alleged incidents of abuse are promptly notified to the commissioning trust in accordance with regional safeguarding procedures.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

The manager advised that all records required under the DOH Quality Improvement and Regulation Order (Northern Ireland) 2003 and Regulations (2005) were retained in the agency for inspection.

The agency's policy titled "Management of records and Information" detailed procedures in place for creation, storage, retention and disposal of records: records reviewed were being maintained in accordance legislation requirements and minimum standards.

The agency's Statement of Purpose (21 June 2017) and Service User Guide (16 June 2017) make reference to the nature and range of service provision.

The manager explained the governance arrangements in place to monitor, audit and review the effectiveness and quality of the service provided to service users which included staff training reviews, complaints, incidents and safeguarding referrals, service user satisfaction and quality monitoring record of each nurse provided. The agency requests that service users complete a quality monitoring record for each nurse provided.

Monthly quality monitoring reports dated August 2017, September 2017 and October 2017 were reviewed and found to be in accordance with minimum care standards.

The manager explained that service users are requested to complete an annual satisfaction questionnaire. Feedback was reflected within the annual report of the service.

There was evidence of effective modes of communication between service users and agency staff within records examined. Records of all agency contacts with service users through monitoring of staff performance were retained.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users and agency staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

The agency had a wide range of policies and procedures including a policy on Confidentiality which reflected the review dated 30 June 2016. The manager advised that all staff were aware of the policy and was readily available in hard copy format within the office and through electronic access. The policy was also contained staff hand books issued to staff.

The manager advised that the agency had appropriate support systems in place for staff to report any issues, concerns or guidance. These included a twenty four hour “on call” telephone system, “open door policy” where staff could visit the agency office during opening hours, supervision, and appraisal.

The agency has a process for obtaining the views of service users in regard to staff performance; the manager described the process for engaging with relevant service users in order to obtain feedback. Any issues or concerns arising would be promptly addressed by the manager.

The manager also described the monitoring of agency nurses placements through practical observational visits undertaken. Records of supervisory monitoring visits undertaken were retained.

Formal processes to record and respond to service users are maintained through the agency’s complaints process, monthly monitoring and service user satisfaction surveys. Feedback from service users was reflected within monthly monitoring reports.

The agency had a “Whistle Blowing” policy which outlined the responsibility of staff in highlighting concerns or issues relating to poor practice and the procedure to follow. The manager confirmed that staff had access to the policy and were aware of the procedure and support available.

Areas of good practice

There were examples of good practice found in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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.

The manager of the agency was appointed during February 2017. Her application to become registered manager of the nursing agency has been submitted and received at RQIA. This application is currently being processed by RQIA.

The current RQIA registration certificate and annual Liability Insurance Certificate (dated May 2017) were displayed within a prominent position.

The organisational and management structure of the agency identifies lines of accountability and the roles and responsibilities of staff. Records reviewed evidenced that newly appointed nursing staff are provided with job descriptions and staff handbook which outlines their roles and responsibilities.

The agency had a wide range of policies and procedures. Those viewed by the inspector were noted to have been reviewed and were in accordance with minimum standards, relevant legislation and guidelines. It was identified that staff had access to policies and procedures through hard copy format which were stored in the agency office and agency intranet.

The agency's complaints policy (03 January 2016) outlined the procedure in the handling and management of complaints. Review of information returned to RQIA relating to complaints received 1 April 2016 to 31 March 2017 provided recorded evidenced by the manager that all complainants were fully satisfied with the outcome of investigations. Records of complaints retained supported appropriate process, review and resolution.

The manager advised that staff are aware of the complaints procedure by way of their induction and information contained within staff hand books issued during their induction.

Documentation viewed and discussions with the manager indicated that the agency's governance arrangements promote the identification and management of risk.

Records of staff training were reviewed and discussed with the manager and the agency's designated training officer. Records of staff attendance were being recorded within a matrix which highlighted the scheduled dates of training and attendance. Theory and practical aspects of training were provided within the agency's tutorial room. All mandatory training was being provided in accordance with legislation and minimum standards. The staff training officer explained that restrictive practice was included within the challenging behaviour training and that staff were not permitted to use any form of restraint unless prescribed, as in exceptional circumstances, following risk assessment and clearly recorded within patient's care plans.

Notification and records of incidents forwarded to RQIA over the year ending October 2017 were discussed with the manager who explained that incidents were decreasing due to measures in place to minimise risks. The manager demonstrated acknowledged of the importance of prompt referral of reported safeguarding matters in accordance with DOH regional policy and procedures. Improvement in this regard is cited within section 6.4 of this report.

The agency's Statement of Purpose and Service User Guide were noted to be kept under review and updated as required.

Discussion with the manager indicated that there are good working relationships with external stakeholders and Health and Social Care Trust representatives.

Areas of good practice

There were examples of good practice found in relation to governance arrangements, quality improvement and maintaining good working relationships.

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Pamela Adams, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Nursing Agencies Regulations (Northern Ireland) 2005 and/or the Nursing Agencies Minimum Standards, 2008.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008

<p>Area for improvement 1</p> <p>Ref: Standard 9.6</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that all suspected, alleged or actual incidents of abuse are promptly reported in accordance with DOH regional adult safeguarding procedures.</p> <p>The registered person is requested to forward to RQIA the outcome of the current HSCT safeguarding investigations.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Trackars will inform RQIA of the outcome of the ongoing investigation once it has been determined.</p>
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Please ensure this document is completed in full and returned via Web Portal



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews