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Inspection ID: 22835

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**Unannounced Care Inspection
of
Trackars Ltd**

07 March 2016

1. Summary of Inspection

An unannounced care inspection took place on 07 March 2016 from 09.10 am to 14.30 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 appended to this report. This inspection was underpinned by The Nursing Agencies Regulations (Northern Ireland) 2005, and The DHSPSS The Nursing Agencies Minimum Standards (2008).

2. 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.

3. Actions/Enforcement Resulting From This Inspection

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

4. Inspection Outcome

	Requirements	Recommendations
Total Requirements and Recommendations Made	3	0

The details of the QIP within to this report were discussed with the Registered Manager and recruitment manager as part of the inspection process. The timescales for completion commence from the date of inspection

5. Service Details

Registered Organisation/ Registered Provider: Trackars Ltd/ Ms Patricia Mary Casement	Registered Manager: Mrs Joan Bernadette Newberry
Person in Charge of the agency at the time of Inspection: Mrs Joan Bernadette Newberry	Date Registered: 15 October 2015
Number of service users in receipt of a service on the day of Inspection: 30	Number of registered nurses, health visitors and midwives on the agency's books: 30

6. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following themes: Nurse Training and Vulnerable adults and children are protected from abuse.

7. Methods/Process

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

Prior to inspection the following records were examined:

- Previous inspection report
- Previous quality improvement plan
- Notifiable events.

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

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

The following records were examined in the inspection:

- Consent policy
- Service user agreement
- Staff induction policy and procedure
- Staff training and development policy and procedure
- Staff training plan/schedule
- Trainer qualifications/content of training

- Four staff training records and post training competency assessments
- Staff competency/retraining follow up where practice was not satisfactory
- Staff supervision and appraisal policy
- Two staff appraisal records
- Four staff assessments regarding experience and skills
- Quality improvement policy
- Two staff quality assessment records.
- Annual quality reports
- Monthly quality monitoring reports
- Vulnerable adults and child protection policy and procedure
- One vulnerable adult case
- Whistle blowing policy and procedure
- Staff handbook regarding Vulnerable adult and child protection procedures and whistleblowing procedure and out of hours contact details
- Four staff pre-employment checks
- Four staff induction and ongoing training records regarding Vulnerable adults and child protection.

Discussions with three staff members took place on the day of inspection. The feedback from staff discussions supported staff being happy within their role and working for Trackars Ltd. Staff described training as appropriate to their needs, delivered regularly and ongoing covering a range of mandatory areas in line with RQIA training guidelines (2012). Staff presented an appropriate knowledge in the area of vulnerable adults in line with theme two of this report. Staff discussed appropriate and ongoing line management support and informed the inspector that appraisals take place on an annual basis. Staff were unable to confirm supervision processes and this was confirmed during discussions with the registered manager as referenced within theme one and two.

The inspector also spoke with one nursing home manager and one homecare service user during the inspection day (via telephone) regarding the quality of staffing and care provision provided by Trackars Ltd. Both individuals expressed satisfaction with the service and staff provided via the agency stating Trackars Ltd provide a professional and responsive service with appropriately trained and competent staff attending.

Ten staff questionnaires were provided to the registered manager on the day of inspection. She was asked to forward these to a random sample of nursing staff, to find out their views regarding the service. Four staff questionnaires received following the inspection supported staff feedback from the inspection day with no issues highlighted regarding safe, effective and compassionate care.

The inspector would like to extend gratitude to the registered manager and staff of Trackars Ltd for their hospitality and contribution to the inspection process.

8. The Inspection

Trackars Ltd is a nursing agency operating from 15 Stranmillis Road, Belfast, BT9 5AF. The service currently supplies thirty nurses daily /weekly/monthly to approximately 30 service users within nursing homes, hospitals and service users own homes. Services currently operate throughout all trust areas in respect of hospital services, nursing home services and the within service users own homes. Trackars Ltd offer service provision in the area of nursing care.

8.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 29 January 2015. The completed QIP was returned and approved by the inspector.

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 14.1	The registered manager is recommended to review and revise the policy in relation to obtaining consent to treatment and care to ensure that it reflects the NMC Code of Professional Conduct.	Met
	Action taken as confirmed during the inspection: Review of the revised 'Consent' policy dated 30 January 2015 confirmed compliance with standard 14.1.	
Recommendation 2 Ref: Standard 14.2	The registered manager should ensure that there are written guidelines for an agency nurses when a patient does not have the capacity, or refuses to give consent to treatment or care.	Met
	Action taken as confirmed during the inspection: Review of the revised 'Consent' policy dated 30 January 2015 confirmed compliance with standard 14.2.	
Recommendation 3 Ref: Standard 14.4	The registered manager should ensure that the service user agreements are updated to ensure that patient and/or representative consent is documented for nursing care interventions.	Met
	Action taken as confirmed during the inspection: Review of the revised service user agreement dated 09 July 2015 was confirmed compliant with standard 14.4.	

8.2 Theme 1: Nurse Training -The agency has procedures in place to ensure all nurses are appropriately trained and qualified for their roles.

Is Care Safe?

Tracakrs Ltd is a medium sized nursing agency with thirty nurses employed and one nurse manager overseeing the recruitment process. The agency currently supply's nurses to thirty facilities including nursing homes, NHS hospitals and within service users own homes. The agency is also a recruitment agency involved in the supply of healthcare staff and is registered with Department of Employment and Learning (DEL).

The agency has a training and development policy that had been approved, signed and dated. The policy was found to be in compliance with the RQIA mandatory training guidelines (2012) and clearly referenced nursing and healthcare staff training requirements.

There was evidence that the training needs of individual nurses are identified and records viewed confirmed that the agency had systems in place to provide nurses with a range of mandatory training compliant with RQIA mandatory training guidelines (2012). The agency provide additional training as required (in the areas of trache care, peg feeding) and this is supplied through the relevant HSC trust in terms of individual service users' needs. Review of four staff training records confirmed compliance with mandatory training.

Information examined indicated that each new nurse must complete an induction prior to any placement. Training records examined provided evidence that four nurses (two recently recruited and two long term) employed by the agency had completed mandatory training and records included induction records for those most recently recruited.

Discussion with the registered manager and two nurses confirmed appraisal processes in place and records of staff appraisals were evidenced within staff files. The agency has a policy which outlines staff supervision but the system of supervision has only recently been implemented. The inspector requires the agency to consistently apply the procedure of supervision and consider how this meets the needs of those staff who work full time for the agency and for those staff who work within other employment.

On the day of the inspection there was substantial evidence that administration systems are in place and well organised with all required records requested for review provided to the inspector.

Is Care Effective?

The training files relating to four nurses were examined and contained evidence that the agency had documentary evidence of the nurse's previous learning, professional development and practice experience. Newly recruited staff files reviewed were also clear in this regard.

Arrangements in place to ensure that skills and expertise of each nurse is matched to the requirements of placements were available for review at inspection as stated above.

Arrangements were in place to check that each nurse is registered with NMC at employment commencement and ongoing on a monthly basis.

Records examined found that the training needs of four nurses had been identified and the required training had been met by the agency.

Is Care Compassionate?

There was some evidence that the effect of the nurses training is evaluated as part of quality monitoring. This was reviewed as 'member's assessment' which is a quality assessment tool provided to the facilities for completion periodically. Evidence presented to the inspector did not verify a timeframe for this process or assure the inspector that all facilities are involved in the assessment of all nurses being placed. The quality improvement policy and procedure did not provide a clear timeframe for such assessments and this has been required for review.

The review of staff training records and members assessments informed the inspector there are some arrangements in place to ensure nurses are appropriately trained and qualified for their roles.

Feedback from one home managers and one homecare service user on the inspection day regarding staff placements was found to be positive discussing a professional and efficient service provided by Trackars Ltd with appropriately skilled and competent staff.

Areas for Improvement

The agency is required to ensure all staff competency assessments are appropriately signed off by the agency trainer. Review of the supervision procedure to ensure all staff receive appropriate supervision in line with regulation 14(2)(a) is required and consistent quality monitoring of staff is required to ensure the appropriate placement of suitably skilled and competent staff into all services ongoing.

Number of Requirements	3	Number Recommendations:	0
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8.3 Theme 2: Vulnerable adults and children are protected from abuse.

Is Care Safe?

The agency had policies and procedures for protecting vulnerable adults and children in accordance with legislation, DHSSPS guidance, regional protocols and procedures issued by Health and Social Services Board and the relevant HSC trust. The registered manager confirmed the agency provide services into one children's respite facility at this time.

Staff training records examined confirmed that procedures for protecting vulnerable adults and for safeguarding children and young people are included in the induction and ongoing mandatory training programme for staff.

There is a written policy on "Whistle Blowing" and procedures that identify to whom staff report concerns about poor practice. The inspector confirmed inclusion of safeguarding and whistleblowing within the staff handbook along with contact details on staff ID badges and timesheets for ease of reference.

The registered manager reported one vulnerable adult matter arising. Review of the records relating to this matter were appropriately notified to RQIA prior to the inspection and were

available within the agency on the inspection day. The registered manager appeared fully familiar with the reporting of vulnerable adult and child protection matters.

Is Care Effective?

On the day of the inspection the registered manager told the inspector of the range of safeguards the agency had implemented to ensure vulnerable adults and children are protected from abuse. This included the arrangements in place that ensure all necessary pre-employment checks are completed and considered. Pre-employment checks reviewed during inspection including nurses NMC registration and Access NI.

The registered manager reported that she was confident that prior to placement agency nurses were provided with the relevant information to ensure they took appropriate action in the event of a suspicion of, or actual abuse. The registered manager was confident within her role regarding any investigation in the event of an allegation of abuse being made.

Is Care Compassionate?

The registered manager is a trained registered nurse and is fully involved in the recruitment process. There was evidence that the agency had appropriate pre-employment checks completed.

The registered manager discussed how nurses employed complete an induction process that includes training in all aspects of abuse and the protection of vulnerable adults and children and this was reviewed within two recently recruited staff files during inspection. Refresher training is provided for nurses on an annual basis and this was also reviewed for two long term staff members during inspection and confirmed further by three staff spoken with on the inspection day. The registered manager confirmed that the agency do not currently operate a supervision programme for nurses employed, this has only recently been implemented in line with NMC revalidation procedures. Review of this process will take place at the next inspection and a requirement has been made in the QIP.

Discussion with the registered manager, review of training materials and discussions with three nurse's demonstrate that the agency promotes the core values of care and takes account of the minimum standards and regulations in respect of this theme.

There was evidence to confirm that the agency had arrangements in place to obtain service users views about nurses regarding their performance and competencies, this was reviewed in the 'members assessment' presented at inspection. The inspector did however question the procedure for completing such assessments to ensure all facilities and staff were reviewed during the process. A requirement has been made in this respect. The manager expressed they had no concerns about their nurses practice and confirmed they were in receipt of nurse's training regarding the protection of vulnerable adults.

Areas for Improvement

As per theme one the agency is required to review the supervision procedure to ensure all staff receive appropriate supervision and appraisal in line with regulation 14(2)(a). Staff members assessment/quality monitoring and training competency assessments are required to be applied consistently as stated within theme one.

Number of Requirements	0	Number Recommendations:	0
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Additional areas examined:

Complaints

The inspector reviewed three complaints received since the previous inspection and found a consistent approach to complaints review.

Incidents

The inspector did not review incidents as all matters previously notified to RQIA had been appropriately concluded.

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9. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the Quality Improvement Plan. Details of this Quality Improvement Plan were discussed with the registered manager Mrs Joan Newberry and the recruitment manager as part of the inspection process. The timescales commence from the date of inspection.

Registered providers/managers 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 provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

9.1 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 Nursing Agencies Regulations (Northern Ireland) 2005.

9.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Nursing Agencies Minimum Standards (2008). They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

9.3 Actions Taken by the Registered Manager/Responsible Person

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

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 Ref: Regulation 12(1)(b) Stated: First time To be Completed by: With immediate effect from the date of inspection and ongoing	<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>Response by Registered Person(s) Detailing the Actions Taken: All new nurses will attend pre-employment training and complete required competency questionnaires. Questionnaires will be marked and evaluated by assessor, prior to commencement of employment through Trackars. Staff providing evidence of training from other sources will be required to complete a competency questionnaire.</p>
Requirement 2 Ref: Regulation 14(2)(a) Stated: First time To be Completed by: 07 June 2016	<p>The registered person shall ensure that each employee of the agency-(a) receives appropriate supervision.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All nurses are supervised and all specific induction documents which are completed by the clinical assessor/lead nurse before shadowing is completed and employee is deemed competent. Supervisions will be carried out in line with Trackars policy.</p>
Requirement 3 Ref: Regulation 20(1) Stated: First time To be Completed by: 07 June 2016	<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>Response by Registered Person(s) Detailing the Actions Taken: Quality monitoring plan amended to include a specific time frame for member assessments. This will now read "Formal assessment after 1st shift, 3 months and 1 year". Documentary evidence of this will be maintained in personal staff files</p>

Registered Manager Completing QIP	Joan Newberry	Date Completed	18/04/2016
Registered Person Approving QIP	Patricia Casement	Date Approved	18/04/2016
RQIA Inspector Assessing Response	A.Jackson	Date Approved	20/04/16

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