



The Regulation and  
Quality Improvement  
Authority

## PRIMARY INSPECTION

**Name of Establishment:** Trackars Ltd (Fintona)  
(previously Dromore Community Care)

**Establishment ID No:** 10899

**Date of Inspection:** 12 March 2015

**Inspector's Name:** Amanda Jackson

**Inspection No:** IN016566

**The Regulation And Quality Improvement Authority**  
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**General Information**

<b>Name of agency:</b>	Trackars Ltd (Fintona) (Previously Dromore Community Care)
<b>Address:</b>	5 Carnalea Road Fintona BT78 2BY
<b>Telephone Number:</b>	02882840487
<b>E mail Address:</b>	patricia@trackars.biz
<b>Registered Organisation / Registered Provider:</b>	Trackars Ltd/ Patricia Casement
<b>Registered Manager:</b>	Patricia Casement
<b>Person in Charge of the agency at the time of inspection:</b>	Patricia Casement
<b>Number of service users:</b>	115
<b>Date and type of previous inspection:</b>	Primary Announced Inspection 8 October 2013
<b>Date and time of inspection:</b>	Primary Unannounced Inspection 12 March 2015 09.45 to 14.45 hours
<b>Name of inspector:</b>	Amanda Jackson

## 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 domiciliary care agencies. A minimum of one inspection per year is required.

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

## Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. 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 domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2008)

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

## Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- 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.

### Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	2
Staff	4
Relatives	4
Other Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	25	25

### 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 three quality themes.

- **Theme 1**  
**Standard 8 – Management and control of operations**  
**Management systems and arrangements are in place that support and promote the delivery of quality care services.**
- **Theme 2**  
**Regulation 21 (1) - Records management**
- **Theme 3**  
**Regulation –13 Recruitment**

The registered provider and the inspector have rated the service's compliance level against each criterion and also against each standard.

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 (Fintona) (Previously Dromore Community Care) has been operational since December 2014 following the purchase of Dromore Community Care. Trackars Ltd is based in the town of Fintona and provides services to 115 adults (10 less from the previous inspection) in the localities of Fintona, Dromore, Drumquin, Irvinestown, Trillick, Seskinore and Omagh. All referrals are made through the Western Health and Social Care Trust, and three private packages of care are currently in place with the agency. Services provided include personal care, meals preparation and social support. Currently services are provided to adults, but referrals for services for children would be accepted, despite none at present. The agency employs 32 staff (6 less from the previous inspection).

Dromore Community Care had three recommendations made during the agency's previous inspection on 8 October 2013. All recommendations were confirmed as 'compliant' by the registered person/manager.

## **Summary of Inspection**

### **Detail of inspection process**

The annual unannounced inspection for Trackars Ltd (Fintona) was carried out on 12 March 2015 between the hours of 09.45 hours and 14.45 hours. The agency has made good progress in respect of the identified areas discussed in the body of this report.

Visits to service users were carried out by the UCO prior to the inspection on 10 and 11 March 2015, and a summary report is contained within this report. Findings following these home visits were discussed with the registered person/manager during inspection.

The inspector had the opportunity to meet with four staff members on the day of inspection to discuss their views regarding the service and their feedback is included within the body of this report. Staff feedback detailed appropriate line management support and competence. Discussion with the staff group during inspection supported that they have an appropriate knowledge in the area of recording. Staff also described recruitment processes in line with the agency policy and procedure.

The self-assessment contained within this report had been completed by the registered person and manager of Dromore Community Care prior to the purchase of the agency by Trackars and hence the inspector confirmed all matters with the new registered person/manager during inspection. The confirmed outcomes are those stated within the inspector findings sections of all three theme areas.

**Six requirements and one recommendation have been made in respect of the outcomes of this inspection.**

### **Staff survey comments**

25 staff surveys were issued and 25 received which was an excellent response.

Staff comments included on the returned surveys where:

“Manager is very good as it is new staff and is understanding.”

“Lovely transition and training given.”

“Very compliant.”

“I am content in my work, with service users and colleagues.”

“Care very good.”

“Care and services are very good.”

“Great to work with and for.”

“Happy with work with service users and colleagues.”

### **Home Visits summary**

As part of the inspection process RQIA’s User Consultation Officer (UCO) spoke with two service users and four relatives on 10 and 11 March 2015 to obtain their views of the service being provided by Trackars in the Fintona area. The service users interviewed have been using Trackars since it took over Dromore Community Care in 2014. The agency is providing the following assistance to the service users with the following at least once per day:

- Management of medication
- Personal care
- Meals
- Housework

The UCO was advised that care is being provided by small, consistent teams; this was felt to be beneficial as it allows a relationship to develop between the service user, family and carers. It was good to note that service users or their representatives are introduced to new members of staff by a regular carer. All of the people interviewed confirmed that there were no concerns regarding the timekeeping of the agency’s staff and they would usually be contacted by the agency if their carer had been significantly delayed, this is good practice. No concerns were raised regarding the length of calls; none of the people interviewed felt that care was being rushed.

All of the people interviewed had no concerns regarding the quality of care being provided by the carers or had made a recent complaint, however all were aware of whom they should contact if any issues arise. Due to the recent change of management, the service users or their relatives were unsure if management visits or observation of staff practice had taken place since Trackars had taken over.

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

- “No complaints whatsoever.”
- “My XXX is very content with the carers.”
- “I get on so well with the girls.”
- “Its great that I have had the same carers for years.”
- “Absolutely no concerns.”

Documentation is one of the themes being inspected during the 2014 / 15 inspection year; as part of the home visits the UCO reviewed the documentation kept in the home of three service users. None of the service users visited experience restraint or require assistance with medication, therefore there were no records to review in this regard.

One service user advised that, on occasion, shopping assistance is provided by the agency; no concerns were raised in this regard. The matter was discussed with the registered manager. All of the three files reviewed contained an accurate care plan and risk assessment. No issues were identified by the UCO regarding the agency’s log sheets.



## Summary

### Theme one - Management and control of operations

#### **Management systems and arrangements are in place that support and promote the delivery of quality care services.**

The agency has achieved a level of **moving towards compliant** in relation to this theme.

The agency's 'Statement of Purpose' dated 08/12/2014 and the policy on Management and control of the agency dated 04/11/2014 viewed contain details of the organisational structure, the qualifications and experience of senior staff and include the roles and responsibilities of each grade of senior staff but requires review in respect of staff who have recently departed from the company and those recently recruited.

Discussions with the registered person/manager during inspection and review of records for the manager and management staff supported a process in place for some but not all areas of mandatory training consistent with the RQIA mandatory training guidelines 2012. Additional areas of training and associated competency assessments have been requested for review.

A staff competency process has been developed by the agency and is operational during 2014 for staff with exception to those areas referenced in the previous paragraph.

Review of appropriate appraisal processes for all management staff were not confirmed during inspection and this was found to be likewise for supervision processes. Both areas have been requested for review and implementation.

Monthly monitoring processes are currently in place and operational. The report template was confirmed to include an area for staff competence matters as appropriate and this was commended.

Records regarding incidents were not reviewed during inspection as no incidents had occurred.

Two requirements have been made in relation to this theme and relate to registered manager and management staff training and competence in accordance with RQIA mandatory training guidelines (Regulation 11(1), 11(3), 13(b) and 16(2)(a), and the revision of the staff supervision and appraisal policy and implementation of supervision and appraisal for management staff in line with Regulation 16(2)(4) and Standards 13.2, 13.3 and 13.5. The statement of purpose and Management and control of the agency policy have been required for review regarding recent changes in management structure.

## Theme 2 - Records management

The agency has achieved a level of **substantially compliant** in relation to this theme.

The agency has a policy and procedure in place on 'Recording and reporting care practice' dated 20/01/14 which were found to be compliant and in line with standard 5 and contains guidance for staff on this subject.

A range of templates reviewed during inspection supported appropriate processes in place for service user recording in the areas of general care and medication. Review of service user home files during inspection supported general compliance in these areas.

The agency has a policy and procedure in place on use of restraint dated 20/01/14, which was reviewed as satisfactory with exception to updating regarding everyday restraint matters in domiciliary care.

The agency currently provides care to a few service users that require some form of restraint. The care plan and risk assessment for one service user in relation to this area was recommended for review regarding the detail of the restraint in place.

The agency has a policy or procedure on 'Handling Service Users Monies' dated 05/11/14. Service user money management was confirmed during UCO service user discussions as appropriate.

Review of staff training, supervision and appraisal processes were confirmed as appropriate during inspector review with exception to recording and reporting training which has been recommended.

Two requirements and one recommendation have been made in relation to this theme and relates to staff training in recording and reporting (Standard 10.5). Two requirements relate to Regulation 15 and review of the restraint policy and service user care plans and risk assessments regarding restraint and management of service user monies.

## Theme 3 – Recruitment

The agency has achieved a level of **compliant** in relation to this theme.

Review of the agency policy, procedure and recruitment records confirmed compliance with Regulation 13 and schedule 3 and Standards 8.21 and 11.2.

No requirements or recommendations have been made in respect of this theme.

**The Inspector and UCO would like to express their appreciation to service users, relatives and staff for the help and cooperation afforded during the course of the inspection.**

### Follow-Up on Previous Issues

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Standard 14.1	The registered manager is recommended to expand their protection of vulnerable adult's procedure to include a flowchart of key steps staff should follow within the process.	Discussions with the registered person/manager during inspection confirmed this recommendation had been addressed by Dromore Community Care and is compliant.  The inspector did not review this recommendation during inspection.	Once	Not applicable
2	Standard 14.4	The registered manager is recommended to expand their staff competency assessments following protection of vulnerable adults training.	Discussions with the registered person/manager during inspection confirmed this recommendation had been addressed Dromore Community Care and is compliant.  The inspector did not review this recommendation during inspection.	Once	Not applicable
3	Standard 1.9	The registered manager is recommended to develop a system to verify all service users have been provided with a summary of their annual quality report.	Discussions with the registered person/manager during inspection confirmed this recommendation had been addressed Dromore Community Care and is compliant.  The inspector did not review this recommendation during inspection.	Once	Not applicable

<b>THEME 1</b> <b>Standard 8 – Management and control of operations</b> <b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b>	
<p><b>Criteria Assessed 1: Registered Manager training and skills</b></p> <p>Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</p> <p>Regulation 11 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency.</p> <p>Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). <b>Ref: RQIA’s Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</b></p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>Regulation 11 (1) The registered person and manager promote and support the delivery of quality care services by ensuring that all mandatory and other training is delivered to staff. They also attend all training and update their own knowledge and skills in areas relevant to the management and provision of our services.</b></p> <p><b>11 (3) Periodic management and competencies skills are updated to ensure the support and provision of our services is in line with good practice.</b></p> <p><b>Standard 8.17 Records of all training undertaken are maintained in line with requirements. All mandatory training requirements are met.</b></p>	<p>compliant</p>

Inspection Findings:	
<p>The statement of purpose dated 08/12/2014 and the policy on Management and control of the agency dated 04/11/2014 were reviewed as substantially compliant reflecting a clear structure regarding management within the agency. This structure included the registered person/manager together with the co-ordinators, deputy co-ordinators and all other staff including management and care staff. The documents do however require review and update given the recent departure of the previous agency registered person and manager and the introduction of the new co-ordinator, both matters are required for attention.</p> <p>Training records for the registered person/manager were found to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012) with exception to medication and service users monies.</p> <p>The registered person/manager discussed completion of training in the areas of supervision and appraisal however this was not evidenced at inspection and has been recommended going forward.</p> <p>Most areas of training reviewed included a competency assessment element however these had not been consistently signed off by the assessor.</p> <p>Review of all training records and competency assessments is required to ensure compliance with RQIA mandatory training guidelines (September 2012) and any additional training deemed appropriate for managers</p> <p>The registered person/manager has recently completed additional training in the form of a diploma titled 'Advising Older People' and this was commended during inspection in terms of keeping abreast of new areas of development. The final certificate for this course was not available for review during inspection as the course has just finished, however the 1<sup>st</sup> year of the course provided a certificate dated August 2013 and was reviewed during inspection. Trackars agency are currently working towards renewal of their 'Investors in people award' as discussed during inspection and the registered person and manager also attends various conferences such as the Nursing and Midwifery council (NMC) conference to keep abreast of changing areas.</p> <p>It was discussed and reviewed during inspection that the registered manager is currently registered with NMC until September 2015.</p>	<p>Moving towards compliance</p>

<p><b>Criteria Assessed 2: Registered Manager's competence</b></p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>Standard 7.13 In accordance with requirements, medication errors and incidents are reported to the appropriate authorities. Records are kept on file accordingly.</b></p> <p><b>Standard 8.10 Working practices are monitored, audited and action is taken to correct any in-consistencies within policies, procedures, practices or agreed care packages.</b></p> <p><b>Standard 12.9 Training is vital to maintaining and updating staff knowledge and good practice. The training benefits are highlighted in our annual quality report. Training contributes to a stabilised and skilled team and results in a high level of service use satisfaction.</b></p> <p><b>13.5 All staff receive recorded supervisions and appraisal where their performance is reviewed in line with their job description. Any areas for improvement are noted and acted on accordingly.</b></p>	<p>Provider to complete compliant</p>

Inspection Findings:	
<p>The agency Supervision and appraisal policy and procedure dated 05/11/2014 was clearly referenced regarding practices for care staff but did not clearly reflect the processes for management staff supervision and appraisal. Revision of the policy and procedure is required in this respect.</p> <p>Appraisal for the registered person/manager has not taken place on an annual basis to date but was discussed by the registered manager during inspection. A new process is about to be implemented where the agency's clinical assessor will complete an annual appraisal for the registered person/manager to review training needs, skill and competence. Supervision does not take place for the registered person/manager given that they are the proprietor of the agency.</p> <p>The inspector did not review the agency log of incidents reported through to RQIA as no matter have arisen over the past year.</p> <p>Monthly monitoring reports completed by the registered person/manager were reviewed during inspection for January, February and March 2015 and found to be detailed, concise and compliant. The March report evidenced inclusion of a staff competency matter which is to be commended.</p> <p>The agency had completed their annual quality review for the year 2013 which was viewed; this document included their evaluation of staff training completed to date and their proposed future training requirements.</p>	<p>Moving towards compliance</p>

<p><b>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</b></p> <p>Standard 7.9 When necessary, training in specific techniques (the administration of medication eg eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by a qualified healthcare professional.</p> <p>Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform.</p> <p>Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>Standard 7.9 All staff receive training from a qualified healthcare professional who has been trained in delivering medication training. Specific techniques are covered in training and extra on-site advice/refresher where necessary can be provided for our care worker.</b></p> <p><b>Regulation 13 (b) At interview and during induction, skills analysis is conducted. Shadowing, training and supervision are all tools used to ensure the person has the skills necessary for the work involved.</b></p> <p><b>Standard 12.4 All staff are trained for their roles and responsibilities. They are recruited for their knowledge, experience and ability to meet the criteria for the job. Training is tailored to meet the assessed needs for the role in line with mandatory requirements.</b></p> <p><b>Standard 13.1 Managers and co-ordinators have been trained in staff appraisal and supervision which is carried out in line with policy and procedures.</b></p>	<p>Provider to complete</p> <p>Compliant</p>



Inspection Findings:	
<p>The agency holds a training and development policy and procedure dated 05/11/2014 which sits alongside the annual training programme for mandatory training. Review of this policy was found to be in line with RQIA mandatory training guidelines 2012 and confirmed as compliant.</p> <p>Training records for the one co-ordinator, one assistant co-ordinator and one senior carer were found to be in place regarding a number of mandatory training areas but not all areas in compliance with RQIA mandatory training guidelines (September 2012).</p> <p>Training in the areas of supervision and appraisal have not taken place for these management staff as this is not currently a role undertaken by them but may be in the future. Training in these areas has been recommended should staff undertake the role in the future.</p> <p>Most areas of training reviewed included a competency assessment element however these had not been consistently dated and signed off by the assessor.</p> <p>Review of all training records and competency assessments is required for review in compliance with RQIA mandatory training guidelines (September 2012) and any additional training deemed appropriate for managers.</p>	<p>Moving towards compliance</p>

<b>Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)</b>	<b>COMPLIANCE LEVEL</b>
<p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
<b>Provider's Self-Assessment:</b>	
<p><b>Standard 8.10 Working practices are monitored, audited and action is taken to correct any in-consistencies within policies, procedures, practices or agreed care packages.</b></p> <p><b>Standard 7.13 In accordance with requirements, medication errors and incidents are reported to the appropriate authorities. Records are kept on file accordingly.</b></p> <p><b>Standard 12.9 Training is vital to maintaining and updating staff knowledge and good practice. The training benefits are highlighted in our annual quality report. Training contributes to a stabilised and skilled team and results in a high level of service use satisfaction.</b></p> <p><b>13.5 All staff receive recorded supervisions and appraisal where their performance is reviewed in line with their job description. Any areas for improvement are noted and acted on accordingly.</b></p>	<p>Provider to complete</p> <p>Compliant</p>

<b>Inspection Findings:</b>	
<p>Appraisal for the one co-ordinator currently takes place annually and was reviewed during inspection for 2014. Appraisal for the deputy co-ordinator and senior carer has not taken place in 2014 as these staff members have recently been recruited and taken up post.</p> <p>Supervision for the one co-ordinator has taken place once during 2014 but is required for review in line with the agency policy which has been requested for review regarding management staff processes for supervision and appraisal. Supervision for the deputy co-ordinator and senior carer has still to be implemented given their recent introduction to the management team.</p>	<p>Moving towards compliance</p>

<b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	<p>Provider to complete compliant</p>

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	<p>Moving towards compliance</p>

**THEME 2**  
**Regulation 21 (1) - Records management**

**Criteria Assessed 1: General records**

Regulation 21(1) The registered person shall ensure that the records specified in Schedule 4(11) are maintained, and that they are—

- (a) kept up to date, in good order and in a secure manner; and
- (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.

(2) The registered person shall ensure that, in addition to the records referred to in paragraph (1), a copy of the service user plan and a detailed record of the prescribed services provided to the service user are kept at the service user’s home and that they are kept up to date, in good order and in a secure manner.

Standard 5.2 The record maintained in the service user’s home details (where applicable):

- the date and arrival and departure times of every visit by agency staff;
- actions or practice as specified in the care plan;
- changes in the service user’s needs, usual behaviour or routine and action taken;
- unusual or changed circumstances that affect the service user;
- contact between the care or support worker and primary health and social care services regarding the service user;
- contact with the service user’s representative or main carer about matters or concerns regarding the health and well-being of the service user;
- requests made for assistance over and above that agreed in the care plan; and
- incidents, accidents or near misses occurring and action taken.

Standard 5.6 All records are legible, accurate, up to date and signed and dated by the person making the entry.

**COMPLIANCE LEVEL**

<p><b>Provider's Self-Assessment:</b></p>	
<p><b>Regulation 21 (1) Records relating to domiciliary care workers and service users, as specified in schedule 4 (11), are maintained, updated and stored securely and are available for inspection by authorized persons.</b></p> <p><b>(2) A copy of the service user's care plan together with other related documentation, is kept in a pink folder provided by the agency, in each service user's home.</b></p> <p><b>Standard 5.2 Our daily recording book has appropriate listed headings to facilitate recording of all the areas detailed in this standard.</b></p> <p><b>Standard 5.6 Our records have specific headings and space to ensure entries are accurately recorded, legible and are signed and dated by the person recording the information.</b></p>	<p>Provider to complete compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency policies on Recording and reporting care practices dated 20/01/14, Handling service user's monies dated 05/11/14 and the Restraint policy dated 20/01/14 were all reviewed during inspection as compliant with exception to revision of the restraint policy regarding everyday restraint matters within domiciliary care such as lapbands and bedrails. The staff handbook dated 20/05/2013 was reviewed as detailing all of the above areas.</p> <p>Templates were reviewed during inspection for:</p> <ul style="list-style-type: none"> <li>• Daily evaluation recording.</li> <li>• Medication administration is detailed on the daily evaluation recording. The inspector did recommend recording the number of tablets as good practice during staff and management discussions.</li> <li>• The agency does not currently hold a money agreement within the service user agreement and this was discussed during inspection for consideration in the future. Review of one out of two care plans did clearly reflect finance arrangements for the service user and this was recommended for all service users going forward.</li> <li>• Staff spot checking template which includes a section on adherence to the agency recording policy.</li> </ul> <p>All templates were reviewed as appropriate for their purpose.</p>	<p>Substantially compliant</p>

Review of three staff files during inspection confirmed staff adherence to records management as detailed within the staff spot checks for 2014/15. Staff supervision records for 2014/15 were reviewed as compliant with no staff competence issues arising.

Staff training records for medication, recording and reporting, restraint and managing service users monies were reviewed for three staff members during inspection and confirmed as substantially compliant in all areas with exception to recording and reporting as this is not an RQIA specified mandatory area. This area has been recommended moving forward as good practice.

The registered person/manager discussed records management as a regular topic for discussion during staff meetings/group supervision, review of four recent staff meeting minute records dated 09 April 2014, 04 January 2014, 04 September 2013 and 15 August 2013 evidenced this topic.

Review of three service user files during the UCO home visits and review of four service user records during the inspection by the inspector confirmed appropriate recording in the general notes and medication records with exception to the inspector recommendation regarding staff detailing the number of tablets given. One care plan was noted to require updating regarding money management and a second care plan requires updating regarding service user restraint in place.

<p><b>Criteria Assessed 2: Service user money records</b></p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall—          (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user’s agreement (Standard 4).</p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>Regulation 15 (6) A specific procedure is in place to be followed when dealing with financial transactions for or on behalf of a service user.</b></p> <p><b>Standard 8.14 Financial records are maintained, by the manager, of all amounts received for agreed services provided, for each service user, and are available for inspection.</b></p>	<p>Provider to complete compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>Review of one care plan during the inspection and discussion with the registered person/manager highlighted financial assistance from the agency. This was recommended for review to ensure the care plan and risk assessment appropriately detail same. Discussions during the UCO service user visits did not highlight any concerns regarding staff management of finances.</p>	<p>Substantially compliant</p>

<b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Provider to complete compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant



<b>THEME 3 Regulation 13 - Recruitment</b>	
<b>Criteria Assessed 1:</b>	<b>COMPLIANCE LEVEL</b>
<p>Regulation 13 The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—</p> <ul style="list-style-type: none"> <li>(a) he is of integrity and good character;</li> <li>(b) he has the experience and skills necessary for the work that he is to perform;</li> <li>(c) he is physically and mentally fit for the purposes of the work which he is to perform; and</li> <li>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</li> </ul> <p>Standard 8.21 The registered person has arrangements in place to ensure that:</p> <ul style="list-style-type: none"> <li>• all necessary pre-employment checks are carried out;</li> <li>• criminal history disclosure information in respect of the preferred candidate, at the appropriate disclosure level is sought from Access NI; and</li> <li>• all appropriate referrals necessary are made in order to safeguard children and vulnerable adults .</li> </ul> <p>Standard 11.2 Before making an offer of employment:</p> <ul style="list-style-type: none"> <li>• the applicant’s identity is confirmed;</li> <li>• two satisfactory written references, linked to the requirements of the job are obtained, one of which is from the applicant’s present or most recent employer;</li> <li>• any gaps in an employment record are explored and explanations recorded;</li> <li>• criminal history disclosure information, at the enhanced disclosure level, is sought from Access NI for the preferred candidate; (Note: Agencies that intend to employ applicants from overseas will need to have suitable complementary arrangements in place in this regard);</li> <li>• professional and vocational qualifications are confirmed;</li> <li>• registration status with relevant regulatory bodies is confirmed;</li> <li>• a pre-employment health assessment is obtained</li> <li>• where appropriate, a valid driving licence and insurance cover for business use of car is confirmed; and</li> <li>• current status of work permit/employment visa is confirmed.</li> </ul>	

<b>Provider's Self-Assessment:</b>	
<p>Regulation 13 Staff are recruited and employed in accordance with relevant Statutory Employment Legislation, and our process has recently been updated to include a completion checklist to ensure all areas outlined in Schedule 3 are included in line with requirements.</p> <p>Standard 8.21 All listed pre-employment checks and referrals are carried out prior to confirmation of appointment, including enhanced disclosure level with barring list check from Access NI.</p> <p>Standard 11.2 Our staff recruitment process and policy has recently been updated to comply with all legislative requirements and guidelines and covers all areas specified in standard 11.2.</p>	<p>Provider to complete  compliant</p>
<b>Inspection Findings:</b>	
<p>Review of the staff recruitment policy dated 04/11/14 confirmed general compliance with regulation 13 and schedule 3.</p> <p>Review of two 2014/15 staff recruitment files during inspection confirmed compliance with Regulation 13, Schedule one and standard 11. The full driving licence and car insurance were not fully compliant for one staff member reviewed during inspection and this has been requested for submission to RQIA for review. Staff contracts signed at employment commencement and job descriptions issued during the recruitment process were also confirmed during inspection.</p>	<p>Compliant</p>

<b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Provider to complete compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

## **Additional Areas Examined**

### **Complaints**

The agency completed documentation prior to the inspection in relation to complaints received between 1 January 2013 and 31 December 2013. This form was reviewed and found to be satisfactory. The inspector did not review the 2013 complaints during the agency's inspection as the previous inspection was completed in October 2013. The agency has not received any complaints during 2014 or 2015 and this is to be commended.

### **Additional matters examined**

No additional matters were reviewed as a result of this inspection.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with the **registered person/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:

**Amanda Jackson**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



**Quality Improvement Plan**

**Unannounced Primary Inspection**

**Trackars Ltd (Fintona)**

**12 March 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 the **registered person/manager** receiving feedback during 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.

**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 Domiciliary Care Agencies Regulations (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 5 and Schedule 1	<p>The registered person/manager is required to review the management structure within the statement of purpose and policy on 'Management, control and monitoring of the agency'.</p> <p>(Minimum standard 8 and standard 9 and appendix 1)</p> <p>As discussed within theme one, criteria one of the report.</p>	Once	The 'Management, Control and Monitoring of the agency' policy has been reviewed by the registered person/manager	To be completed 12/04/15
2	Regulation 16(2)(a) Regulation 11(1)(3) Regulation 13(b)  Regulation 16(2)(4)	<p>The registered person/manager is required to ensure implementation of mandatory training across all staff groups to include supervision and appraisal training for the registered manager and management staff as appropriate. Competency assessments are also required for all mandatory areas.</p> <p>(Minimum standard 12)</p> <p>As discussed within theme one, criteria one and three of the report.</p> <p>The registered person/manager is required to review the staff supervision and appraisal policy and process to ensure appropriate application across all staff groups in</p>	Once	<p>Mandatory training across all staff groups, include supervision and appraisal training; including Registered Manager. Staff Supervisions and Appraisal policy revised to include office based positions within Trackars. Competency assessments are in place for all RQIA mandatory areas of Training.</p> <p>The Registered person/Manager has reviewed the 'Staff Supervisions and Appraisal' policy and process to ensure appropriate application</p>	To be completed by 12/06/15

		compliance with the revised agency policy. (Minimum standard 13) As discussed within theme one, criteria two of the report.		across all staff groups.	
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3	Regulation 15(10)	<p>The registered person/manager is required to review the agency restraint policy and procedure.</p> <p>As discussed within theme two, criteria one of the report.</p>	Once	The Registered Person/Manager has revised the restraint policy to include prescribed techniques	To be completed by 12/06/15
4	Regulation 15(2),(6)(d) and (10)	<p>The registered manager is required to ensure service user care plans and/or risk assessments clearly detail service user restraint and money management.</p> <p>As discussed within theme two, criteria one of the report.</p>	Once	The registered manager will aim to ensure Service User care plans and or risk assessments clearly detail Service User restraint and management.	To be completed by 06/06/15

**Recommendations**

**These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2011), 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	Standard 10.5	The registered person/manager is recommended to review staff training in the area of recording and reporting.  As discussed within theme two, criteria one.	Once	Staff training reviewed for all staff in the area of recording and reporting.	To be completed by 12/06/15

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	A.Jackson	15/05/15
Further information requested from provider			