

## **Nursing Agency Inspection**

**Name of Nursing Agency:** Trackars Ltd

**Nursing Agency ID No:** 10691

**Inspection No:** 21055

**Date of Inspection:** 29 January 2015

**Inspector's Name:** Michele Kelly

**The Regulation And Quality Improvement Authority**  
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS  
Tel: 028 8224 5828 Fax: 028 8225 2544

**General Information**

<b>Name of agency:</b>	Trackars Ltd
<b>Address:</b>	62 Donegall Pass Belfast BT7 1BU
<b>Telephone number:</b>	(028) 9033 2190
<b>E mail address:</b>	healthcare@trackars.biz
<b>Registered organisation/ Registered provider:</b>	Trackars Ltd Ms Patricia Casement
<b>Registered manager:</b>	Ms Patricia Casement
<b>Person in Charge of the agency at the time of inspection:</b>	Ms Patricia Casement
<b>Categories of care:</b>	Nursing Agency
<b>Number of registered nurses, health visitors and midwives on the agency's books:</b>	35
<b>Date and type of previous inspection:</b>	13 March 2014 Primary Announced Inspection
<b>Date and time of inspection:</b>	29 January 2015 9.45am–12.30pm
<b>Name of inspector:</b>	Michele Kelly

## Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing agencies. A minimum of one inspection per year is required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

## Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of the nursing agency's service, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Agencies Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Agency Minimum Standards Minimum Standards (July 2008)

Other published standards which guide best practice may also be referenced during the inspection process.

## Methods/Process

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

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

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

## 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 DHSSPS Nursing Agencies Minimum Standards:

- **Standard 2:**  
**There are policies and procedures in place that direct the quality of services provided by the nursing agency.**
- **Standard 3:**  
**Clear, documented systems are in place for the management of records in accordance with legislative requirements.**
- **Standard 11:**  
**There are arrangements in place to respond promptly to requests for private nursing care.**
- **Standard 12:**  
**Safe effective nursing care, that is based on continuous assessment, is planned and agreed with the patient, is accurately recorded in care plans and is regularly reviewed.**
- **Standard 13:**  
**There are accurate and up to date case records for private patients who receive care in their own homes by nurses supplied by the nursing agency.**
- **Standard 14:**  
**Consent to treatment and care is obtained from private patients who receive care in their own home.**
- **Standard 15:**  
**There are arrangements in place to ensure that agency nurses manage medicines safely and securely in private patients' own homes.**

The inspector rated the centre's compliance level against each criterion.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## **Profile of Service**

Trackars Ltd is a nursing agency operating from 15 Stranmillis Road, BT 9 5AF. The service currently supplies thirty five nurses daily /weekly/monthly to approximately 23/25 service users within nursing homes, hospitals and service users own homes. Services currently operate throughout the Belfast and South Eastern Trust areas in respect of hospital services, Counties Down, Antrim, Armagh and Fermanagh in respect of nursing home services and the Belfast area in respect of services within service users own homes. Trackars Ltd offer service provision in the area of nursing care.

## **Summary of Inspection**

This is the annual unannounced inspection report for Trackars Ltd which was undertaken on 29 January 2015 by Michele Kelly an inspector from the Regulation and Quality Improvement Authority (RQIA) starting at 9.45am and finishing at 12.30pm.

The inspection sought to establish the compliance being achieved with respect of: The Nursing Agencies Regulations (Northern Ireland) 2005, the DHSSPS Minimum Standards for Nursing Agencies.

The Registered Manager, Ms Patricia Casement was in attendance throughout the inspection.

The previous inspection occurred on 13 March 2014 and resulted in six requirements and three recommendations. Review of these nine matters showed compliance.

The focus for this inspection was to examine a selected number of criteria from the following standards extracted from the minimum standards documentation for nursing agencies 2012:

- **Standard 2:**  
**There are policies and procedures in place that direct the quality of services provided by the nursing agency.**

A review of five criteria for this standard evidenced that there are policies and procedures in place in accordance with Appendix 3: The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Agency Minimum Standards Minimum Standards (2008) Policies are centrally indexed and three policies were viewed on the day of inspection. These had been dated and signed and were subject to at least three yearly review by the registered provider and manager. The manager discussed how feedback from nurses and clients would help inform policy and procedure.

The agency was judged to be 'compliant' with this standard.

- **Standard 3:**  
**Clear, documented systems are in place for the management of records in accordance with legislative requirements.**

A review of seven criteria for this standard evidenced that systems are in place for the management of records in accordance with legislative requirements. The agency has a Management of Records and Information policy which sets out arrangements for the creation, use and storage of records.

The agency was judged to be 'compliant' with this standard.

- **Standard 11:**  
**There are arrangements in place to respond promptly to requests for private nursing care.**

The agency has clear policies and procedures in place for responding to requests to provide nursing care within a patient's own home. Following referral, all patients are assessed by a member of the nursing team and a care plan is developed with the patient and in line with the protocols of the contracting trust. A copy of the Service User Guide is provided to all new patients. The agency currently supplies nurses to two patients in the community, one person's care is commissioned by the HSC Trust and the other person receiving care is self-funding.

The agency was judged to be 'compliant' with this standard.

- **Standard 12:**  
**Safe effective nursing care, that is based on continuous assessment, is planned and agreed with the patient, is accurately recorded in care plans and is regularly reviewed.**

The patient for whom care is being provided by the agency has an assessment undertaken by the HSC Trust who have developed a person centred care plan.

The provision of nursing care and re-assessment of the patient's ongoing care needs, are agreed with the patients and/or their representative and recorded at each visit. Copies of all records are held in the patient's home.

Systems are in place to provided ongoing clinical supervision for the nurses and annual appraisal.

The patients' representatives are fully involved in decision making in relation to any interventions being undertaken.

The agency was judged to be 'compliant' with this standard.

- **Standard 13:**  
**There are accurate and up to date case records for private patients who receive care in their own homes by nurses supplied by the nursing agency.**

The agency has guidelines for records, record keeping and access to patient records which is used in conjunction with the management of records policy to ensure standards for up to date case records are maintained.

The agency was judged to be 'compliant' with this standard

- **Standard 14:**  
**Consent to treatment and care is obtained from private patients who receive care in their own home.**

The registered manager confirmed that the policy in relation to consent will be enhanced to reflect guidelines for agency nurses to follow when a patient does not have the capacity or refuses to give written consent to treatment or care. At present there are no written guidelines for agency nurses when a patient does not

have the capacity or refuses to give consent to treatment or care. At present the agency uses service users' agreements to confirm consent. These should be updated to ensure that consent is given for nursing care interventions.

Three recommendations are made in relation to this standard.

The agency was judged to be 'Moving towards compliance' with this standard.

- **Standard 15:**  
**There are arrangements in place to ensure that agency nurses manage medicines safely and securely in private patients' own homes.**

The agency has a range of policies and procedures in place for the management and administration of medication in the patient's own home. Nurses are issued with relevant information regarding the medication to be administered and any specific treatment protocols. The nurse manager regularly reviews records in relation to the administration of medication to ensure compliance with policy and procedure. There is an induction pack for nurses supplied by the agency which is tailored to helping them meet the specific needs of the individual patients.

The agency was judged to be 'compliant' with this standard.

To validate compliance levels for each of the above standards, the inspector had a lengthy discussion with the registered manager and undertook a review of relevant documentation held at the nursing agency. Feedback was provided at the end of the inspection to the registered manager.

The certificates of registration and indemnity insurance were clearly displayed within the premises.

Robust systems were in place to recruit staff as outlined in the recruitment policy and procedures. Five personnel files reviewed were found to be fully compliant with the legislation and systems were in place to check the registration status of nurses with the NMC.

The registered manager is actively involved in the recruitment, assessment and placement of all nurses. Records are held regarding placement of nurses and the decision making process in this regard.

A number of policies and procedures were reviewed, which included which included, Absence of the Registered Manager, Orientation and Induction and Management and Control of Operations.

Two recommendations are made and they relate to consent to treatment and care. These are discussed fully in the main body of the report and in the appended Quality Improvement Plan.



### Follow-Up on Previous Issues from Pre-Registration Inspection

No.	Regulation Ref.	Requirement	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 4 and Schedule 1 Regulation 5 Regulation 15	<p>The registered person/manager is required to review and revise the agency's statement of purpose, service user guide, staff handbook and policy on 'Management, control and monitoring of the nursing agency' policy to clearly reflect the management structure within the agency including roles, responsibilities and lines of accountability.</p> <p>As discussed within theme one, standard 1.1 and 1.2 within this report.</p> <p>(Minimum standard 1.1, standard 2 and appendix 3)</p>	<p>The management structure has been included in the revised agency's statement of purpose, service user guide, staff handbook and policy on 'Management, control and monitoring of the nursing agency' policy.</p>	Compliant
2	Regulation 12 and Schedule 3	<p>The registered person/manager is required to review and revise the agency's recruitment policy to ensure the process is clearly detailed and references appropriate templates used within the process.</p> <p>As discussed within theme one, standard 1.2 within this report.</p> <p>(Minimum standard 4)</p>	<p>The recruitment policy has been revised to clearly detail and reference appropriate templates used within the process.</p>	Compliant

3	Regulation 12 and Schedule 3	<p>The registered person/manager is required to submit the next two staff recruitment files to RQIA for review to ensure compliance with the agency revised policy (as detailed at requirement two above) and to ensure compliance with Regulation 12 and Schedule 3.</p> <p>As discussed within theme one, standard 1.2 within this report.</p> <p>(Minimum standard 4)</p>	<p>This matter has been actioned.</p> <p>An inspector reviewed two files following the last inspection.</p>	Compliant
4	Regulation 12 and Schedule 3	<p>The registered person/manager is required to obtain copies of all staff indemnity cover and submit to RQIA for review.</p> <p>As discussed within theme one, standard 1.22 within this report.</p> <p>(Minimum standard 4)</p>	<p>A spreadsheet detailing staff indemnity cover was submitted to RQIA.</p>	Compliant
5	Regulation 14	<p>The registered person/manager is recommended to review and revise the staff supervision policy and procedure and implement accordingly for all staff.</p> <p>As discussed within theme two, standard 6.5 within this report.</p> <p>(Minimum standard 2, Appendix 3)</p>	<p>The registered manager has reviewed and revised the staff supervision policy and procedure and implemented accordingly.</p> <p>(May2014)</p>	Compliant
6	Regulation 14	<p>The registered person/manager is recommended to revise the agency policy and implement the staff appraisal process for all staff in accordance with the agency policy and procedure.</p> <p>As discussed within theme two, standard 6.5 within this report.</p>	<p>The registered manager has reviewed and revised the staff appraisal policy and procedure and implemented accordingly.</p> <p>(April 2014)</p>	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 1.1 Standard 2 Appendix 3	<p>The registered person/manager is recommended to review and revise the 'Management, control and monitoring of the nursing agency' policy to clearly reflect the specifics of all processes within the quality monitoring framework including daily reporting arrangements, visits to nursing homes to assess quality and to include monthly checking processes for staff indemnity.</p> <p>As discussed within theme one, standard 1.1, standard 1.2 and standard 1.12 and within theme three, standard 10.1 within this report.</p>	<p>The 'Management, control and monitoring of the nursing agency' policy was revised in March 2014 and May 2014 and reflects the specifics of all processes within the quality monitoring framework including daily reporting arrangements, visits to nursing homes to assess quality and to include monthly checking processes for staff indemnity.</p>	Compliant
2	Standard 2 Appendix 3	<p>The registered person/manager is recommended to develop policies for:</p> <ul style="list-style-type: none"> <li>• 'Matching the skills and experience of nurses to the recruitment of placements' and</li> <li>• 'Supply and placement of nurses' and to ensure these policies reference the template used during initial service user meetings.</li> </ul> <p>As discussed within theme one, standard 1.2 within this report.</p>	<p>These policies and procedures were revised and included in the policy manual under the headings, 'Matching the skills and experience of nurses to the recruitment of placements' and 'Supply and placement of nurses'.</p>	Compliant

3	Standard 6	<p>The registered person/manager is recommended to develop a policy, procedure and templates for staff induction and competence.</p> <p>As discussed within theme two, standard 6.5 within this report.</p>	<p>This policy on staff induction has been developed and the procedure includes a skills competency checklist.</p>	Compliant
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<b>Standard 2:</b> <b>There are policies and procedures in place that direct the quality of services provided by the nursing agency.</b>	
<b>Criterion Assessed:</b> <b>2.1 Policies and procedures as identified in Appendix 3 for the management of the nursing agency and supply of nurses are in accordance with statutory requirements.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> Policies and procedures in place at Nursing Agency in alphabetical order.	Compliant
<b>Inspection Findings:</b> There are policies and procedures in place as identified in Appendix 3 for the management of the nursing agency and supply of nurses in accordance with statutory requirements. The inspector viewed three policies; Absence of the Registered Manager, Orientation and Induction and Management and Control of Operations. These policies had been reviewed by the registered manager and were dated and signed.	Compliant

<b>Criterion Assessed:</b> <b>2.2 There are arrangements to ensure that policies and procedures are developed with input from staff, private patients who receive care in their own homes and managers from the settings where nurses are placed.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Feedback from staff, private patients and nurse led sites is considered and where appropriate policies and procedures amended if deemed to improve service delivery. This also includes evaluates from incidents and complaints.	Compliant
<b>Inspection Findings:</b>	
Each month a selection of policies and procedures are reviewed. The quality of services is monitored by the registered person on an ongoing basis through evaluations completed by clients and agency nurses. These are recorded monthly in a monitoring report. The registered manager also makes contacts with clients regarding the quality of service provided by the agency. Information obtained from formal and informal contacts and notification of incidents and complaints is used to ensure service improvement and may influence the development of policy and procedures.	Compliant
<b>Criterion Assessed:</b> <b>2.3 Policies and procedures are centrally indexed and compiled into a policy manual.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Policies and procedures are centrally indexed and compiled into a policy manual	Compliant
<b>Inspection Findings:</b>	
On the day of inspection Policies and procedures are centrally indexed and available in a policy manual in accordance with Appendix 3.	Compliant

<b>Criterion Assessed:</b> <b>2.4 Policies and procedures are dated when issued, reviewed or revised.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> Policies and procedures are dated when issued, reviewed or revised.	Compliant
<b>Inspection Findings:</b> All policies and procedures are dated when first issued and any reviews or revisions are also dated and signed.	Compliant
<b>Criterion Assessed:</b> <b>2.5 Policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or introduction of new policies and procedures.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> Policies and procedures are subject to a systematic 3 yearly review and the requested person ratifies any revisions to or introduction of new policies and procedures	Compliant
<b>Inspection Findings:</b> The registered person is involved in all reviews of policies and procedures. It was evident that the registered person is responsible for the ratification of revisions to existing policies and the introduction of new policies and procedures.	Compliant

<b>Standard 3:</b> <b>Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed:</b> <b>3.1 Where agency nurses are supplied to provide nursing care to private patients in their own homes those patients have access to their records in accordance with the Data Protection Act 1998.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> Patients nursed within their own homes have access to their records in accordance with Data Protection Act 1998.	Compliant
<b>Inspection Findings:</b> The registered manager explained that the care plan and daily recordings remain in the patient's own home where access is available to the patient and/or their representative.	Compliant
<b>Criterion Assessed:</b> <b>3.2 The policy and written procedures for the management of records detail arrangements for the creation, use, retention, storage, transfer, disposal of and access to records.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> The policy and written procedures for the management of records detail arrangements for the creation, use, retention, storage, transfer, disposal of and access to records.	Compliant
<b>Inspection Findings:</b> The Management of Records and Information Policy and the Data Protection Policy and procedure contain detail and guidance for the creation, use, retention, storage, transfer, disposal of and access to records.	Compliant



<b>Criterion Assessed:</b> <b>3.3 Records required under The HPSS (Quality Improvement and Regulation)(NI) Order 2003 (Regulations) are available in the nursing agency for inspection at all times.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Records required under the HPSS (Quality Improvement and Regulation)(NI) Order 2003 (Regulations) are available in the nursing agency for inspection at all times.	Compliant
<b>Inspection Findings:</b>	
On the day of inspection all records requested were made available to the inspector. The agency has a bespoke computerised system (TASK) which records information as required by Schedule 4 and is programmed to provide alerts for indemnity insurance, NMC status and training needs.	Compliant
<b>Criterion Assessed:</b> <b>3.4 The information held on record is accurate, up to date and necessary.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
The information held on record is accurate, up to date and necessary	Compliant
<b>Inspection Findings:</b>	
Records inspected were current, necessary and confirmed by the manager as accurate.	Compliant
<b>Criterion Assessed:</b> <b>3.5 Nursing care records are written and maintained in accordance with NMC guidelines.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Nursing care records are written and maintained in accordance with NMC guidelines.	Substantially compliant
<b>Inspection Findings:</b>	
Records are written and maintained in accordance with NMC guidelines. Nurses supplied by the agency are trained in record keeping.	Compliant

<b>Criterion Assessed:</b> <b>3.6 Agency staff are trained to create, use, manage and dispose of records in line with good practice and legislative requirements.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Agency staff are trained to create, use, manage and dispose of records in line with good practice an legislative requirements	Compliant
<b>Inspection Findings:</b>	
The registered manager confirmed that all staff are trained at induction to create, use manage and dispose of records.	Compliant

<b>Standard 3:</b> <b>Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed:</b> <b>3.7 Records are held securely for the period of time as specified in DHSSPS guidelines and disposed of in accordance with legislation.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> Records are held securely for the period of time as specified in DHSSPS guidelines and disposed of in accordance with legislation.	Compliant
<b>Inspection Findings:</b> The Management of records and information policy details requirements for the storage and archival of records and is as specified in DHSSPS guidelines.	Compliant

<b>Standard 11:</b> <b>There are arrangements in place to respond promptly to requests for private nursing care.</b>	
<b>Criterion Assessed:</b> <b>11.1 The policy and procedures detail the arrangements for dealing with requests from people who are seeking agency nurses to provide private nursing care in their own homes.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> Responding to requests for Private Nursing care details the arrangement for dealing with requests from people who are seeking agency nurses to provide private nursing care in their own homes.	Compliant
<b>Inspection Findings:</b> The manager outlined the process from enquiry to provision in relation to dealing with requests to provide care in a patient's own home. This involved visits from the nurse manager where assessment of need and matching of staff begin the process. At the time of inspection nurses are supplied by the agency to provide care over a seven day week to two patients with complex needs being cared for in their own home. One person's care is commissioned by the HSC Trust and the other patient funds their own care package.	Compliant
<b>Criterion Assessed:</b> <b>11.2 An identified nurse employed by the nursing agency visits patients in their own homes, carries out and records an assessment of nursing care needs using validated assessment tools, prior to supplying a nurse. Information received from other care providers, if appropriate, is used in this assessment. Any associated factors or risks are documented.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> A nurse identified by the nursing agency who visits patients in their own homes will carry out and record an assessment of nursing care needs using validated assessment tools, prior to supplying a nurse. If any appropriate information is received from other care providers, it will be used in this assessment and any associated factors or risks will be documented.	Compliant

<b>Inspection Findings:</b>	
<p>The HSC Trust, in the case in which the agency is involved in, conduct a multidisciplinary assessment of need and the district nurse devises the care plan for all nurses to follow. The patient who is a self- funder has a private care manager who ensures needs are fully assessed and met.</p> <p>The agency nurse manager makes an ongoing assessment of nursing care needs in the patient's own home when she visits and works in conjunction with other care providers to ensure a full assessment of need and risk is undertaken. She also ensures that all nurses supplied by the agency adhere to the care plan in place and that records verify this.</p>	Compliant
<b>Criterion Assessed:</b> <b>11.3 An identified nurse with skills and expertise matches and selects appropriate nurse(s) to the requirements of the patient.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
An identified nurse with relevant skills and expertise will match and select appropriate nurse(s) to the requirements of the patient.	Compliant
<b>Inspection Findings:</b>	
The registered manager ensures that nurses with the appropriate skills and expertise are matched and placed with the patient who is receiving care. In this agency specific nurses were selected to provide complex care for the individual patients in their own home. Each nurse had a full induction and competency assessment regarding the interventions required by the individual patient. Training records were available to evidence attendance at mandatory and other required training.	Compliant
<b>Criterion Assessed:</b> <b>11.4 All information including associated factors and risks are given to the nurse(s) prior to placement.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
All information including associated factors and risks are given to the nurse(s) prior to being placed.	Compliant
<b>Inspection Findings:</b>	
The nurse manager confirmed that all nurses receive the information in relation to assessment, risks and nursing care interventions before duty commences. As well as the nurse manager, a senior nurse, the district nurse and a	Compliant

private care manager are involved in monitoring the care provided and ensuring all information is communicated appropriately.	
<b>Criterion Assessed:</b> <b>11.5 A service user's guide that provides comprehensive, up-to-date information about the nursing agency in an accessible format, is given to the patient. (Appendix 1)</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
A service user's guide that provides comprehensive, up-to-date information about the nursing agency in an accessible format, is given to the patient.	Compliant
<b>Inspection Findings:</b>	
A service user guide is provided for the patient and/or their representative and this is a comprehensive informative document.	Compliant
<b>Criterion Assessed:</b> <b>11.6 A written service contract is provided by the nursing agency within seven days of commencement of the service. The patient and / or their representative and the nursing agency each has a copy of the contract that is signed and dated by the patient or representative and the registered manager of the nursing agency. (Appendix 2)</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
A written service contract is provided by the nursing agency within seven days of commencement of the service. The patient and or their representatives as well as the nursing agency will have a copy of the contract that is signed and dated by the patient or their representative and also the registered manager of the nursing agency.	Compliant
<b>Inspection Findings:</b>	
The inspector concurs with the information in the self-assessment.	Compliant

<b>Standard 12:</b> <b>Safe effective nursing care, that is based on continuous assessment, is planned and agreed with the patient, is accurately recorded in care plans and is regularly reviewed.</b>	
<b>Criterion Assessed:</b> <b>12.1 The agency nurse implements an person-centred nursing care plan that is based on an initial assessment of the patient's care needs and is agreed with the patient.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> The agency nurse implements a person centered nursing care plan that is based on an initial assessment of the patient's care needs and is agreed with the patient.	Compliant
<b>Inspection Findings:</b> The registered manager confirmed that all care provided by nurses supplied by the agency to the individual patients is person-centred and has been agreed by the patients' representatives. Examples of how interventions are tailored to meet the individuals' safety and comfort were explained to the inspector.	Compliant
<b>Criterion Assessed:</b> <b>12.2 The provision of nursing care and re-assessment of the patient's ongoing care needs, are agreed with the patient, monitored and recorded on a day-to-day basis.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> The provision of nursing care and reassessment of the patient's ongoing care needs are agreed with the patient, monitored and recorded on a day to day basis.	Compliant
<b>Inspection Findings:</b> The manager confirmed that each nurse has a responsibility to monitor and then record the patients' ongoing care needs.	Compliant

<b>Criterion Assessed:</b> <b>12.3 The results and outcomes of any treatment and care are clearly explained to patients and any options available to them are discussed.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
The results and outcomes of any treatment and care are clearly explained to patients and if there are any other options available to them it is discussed with them and their representatives.	Compliant
<b>Inspection Findings:</b>	
The registered manager discussed the full involvement of the patients representatives in all decisions related to the treatment and care of their relatives.	Compliant
<b>Criterion Assessed:</b> <b>12.4 The nursing care plan and ongoing care needs are reviewed and agreed with patients and their representatives at time intervals as recorded.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Nursing care plans and ongoing care needs are reviewed and agreed with patients and their representatives at time intervals as recorded.	Compliant
<b>Inspection Findings:</b>	
The registered manager conformed that there are at least annual reviews of care but that depending on clinical need reassessments and care plan reviews may take place at other intervals.	Compliant



<b>Criterion Assessed:</b> <b>12.5 Arrangements are in place to ensure that private patients in their own homes are kept fully informed of issues relating to the care provided by the agency nurse(s) and that they are enabled to make comments about the quality of care provided.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Arrangements are in place to ensure that private patients in their own homes are kept fully informed of issues relating to care provided by the agency nurse and that they are enabled to make comments about the quality of care provided. This is done via the use of client feedbacks forms, nurse assessments.	Compliant
<b>Inspection Findings:</b>	
Client feedback forms completed by the patients representatives are used to assess their satisfaction with the quality of services provided. Informally the registered manager makes regular contacts with patient and/or their representative to ensure they are kept fully informed about the input of agency nurses.	Compliant
<b>Criterion Assessed:</b> <b>12.6 Where the agency remains the employer of the nurse, there should be effective clinical supervision arrangements in place.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Clinical supervisions arrangements are in place for identified nurses providing care to clients within their own home.	Compliant
<b>Inspection Findings:</b>	
The registered manager confirmed arrangements in place to ensure effective clinical supervision. Each individual nurse has the opportunity to have supervision on a one to one basis and yearly appraisal.	Compliant

<b>Standard 13:</b> <b>There are accurate and up to date case records for private patients who receive care in their own homes by nurses supplied by the nursing agency.</b>	
<b>Criterion Assessed:</b> <b>13.1 The policy and written procedures for managing case records of care and treatment planned and given to private patients detail arrangements for the creation, use, retention, storage, transfer and access to those records.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> The policy and procedures for managing case records of care and treatment planned are given to private patients which detail arrangements for the creation and use of these records. Specific arrangements to be made for private patient retention, storage and transfer of these records.	Moving towards compliance
<b>Inspection Findings:</b> The Management of Records policy (February 2015) has been updated since the self-assessment to include arrangements for retention storage and transfer of the records of private patients.	Compliant

Criterion Assessed	Compliance Level
<b>13.2 All entries in case records are contemporaneous; dated, timed, and signed, with the signature accompanied by the name and designation of the signatory.</b>	
<b>Provider's Self Assessment:</b>	
All entries in case records are contemporaneous; dated, timed and signed with the signature accompanied by the name and designation of the signatory	Compliant
<b>Inspection Findings:</b>	
The registered manager confirmed that documentation in respect of ongoing progress notes relating to the care of particular patients are properly dated timed and signed in accordance with NMC guidelines.	Compliant
Criterion Assessed:	Compliance Level
<b>13.3 Any alterations or additions are dated, timed, and signed, and made in such a way that the original entry can still be read.</b>	
<b>Provider's Self Assessment:</b>	
When additions or alterations are made, they are signed, dated and timed and th original entry is still available for viewing.	Compliant
<b>Inspection Findings:</b>	
The content of the policy in relation to record keeping directs nurses to ensure that alterations or additions are dated, timed and signed in such a way that the original entry can still be read.	Compliant

<b>Criterion Assessed:</b> <b>13.4 Agency nurses record all care given and recommendations in patients' case record.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Agency nurses record the care given to patients and if recommendations are made, they are detailed in the care records.	Compliant
<b>Inspection Findings:</b>	
Agency nurses working in a patient's own home are required to record all interventions. This process is monitored by the senior nurse and registered manager who reviews progress notes and care plans on a regular basis.	Compliant
<b>Criterion Assessed:</b> <b>13.5 Where private patients, decline to have records kept in their own homes, this is documented, dated, signed and retained in the nursing agency.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Not applicable at present.	Compliant
<b>Inspection Findings:</b>	
The registered manager confirmed that if a patient declined to have records kept within their own homes, the decision would be documented and dated. Records would then be stored securely in the agency office.	Compliant

<b>Criterion Assessed:</b> <b>13.6 Case records are kept in the homes of private patients for one month, or until the service is concluded, after which time they are transferred, with patients' permission, to the nursing agency in accordance with procedures.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Alternative arrangements in place for present private clients.	Compliant
<b>Inspection Findings:</b>	
Procedures in respect of storage of case records have been detailed in the Management of Records policy. (February 2015)Current private patients have a secure cabinet supplied by Trackars for their records. All of the arrangements in respect of the storage of case records have been agreed with the families and care managers.	Compliant

<b>Standard 14:</b> <b>Consent to treatment and care is obtained from private patients who receive care in their own home.</b>	
<b>Criterion Assessed:</b> <b>14.1 There is a written policy on obtaining consent to treatment and care that adheres to NMC Code of Professional Conduct and DHSSPS guidelines.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> Policy will be updated to reflect NMC Code of Professional Conduct.	Moving towards compliance
<b>Inspection Findings:</b> The agency has a policy "Consent to treatment" which has not been written in accordance with guidance within NMC. A recommendation is made in relation to this.	Moving towards compliance
<b>Criterion Assessed:</b> <b>14.2 There are written guidelines for agency nurses when a patient does not have the capacity or refuses to give consent to treatment or care.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> Policy will be updated to reflect patient capacity to consent.	Moving towards compliance
<b>Inspection Findings:</b> The procedure to guide nurses when a patient does not have capacity to give consent is to be included within the revised policy regarding consent to treatment and care. A recommendation is made in respect of this.	Moving towards compliance

<b>Criterion Assessed:</b> <b>14.3 Nursing procedures are explained to patients informing them of the implications of the treatment and any options available to them. This is documented in nursing care records.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Nurses follow perscribed care from service users MDT. This is documented in Nursing Care records.	Compliant
<b>Inspection Findings:</b>	
The agency encourages nurse to provide full explanations regarding the implications of treatment and other options if available to patients and their representatives.	Compliant
<b>Criterion Assessed:</b> <b>14.4 Completed consent forms are maintained within individual nursing care records.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Service User agreements currentlty being updated to reflect nursing care consent.	Moving towards compliance
<b>Inspection Findings:</b>	
As the self-assessment states the service user agreements require updating to detail consent to nursing care and treatment. A recommendation is made in respect of this.	Moving towards compliance

<b>Standard 15:</b> <b>There are arrangements in place to ensure that agency nurses manage medicines safely and securely in private patients own homes.</b>	
<b>Criterion Assessed:</b> <b>15.1 The policy and procedures cover all activities concerned with the management of medicines for private patients . These are in accordance with legislative requirements and current best practice as defined by professional bodies and national standard setting organisations.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> The policy and procedure for the management of medicines for private patients covers all activities concerned. These are in accordance with legislative requirements and current best practice as defined by professional bodies and national standard setting organisations.	Compliant
<b>Inspection Findings:</b> The registered manager confirmed that the policy in relation to Management of Medications takes account of current NMC guidelines on the administration of medicines.	Compliant
<b>Criterion Assessed:</b> <b>15.2 The agency provides private patients and their carers with information, in an accessible format, on the circumstances in which nurses may administer or assist in the administration of medicines.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> Circumstances in which nurses may administer or assist in the administration of medication is provided to patients and their carers in a format which is accessible to them.	Compliant
<b>Inspection Findings:</b> Nurses are issued with relevant information regarding the medication to be administered and specific treatment protocols. The registered manager confirmed that the patients and/or their representatives are involved in all aspects of care planning and would be made aware of the circumstances in which nurses may administer or assist in the administration of medications in the service user guide. The senior nurse monitors the administration of medications by agency staff regularly	Compliant



<b>Criterion Assessed:</b> <b>15.3 Medicine errors and incidents that occur in private patients' home are reported, in accordance with procedures, to the appropriate authority.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Any medication errors or incidents that occur in a private patients home is reported to the appropriate authority, in accordance with procedures.	Compliant
<b>Inspection Findings:</b>	
The registered manager confirmed the processes to be followed following a medication error including reporting arrangements. No errors have occurred to date.	Compliant

## Complaints

Since the last inspection nine complaints were recorded, these were found to be investigated according to policy. One incident which has been reported to the agency has been referred for investigation as a safeguarding matter. All complaints or incidents have now been resolved and complainants satisfied with the outcomes of the investigations.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Ms Patricia Casement, Registered Manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Michele Kelly  
Regulation and Quality Improvement Authority  
Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 2BT**



## Quality Improvement Plan

### Primary Unannounced Care Inspection

Trackars

29 January 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Patricia Casement during and after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

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.

**Recommendations**

**These recommendations are based on The Nursing Agencies Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.**

<b>No.</b>	<b>Minimum Standard Reference</b>	<b>Recommendations</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	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.	Once	The policy 'Obtaining Consent' is now revised to reflect NMC Code of Professional Conduct	Within two months of the date of inspection 24 March 2015
2	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.	Once	The policy 'Obtaining Consent' now contains written guidelines for an Agency Nurse when a patient does not have the capacity or refuses to give consent to treatment or care.	Within two months of the date of inspection 24 March 2015
3	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.	Once	The Service User Agreements are now updated to ensure that patient and/or representative consent is documented for nursing care interventions.	Within two months of the date of inspection 24 March 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Patricia Casement
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Patricia Casement

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	yes	Michele Kelly	21/3/15
Further information requested from provider			