

Unannounced Care Inspection Report 15 June 2017



Trackars Ltd

Type of service: Domiciliary Care Agency
Address: 31b St Patrick's Avenue, Downpatrick, BT30 6DW
Tel no: 02844 830486
Inspector: Caroline Rix
User Consultation Officer: Clair McConnell

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 domiciliary care agency which provides a range of personal care and social support services to 118 people living in their own homes. Service users have a range of needs including physical disability, learning disability, mental health care, dementia care and support for older people. The agency is currently participating in a Dementia Together NI pilot service to support carers to have a short break since May 2016. The agency has a current compliment of 47 staff that provides services commissioned by the Southern and South Eastern Health and Social Care Trusts (HSC Trusts).

3.0 Service details

Organisation/Registered Provider: Trackars Ltd/Mrs Patricia Mary Casement	Registered manager: Ms Anita McClurg
Person in charge at the time of inspection: Ms Anita McClurg	Date manager registered: 17 February 2016

4.0 Inspection summary

An unannounced inspection took place on 15 June 2017 from 09.30 to 16.00 hours

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified 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 service quality, care records and staff training. This was supported through review of records at inspection and during feedback from service users, relatives and staff on inspection.

No areas requiring improvement were noted.

Service users spoken with by the UCO, provided very positive feedback regarding the service provided by Trackars Ltd in regards to safe, effective, compassionate and well led care. Many examples of good practice were highlighted and complimented and have been detailed within the body of this report. All the staff spoken with during inspection provided positive feedback in terms of their work within the agency.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

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

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

4.2 Action/enforcement taken following the most recent care inspection dated 13 December 2016

No further actions were required to be taken following the most recent inspection on 13 December 2016.

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 inspection report
- Record of notifiable events for 2016/2017
- Records of complaints notified to the agency
- User Consultation Officer (UCO) report

Prior to the inspection the User Consultation Officer (UCO) spoke with one service user and six relatives, by telephone, on 31 May 2017 to obtain their views of the service. The service users interviewed have received assistance with the following:

- Management of medication
- Personal care
- Meals

During the inspection the inspector met with four care staff to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The registered manager was provided with 10 questionnaires to distribute to randomly selected staff members for their completion. The inspector's questionnaires asked for staff views regarding the service, and requested their return to RQIA. However no completed staff questionnaires were returned to RQIA which was disappointing.

The following records were examined during the inspection:

- Four service user records in respect of referral, assessment, care plan and review
- Agency initial visit information regarding service user guide and agreements
- Four service user records of the agency quality monitoring contacts
- Four staff recruitment and induction records
- Agency process for verifying staff NISCC registration
- Staff training schedule and records
- Four staff quality monitoring records
- Staff meeting minutes from January to May 2017
- Complaints log and records
- Compliments log and records received during 2016/2017
- Record of incidents reportable to RQIA in 2016/2017

- Annual Quality report for 2016
- Monthly monitoring reports for February to May 2017
- The agency's Statement of Purpose
- Policies and procedures relating to: staff recruitment, supervision, induction, safeguarding, whistleblowing, recording, confidentiality, incident notification, management of missed calls and complaints

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 13 December 2016

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 13 December 2016

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 service users from the care, treatment and support that is intended to help them.

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Trackars Ltd. New carers had been introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and that the new carer had knowledge of the required care.

No issues regarding the carers' training in regards to manual handling and management of medication; however one relative felt that the shadowing period could be longer. All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "Can't speak highly enough."
- "The girls contact me if there is anything to worry about."
- "XXX is trying to be independent but the girls assist if necessary."
- "Peace of mind for the family when we are at work."

A range of policies and procedures was reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards. Four staff files were sampled relating to care workers which verified that all the pre-employment information and documents had been obtained as required for each of these care workers. The agency has a recruitment officer who assists the registered manager with the recruitment process, including the collection of appropriate pre-employment information.

An induction programme had been completed with each staff member that included competency assessments and subsequent supervision records were maintained. The review of this documentation was facilitated by a practical record held on their computer system for each care worker, clearly detailing the agency's structured system for induction training, supervision and competency assessment programme.

All of the staff members' recruitment records reviewed confirmed that they were or had applied to be registered with NISCC in line with the required timeframes and guidelines. A range of communication methods used by the agency to inform staff of their requirement to register were reviewed during inspection. The registered person monthly monitoring reports also made reference to the current status of staff registered and registering. The registered manager discussed the system introduced to identify when staff are due to renew registration. The care staff spoken with during inspection described their registration process with NISCC.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Adult Safeguarding' policy and procedure provided information and guidance as required; and referenced the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) guidance of July 2015 'Adult Safeguarding Prevention and Protection in Partnership'. The registered manager is named as the agency's Adult Safeguarding champion with key responsibilities detailed in their procedure in line with required guidance.

The agency's whistleblowing policy and procedure was found to be satisfactory.

Each of the four staff interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They each described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

A review of safeguarding documentation confirmed that potential concerns were managed appropriately in accordance with the regional safeguarding protocols and the agency's policies and procedures.

Staff training records viewed for 2016/2017 confirmed all care workers had completed the required mandatory update training programme. The training plan for 2017 was viewed which contained each of the mandatory training subject areas, along with other training relevant to service users' care needs including: dementia awareness, skin care and end of life care. Staff interviewed described the value of the additional training received in improving the quality of care they provided.

The agency's registered premises include a suite of offices and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose.

Review of records management arrangements within the agency evidenced that appropriate storage and data protection measures were being maintained.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment and induction, training, supervision and appraisal. Adult safeguarding had been appropriately managed and ongoing review of service user's care and support was evident.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping or that care has been rushed. Two relatives also advised that their service user had experienced a small number of missed calls from the agency. Service users are usually introduced to new carers by a regular carer.

No issues regarding communication between the service users, relatives and staff from Trackars Ltd were raised with the UCO. Some of the service users and relatives advised that home visits or phone calls have taken place as well as receiving a questionnaire from the agency to obtain their views on the service.

Examples of some of the comments made by service users or their relatives are listed below:

- "Nothing to complain about."
- "Consistency is great. They have become like mates."
- "Would recommend the regular carers but things aren't as good when new staff are covering."

Service user records viewed on the day of inspection included referral information received from the Health and Social Care (HSC) Trust. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed by staff during their initial service visits contained evidence that service users' and/or relatives' views had been obtained and where possible, incorporated.

A sample of four service user files viewed confirmed that the agency management had carried out care review meetings with service users/relatives to ensure service user needs were being met. The registered manager explained that the agency is usually invited to attend or contribute in writing to the commissioning trust arranged care review meetings with service users/relatives.

The registered manager confirmed they receive an amendment form from the trust detailing any agreed change to the original care plan. Service user files also contained evidence of communications between the agency and trust key workers, where changing needs were identified and reassessments had resulted in amended care plans.

Staff interviewed on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users' care plans.

The agency's policies and procedures on 'confidentiality' and 'recording and reporting' were viewed and found to contain clear guidance for staff. The inspector reviewed four completed daily log records returned from service users' homes. These records confirmed an audit of recording practice had been carried out by senior staff, with appropriate action taken with individual staff where issues had been identified.

The registered manager confirmed ongoing discussion of records management during staff supervision/ team meetings and during training updates and via memos to staff; discussion with care workers during the inspection supported on-going review of this topic. Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their supervisor or manager if any changes to service users' needs were identified.

Staff demonstrated a clear understanding of their reporting processes if running late for a service user visit or had missed a call. Staff also described the action to be taken in the event of being unable to gain access to a service user's home. The registered manager confirmed that they had missed a small number of service user calls during 2017; however the appropriate action had been taken with no repeated problems.

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 and other key stakeholders.

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?

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

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed. Service users, as far as possible, are given their choice in regards to meals and personal care.

Views of service users and relatives have been sought through home visits, phone calls or questionnaires to ensure satisfaction with the care that has been provided by Trackars. Examples of some of the comments made by service users or their relatives are listed below:

- “More than happy with the girls.”
- “XXX is really fond of the carers.”
- “Lovely girls.”
- “They’re polite and pleasant.”

The agency carries out service user quality monitoring on an ongoing basis through home visits, telephone contact and through the annual quality survey. Records reviewed during inspection support ongoing review of service users’ needs. Quality monitoring from service user contacts alongside monthly quality reports and annual quality surveys evidenced positive feedback from service users and their family members; this was supported during the UCO discussions with service users and families.

Observation of staff practice carried out within service users’ homes on a regular basis was confirmed during inspection through records viewed in the agency office and discussions with staff. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits.

Staff spoken with during the inspection described aspects of care provision which reflected their understanding of service users’ choice, dignity, and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

The agency’s compliments records were viewed; these contained extremely positive feedback from service users/relatives which had been shared with staff individually and with teams. Compliments reviewed during inspection provided the following information in support of compassionate care:

- ‘Thanks to the staff that were brilliant. XXX was really content and settled, and the routine was not interrupted. The family really appreciated the help and service.’ (Phone call from a service user’s relative).
- ‘Thank you to the staffs that were brilliant, all great girls. XXX was absolutely fantastic with my relative.’ (Phone call from a service user’s daughter).
- ‘I have received very positive feedback about your service, it has been of such benefit and support to the families.’ (Email compliment from HSC trust care manager).

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users. Staff discussions and compliments reviewed supported good practice in the area of compassionate care.

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.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. Two relatives informed the UCO that complaints had been made to the agency regarding a small number of missed calls. The issue of missed calls was discussed with the registered manager who confirmed appropriate action had been taken in relation to the small number of service user calls missed, with no repeated problems.

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered manager, Anita McClurg, a homecare consultant, assistant coordinators, a recruitment officer and training officer and their teams of care workers provides domiciliary care and support to service users living in their own homes.

The Statement of Purpose and Service Users' Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. Both documents contained all information in compliance with Regulations 5 and 6 and Standards 2 and 4.

Discussion with the registered manager and care workers interviewed indicated they understood the organisational structure within the agency and their role and responsibilities. The policy and procedure manual was viewed and contents discussed with the registered manager. Staff confirmed that they had access to the agency's policies and procedures in a range of formats. The arrangements for policies and procedures to be reviewed, at least every three years, were found to have been implemented.

The agency's complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services.

The agency's complaints procedure viewed was found to be in line with regulations and standards. Care workers interviewed demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner.

The complaints log was viewed for the period 1 April 2016 to inspection date 15 June 2017 with no complaints recorded. The registered manager confirmed that they had not received any complaints during this period. Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were reported to RQIA and other relevant bodies appropriately. A review of records evidenced that notifiable events had been investigated and reported appropriately with safeguarding procedures implemented as required.

Monthly monitoring reports were viewed for February to May 2017. These reports evidenced that the responsible person had been monitoring the quality of service provided in accordance

with minimum standards. Each report contained a summary of staff and service user monitoring, compliments and complaints; and evidenced how any issues arising had been managed. The reports evidenced that the views of the commissioning trust had been sought which were found to be very positive.

The annual quality review report for 2016 viewed had been completed with a summary section of feedback and an action plan. The views of service users, relatives, staff and commissioners of their service had been obtained and included in their detailed report. Records evidenced that the agency had shared their annual quality report summary with all service users, staff and the commissioning trust during February 2017.

The care workers interviewed indicated that they felt supported by senior staff that they described as approachable and helpful. The on-call system in operation was described as valuable to staff seeking advice but also as a support and reassurance outside office hours.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships with all key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.



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