

Unannounced Care Inspection Report 25 March 2021



Trackars Ltd

Type of Service: Domiciliary Care Agency
Address: 32 English Street, Downpatrick, BT30 6AB
Tel No: 028 4483 0486
Inspector: Kieran Murray

www.rqia.org.uk

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Trackars Ltd is a domiciliary care agency which provides a range of personal care and social support services to 103 service users living in their own homes within the South Eastern Health and Social Care Trust (SEHSCT) area. Service users have a range of needs including physical disability, dementia, learning disability, mental health and elderly care needs. Service users are supported by 48 staff.

3.0 Service details

Organisation/Registered Provider: Trackars Ltd Responsible Individual: Ms Patricia Mary Casement	Registered Manager: Ms Patricia Mary Casement (Acting)
Person in charge at the time of inspection: Ms Patricia Mary Casement (Acting)	Date manager registered: 11 October 2020 Ms Patricia Mary Casement – application not yet submitted

4.0 Inspection summary

An announced inspection took place on 25 March 2021 from 10.00 to 13.30.

Due to the Coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last inspection was undertaken on 17 July 2019. Since the date of the last care inspection, a number of correspondences were received in respect of the agency. RQIA were notified of a number of notifiable incidents and concerns which had occurred within the agency.

Whilst RQIA was not aware that there was any specific risk to the service users within Trackars Ltd, a decision was made to undertake an on-site inspection adhering to social distancing guidance.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

No areas requiring improvement were identified during this inspection.

Evidence of good practice was found in relation to:

- staff recruitment;
- care records;
- care reviews;
- covid-19 education and management, including infection prevention and control (IPC) measures and updating of the policy;
- use of personal protection equipment (PPE);
- service user involvement;

- collaborative working;
- registrations with Northern Ireland Social Care Council (NISCC); and
- records relating to Adult Safeguarding.

Service user comments:

- “The girls are brilliant.”
- “They are always on time.”
- “They wear aprons, gloves and masks.”
- “I can go to the office if I have any complaints.”
- “I think they are well trained.”
- “They wear full PPE.”
- “They write in the Trackars file every time they visit.”
- “The phone number of the office is in the file.”
- “Overall I have no complaints.”

Relative's comments:

- “Lovely girls come to my XXX four times a day.”
- “They wear full PPE because they are in close contact with my XXX.”
- “They always dispose of PPE appropriately.”
- “The girls are lovely.”
- “They try and keep continuity of girls calling.”
- “The girls are always respectful, courteous and friendly.”
- “They preserve my XXXX human rights.”

Staff comments:

- “I got a week's induction.”
- “A lot of the induction was done by zoom because of covid-19.”
- “I done donning (putting on) and doffing (taking off) training.”
- “I got plenty of information on covid-19.”
- “Trackar's is one of the best I have worked for.”
- “I get supervisions and appraisal.”
- “The office staff are very good and supportive.”
- “I have loads of PPE.”
- “The management are good.”

Trust professional comments:

- “I think the service is excellent.”
- “Anytime I send an email for extra hours they always get back to me.”
- “They are good at updating us of any changes in service user's conditions.”
- “They participate well in reviews.”

All those spoken with indicated that they were happy with the care and support provided.

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 Ms Patricia Mary Casement, Responsible Individual and Acting Manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 17 July 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 17 July 2019.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, the returned quality improvement plan (QIP) notifications and concerns received since the previous care inspection.

During our inspection we focused on contacting the service users, their relatives, staff and Trust professionals to find out their views on the service.

We ensured that the appropriate staff checks were in place before staff visited service users and reviewed the following:

- recruitment records specifically relating to Access NI and NISCC registrations; covid-19: guidance; and
- a range of documents, policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

RQIA provided information to service users/relatives, staff and other stakeholders that will support feedback on the quality of service delivery. This included 'Tell Us' cards, service users/relatives questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA.

The feedback received from staff showed that people were generally 'satisfied' with the current care and support.

During the inspection we met with the manager, homecare coordinator and business support officer. Following the inspection we had telephone communications with two service users, two service users relative's, two staff and one SEHSCT professional.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

We would like to thank the service users, service user's relatives, manager, homecare coordinator, business support officer, staff and SEHSCT professionals for their support and co-operation throughout the inspection process.

6.0 The inspection

Areas for improvement from the last care inspection dated 17 July 2019		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation complaints 23(2)(3)(4) and (5) Stated: First time	<p>At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency—</p> <p>(a)arranges the provision of good quality services for service users;</p> <p>(b)takes the views of service users and their representatives into account in deciding—</p> <p>(i)what services to offer to them, and</p> <p>(ii)the manner in which such services are to be provided; and</p> <p>(c)has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>(4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>Until further notice the monthly monitoring report must be submitted to RQIA.</p>	<p>Met</p>

	<p>Ref: 6.5</p> <p>Action taken as confirmed during the inspection: We reviewed Regulation 23 monthly quality monitoring reports and found them to be satisfactory. The manager had also forwarded copies the reports each month to RQIA until advised to cease doing so.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <p>(a) so as to ensure the safety and well-being of service users;</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>The registered person must undertake an audit of all missed or late calls in 2019 and ensure that relevant agencies (RQIA, HSC Trusts) are notified of these.</p> <p>The registered person must develop and implement a robust system for ensuring that service users receive their care calls in a timely manner.</p> <p>The registered person must review the system for communication with service users and/or their' representatives, to ensure that any matters impacting on service delivery are communicated effectively.</p> <p>Until further notice, a weekly report must be submitted to RQIA detailing any missed service user calls and actions taken as a consequence.</p> <p>Ref: 6.2</p> <p>Action taken as confirmed during the inspection: The manager forwarded weekly reports to RQIA which were reviewed and found to be satisfactory. On the day of the inspection we evidenced weekly spreadsheets detailing all missed or late calls and communications with service users/relatives and relevant stakeholders.</p>	<p>Met</p>

6.1 Inspection findings

Recruitment records:

Discussions with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11 relating to Access NI. We reviewed documentation in relation to pre-employment checks which provided assurances that Access NI checks were completed before commencement of employment.

We noted that the manager had a system in place each month for monitoring registration status of staff with NISCC and confirmed that staff are aware that they are not permitted to work if their NISCC registration had lapsed.

Governance and Management Arrangements:

On the day of the inspection we noted that the agency had made no adult safeguarding referrals to the Trust since the last inspection 17 August 2019.

The agency maintains a policy relating to complaints and compliments; these records are recorded and managed in accordance with the nursing agency's policy and procedure. On the day of the inspection we noted that the agency had received a number of complaints since the last inspection undertaken on 17 July 2019. We noted that the complaints were recorded as anonymous.

On the day of the inspection it was noted that a number of incidents had taken place since the previous inspection 17 July 2019. We examined the records and found that the agency had dealt with the incidents in accordance with the required regulations and their own policy and procedure.

We reviewed a number of care plans in place for individual service users. These fully described the care and support required for individuals and included: referral information, risk assessments, care/support plans and reviews.

We noted comments from service users, relatives, and staff during regular monthly quality monitoring:

Service User:

- "Looks forward to XXX lunchtime calls and has no complaints or concerns."

Relatives:

- "XXX receives an excellent service. XXX confirmed all staff wear appropriate PPE."

Staff:

- "Good supply of PPE and the office are very good at keeping XXX up to date and will regularly send text messages."

Covid-19:

The manager and staff we spoke to were knowledgeable in relation to their responsibility in relation to Covid-19. The staff who spoke to us on the day of the inspection were aware of the guidance in relation to use of PPE for activities that brought them within two metres of patients. Staff told us that they were aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

We reviewed records relating to IPC policies, training and use of PPE which were in-line with the guidance. The policies and procedures had been updated to include Covid-19 and were available within the service.

Staff who spoke to us described how and where donning (putting on) and doffing (taking off) of PPE happened within the service and service users homes.

We noted staff had signed 'Declaration during Covid-19' forms to confirm that they had received guidance on Covid-19.

The manager and staff who spoke to us they were aware of the need to ask and look out for the following symptoms, fever of 37.8C or above, cough, loss of or change in sense of smell or taste in service users or staff. It was positive to note that our temperature was recorded and a wellness check completed before gaining entry to the agency.

The staff who spoke to us advised that car sharing does not happen at the agency.

Hand sanitisers were placed in different areas throughout the agency for staff and visiting professionals to use to ensure good hand hygiene.

The manager advised us that monitoring of staff practices was carried out by as direct observations and spot checks of staff. Feedback from service users and their relatives confirmed staff were wearing PPE appropriately.

The manager advised us that information was disseminated to staff via emails, text messages, care planner system (staff have individual log on details) and the Covid-19 folder within the agency.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to completion of checks of Access NI, NISCC registrations, safeguarding, monthly quality monitoring reports and compliance with Covid-19 guidance.

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.



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