

Top Class Quality Services Ltd

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Inspection report

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Date of inspection visit:
20 September 2019
30 September 2019

Date of publication:
30 October 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Top Class Quality Services Ltd is a domiciliary care agency based in Reading, providing personal care to people living in their own homes. At the time of inspection, the provider was supporting two people in their own homes with a 24-hour live-in service.

People's experience of using this service and what we found

People were protected from avoidable harm by staff who had received appropriate training and knew how to recognise and report abuse. Staff provided the support people required to keep them safe and protect them from identified risks, such as malnutrition, falling, choking, developing pressure sores and infections. The registered person operated robust recruitment processes in accordance with legislation, to ensure there were enough suitable staff to meet people's needs safely. People received their prescribed medicines safely from staff who had completed the required training and had their competency to do so assessed regularly. Staff had the necessary skills to meet people's needs safely, in line with good practice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was an open and positive culture within the service, which enabled encouraged good communication with people, their families and other stakeholders. The registered person and care coordinator ran the service well and supported staff to develop their skills. The registered person effectively engaged with people, staff and professionals to seek their views, which were used to drive service improvements. Quality assurance processes were in place to ensure the registered person had oversight of the service performance. The registered person and staff worked well with key organisations to ensure the safe and effective delivery of people's care. Professionals consistently praised the service for compassionately supporting people with challenging needs, where other providers had failed. For example, one professional told us, "I would say the safety and quality of care is excellent, for obtaining equipment needed and keeping [person] safe in her own home and enabling family and friends to visit."

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 4 June 2019) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those Key Questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Top Class Quality Services Ltd on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Top Class Quality Services Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. As they are the same person we will refer to them as the registered person throughout this report.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also wanted to be sure there would be people at home to speak with us.

Inspection activity started on 20 September 2019 and ended on 30 September 2019. We visited the office location and completed a home visit on 20 September 2019. Between 20 and 30 September we contacted health and social care professionals identified by the registered manager and staff members not available

on the day of the site visit.

What we did before the inspection

We reviewed the information the registered person sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the notifications received from the provider, since the last inspection. The law requires providers to send us notifications about certain events that happen during the running of a service. We contacted local authority teams engaged with the service, including clinical commissioning groups, continuing health care groups, safeguarding and quality assurance teams. We used this information to plan our inspection.

During the inspection

We spoke with the a person who uses the service, a person's relative, the registered person, the care coordinator and a support worker.

We reviewed the service care records, including two people's care plans and medicine administration records, risk assessments relating to skin care, falls management, and nutrition. We reviewed the daily progress notes of two people. We looked at eight staff recruitment and training files, together with the provider's training and supervision schedules. We also examined other documents relating to the management of the service, including policies, procedures, quality assurance documents, audits and satisfaction surveys.

After the inspection

We spoke with four support workers and three health and social care professionals. We continued to seek clarification from the provider to validate evidence found during the site visit. This included further documentation that had been provided following discussions with the registered person and care coordinator.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement. At this inspection this key question had improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the registered provider failed to operate robust recruitment procedures to make sure, as far as possible, that people were protected from staff being employed who were not suitable. This was a continued breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection we found the registered provider had made the required improvements and was no longer in breach of regulation 19. We checked to ensure that deficiencies in recruitment procedures, identified from staff files reviewed during our last inspection, had been addressed.

- The provider effectively operated robust recruitment processes to gather all available information to confirm that prospective staff were of good character.
- Staff files contained a full employment history. Any gaps in staff employment histories had been fully explored to obtain satisfactory explanations.
- The registered person had gained the required information about any physical or mental health conditions, which may adversely impact on staff ability to fulfil their role and responsibilities.
- The registered person had completed relevant pre-employment checks to make sure staff had the appropriate skills and character to work with people made vulnerable by their circumstances, living in their own home. These included prospective staff's employment references, their conduct in previous care roles and their right to work in the UK.
- Disclosure and Barring Service (DBS) checks had been completed before staff could support people. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- Where DBS checks had raised concerns over candidates' suitability, these issues had been explored in depth by the registered person and subject to risk assessments, to ensure they were suitable to be employed by the provider.
- The registered person's selection and interview processes effectively assessed the accuracy of applications and demonstrated candidates' suitability for the role applied for.
- The registered person completed daily staffing needs assessments based on people's dependency and was able to demonstrate that enough staff were deployed to ensure people were safe.

Using medicines safely

At our last inspection the registered person had failed to ensure that staff providing care or treatment to people had the required qualifications, competence, skills, experience and appropriate guidance, to do so safely. The registered person failed to ensure the proper and safe management of medicines. This was a

continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection we found the registered person had made the required improvements and was no longer in breach of regulation 12. We checked to ensure that the short comings identified during our last inspection, had been addressed.

- People were supported to administer or take their medicines by staff who were trained and assessed to be competent to do so, in accordance with the provider's policy.
- Staff had their knowledge, skills or competency suitably reviewed in line with clinical guidance and the providers policies and procedures, to ensure they were able to administer medicines safely.
- Records confirmed that staff medicines training and competency assessments were up to date. Staff confirmed their safe management of medicines training had been refreshed since our last inspection and the registered person had reassessed their competency.
- People and their relatives told us they received their medicines safely, as prescribed and in a manner they preferred.
- Where people had medicines 'as required' (PRN), for example for pain or for anxiety, there were clear protocols for their use. This included signs and indications for use, maximum doses, when to seek professional support and advice and about how to record their use. The registered manager consistently checked that the reason for administration of PRN medicines was valid and recorded. When PRN medicine was administered the effectiveness of the medicine had been recorded.
- The registered person completed regular reviews of people's medicine management plans to ensure continued administration was still required to meet their needs.
- When medicine errors had occurred, staff followed the provider's procedures to ensure people were safe and necessary learning was implemented to prevent a further occurrence. For example, by reviewing their procedures and providing additional training and competency checks where required.
- Medicines administration records (MARs) were completed accurately and reflected whether a person had received their medicines. Staff clearly recorded when a person had not taken medicines, for example when they had refused.
- Audits were undertaken of people's MAR's to ensure medicines were being administered as prescribed.

Learning lessons when things go wrong

At our last inspection the registered person had failed to consistently assess, monitor and improve the quality and safety of the services provided. This meant they had not identified the continued failures to meet the requirements of regulation 19 (Fit and proper persons employed) and regulation 12 (Safe care and treatment). This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At our last inspection the registered person had failed to implement assurances provided in an action plan to ensure that all staff personnel files would contain the relevant information, that all PRN protocols would be completed, that an audit system would be established to ensure effective review of care records.

At this inspection we found the registered person had made the required improvements and was no longer in breach of regulation 17. We checked to ensure that the deficiencies identified during our last inspection had been addressed, including the implementation of measures identified in the provider's action plan.

- The registered person had audited the content of all staff personnel files to ensure they contained all the required information.
- People who were prescribed PRN medicines had an individual PRN protocol to ensure they were administered safely.

- The registered person had established a system to effectively audit the quality of care plans to ensure staff had the necessary information to provide safe care to meet people's needs.
- All accidents and incidents were immediately reported to the management team, recorded and then reviewed daily by the registered person.
- The registered person listened to staff feedback and acted upon it to make sure people received safe care. For example, reviewing support plans immediately when staff were concerned about people's changing needs.

Systems and processes to safeguard people from the risk of abuse

- People and staff were actively encouraged to raise their concerns and to challenge risks to people's safety. Whenever people and staff raised concerns, the management team had listened and taken decisive action to resolve their concerns.
- The registered person monitored all concerns daily to ensure they were reported, recorded and investigated thoroughly.
- People were protected from avoidable harm by staff who had received appropriate training and knew how to recognise and report abuse.
- People consistently told us they felt safe and trusted the staff who supported them. One person told us, "She (staff) is very good and makes sure I am safe and not putting myself in danger, although some are a bit over protective." A relative told us, "The carers [staff] are good at getting the balance right between making sure [loved one] is safe but still feels they have their independence."

Assessing risk, safety monitoring and management

- Risks to people's safety had been identified and preventative measures ensured they were managed safely.
- Staff could explain how they minimised risks to people's health and well-being. For example, staff knew the individual support people required to protect them from the risks of falling, choking or developing pressure sores.

Preventing and controlling infection

- People and relatives consistently told us that staff demonstrated high standards of hygiene and cleanliness.
- Staff were able to demonstrate a clear understanding of the importance of managing the control of infection effectively and how this applied to the delivery of their care to people.
- Staff had completed relevant training in relation to infection control and food safety. People's health was protected because staff consistently followed good food safety and hygiene practice when preparing or handling food.
- We observed staff had access to the necessary personal protective equipment to minimise the risk of infection, such as disposable aprons and gloves.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as requires improvement. At this inspection this key question had improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

At our last inspection the registered provider had failed to consistently assess, monitor and improve the quality and safety of the service provided. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the registered person had made the required improvements and was no longer in breach of regulation 17.

- The registered person had consistently monitored and recorded all decisions taken in relation to people's care and treatment. For example, specific decisions recorded who had been consulted, discussions in relation to the decision and why they were in the person's best interest.
- The registered person had regularly reviewed care plans to ensure they provided the required information and clear guidance for staff to meet people's needs to achieve their desired outcomes. For example, people's care plans contained person-centred information about their preferences and how they liked things done.
- Since our last inspection the registered person had decided to concentrate on providing 24-hour live-in care packages. Staff remained with the person they were supporting until the new staff arrived to relieve them. If there was to be an unexpected or significant delay the registered person and care coordinator provided cover. This meant that people did not experience missed or late calls.
- The registered person was operating a system of audits which effectively assessed and monitored the quality and safety of the service being provided. For example, the registered person had an audit process to ensure that new staff were recruited safely, in accordance with legislation.
- Where audits identified areas for improvement, associated action plans ensured there were no recurring themes in subsequent audits. The registered person assessed and monitored the service to drive continuous improvement.
- The care coordinator had developed a schedule which identified when staff training needed to be refreshed. Staff training was effectively organised to ensure staff maintained the necessary skills and knowledge to meet people's needs.
- At the last inspection the registered person was directed to the guidance in relation to the submission of notifications. The registered person had correctly submitted one notification since the last inspection.
- At the time of the last inspection the registered person had failed to display their CQC rating from their previous inspection on their website. The Health and Social Care Act 2008 (Regulations) require that the

service' CQC rating should appear on the main homepage of the provider's website. At this inspection we found the provider had displayed their CQC rating appropriately, in accordance with regulations.

- The registered person held weekly governance meetings with the care coordinator, where significant events were discussed to identify areas for improvement.
- The care coordinator regularly engaged with healthcare partners for advice and guidance. For advice, occupational therapists, to arrange more suitable supportive equipment to prevent further accidents or injuries.
- There was a clear management structure within the service. The registered person and care coordinator were highly visible and provided clear and direct leadership, which instilled confidence and staff loyalty to the people they supported.
- Staff effectively recorded accidents and incidents, which were reviewed daily by the management team.
- This ensured the provider fulfilled their responsibility and accountability to identify trends and acted to keep people and staff safe, by reducing the risk of repeated incidents.
- Service improvement plans had been developed to ensure action was taken to drive improvements identified.
- The management team understood the importance of confidentiality. People's records were kept securely and only shared with those authorised to access them, in line with the General Data Protection Regulations.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered person had adopted a clear set of values based upon caring passionately about people and supporting them to live life to the full.
- Staff were focused to ensure people came first and received good outcomes.
- People experienced personalised care from a stable staff team who knew them well and were committed to ensuring they received care, which was individual to them.
- People trusted the registered person and care coordinator because they responded quickly if they contacted them. They consistently described the service as well managed.
- People and relatives consistently praised the registered person and care coordinator for being readily available and responsive, whenever they were worried or required support.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The registered person and care coordinator were familiar with this requirement and could explain their legal obligations in the duty of candour process.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The care coordinator carried out formal quality assurance surveys to obtain the views of people and their families.
- People and relatives told us the care coordinator spoke with them on a weekly basis to ensure they were happy with the care they were receiving. A relative told us the service kept them update with any developments with a weekly email.
- The registered person and care coordinator spent time with people who used the service and with staff. This enabled them to seek people's views on a regular basis and involve people in any changes.
- People's and staff views were listened to and acted upon.
- Staff told us the registered person and care coordinator valued their views, which they were encouraged to share during supervisions, team meetings and at any time they needed to talk.
- The service had developed strong links within the local community had strengthened relationships beyond the key organisations. For example, the care coordinator had established an effective communication

network with local neighbours and shop keepers to support a person if they required support whilst accessing the community.

Working in partnership with others

- The registered person and staff team worked well with other external services to achieve positive outcomes for people.
- Health and social care professionals consistently told us the registered person and care coordinator actively sought their guidance and engaged in effective partnership working with multi-disciplinary teams. People consistently praised the support they received when being referred to healthcare professionals and when being admitted or discharged from hospital.