

Top Carers Nursing Agency Limited

Top Carers Nursing and Domiciliary Care Agency

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Top Carers Nursing and Domiciliary Care Agency is a domiciliary and nursing care service. The service provides personal and nursing care to people living in their own homes. At the time of the inspection four people were receiving personal care and no people received nursing care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection some people were receiving support which did not include personal care and the provider also supplied staff to care homes and hospitals. We did not review the care they received as it is outside our regulatory remit.

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

The provider assessed risks to people to ensure staff had clear guidance to follow to reduce these risks. People's medicines were managed safely and the registered manager carried out frequent checks of this. Staff were well trained in medicines management with assessments to check they were competent. Staff received formal and informal supervision with good recording systems so the provider could check the support staff received. The provider had a good system of audits in place to check people received the right standard of care.

The provider checked staff were suitable to work with people by undertaking the necessary recruitment checks. There were enough staff to support people safely and staff timekeeping was good. Staff followed suitable infection control practices, including the safe use of personal protective equipment (PPE) to reduce the risk of COVID19 transmission, and received training on this.

Staff received suitable training and support on how to meet people's needs. People were supported to maintain their health and staff were trained to meet people's specific needs. People received food and drink of their choice. 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.

Staff were caring and developed good relationships with people. People were supported to maintain and improve their independent living skills where this was an agreed part of their care. People received consistency of care from staff who knew them well. Staff treated people with dignity and respect. People were involved in their care and their care plan was based on their individual needs and preferences. The provider had a suitable complaints procedure in place and relatives had confidence any complaint would be investigated properly.

A registered manager was in post who was supported by a contracts officer and a senior nurse who also trained staff in specialist topics. Staff felt well supported by the management team. The provider engaged well with staff, people and relatives to ensure people received the care they needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection and update

This service was rated requires improvement at our inspection in June 2021 with breaches in safe care and treatment and good governance. We asked the provider to complete an action plan setting out how they would improve. At this inspection we found the provider had improved and was no longer in breach.

Why we inspected

This inspection was prompted to check the provider had followed their action plan and were meeting the regulations.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Top Carers Nursing and Domiciliary Care Agency

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

Our inspection was completed by one inspector.

Service and service type

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

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure someone senior would be available to support the inspection. We also needed to obtain the consent from people using the service and relatives to be contacted by us to obtain feedback on their experience of using the service.

The inspection activity started on 24 June 2022 by visiting the provider's office to meet with the registered manager and contracts manager. We then made phone calls to people using the service, their relatives and staff, and inspection activity ended on 11 July 2022.

What we did before the inspection

We reviewed the information we had received about the service since they registered with us, including any

statutory notifications received. We asked the provider to send us a 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. We meet with the local authority monthly to gather their feedback on services. We used all this information to plan our inspection

During the inspection

We spoke with the registered manager and the contracts manager. We reviewed a range of records. These included care and staff records and records relating to the management of the service.

After the inspection

We spoke with two relatives of people using the service about their experiences of the care provided. No people using the service were available when we called. We spoke with one care worker. We continued to seek clarification from the provider to validate evidence found.

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 has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
At our last inspection we found systems were not robust enough to effectively manage risks to people. This was part of the breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provide had made improvements and were no longer in breach.

- Risks to people were assessed by the provider with clear guidance for staff to follow in reducing the risks.
- Although the registered manager told us there had been no accidents or incidents in the past year they understood how to review them to identify any patterns and to check people received the right support. Staff also understood their responsibilities.

Using medicines safely

At our last inspection we found people's medicines were not always safely managed. This was part of the breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements and were no longer in breach.

- The provider assessed risks relating to medicines management comprehensively, in line with national guidance.
- Only staff who had received two days of medicines training administered medicines, with specialist training in epilepsy medicines.
- A senior nurse carried out observations of staff administering medicines and competency assessments and these were recorded.
- The registered manager audited medicines management to check people received their medicine safely and took action to improve if any shortfalls were identified.

Staffing and recruitment

At our last inspection we found the provider did not always ensure records were in place relating to evidence robust staff recruitment. This was part of the breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements and were no longer in breach.

- The provider carried out the necessary checks to ensure staff were suitable to work with vulnerable

people. This included checks of any criminal records, identification and health conditions, work history and performance.

- The provider did not always record reasons for any gaps in staff employment records on leaving school and told us they would improve recruitment going forward.
- There were enough staff to support people safely. People, staff and the registered manager told us this. Staff spent many hours with each person and did not travel between clients. Timekeeping was not a concern for relatives.

Preventing and controlling infection

- The management team carried out checks of infection control practices to ensure staff followed current guidance.
- The provider had assessed risks related to COVID-19 for staff and people using the service and had put measures in place to reduce the risk.
- Staff followed suitable infection control procedures to keep people safe. People and their relatives told us they had no concerns about infection control and staff wore suitable personal protective equipment (PPE).
- Staff received training in relation to infection control, including COVID-19 and PPE usage, and followed best practice to reduce the risks to people. Staff also received training in food hygiene and people did not raise concerns about how staff handled their food.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe with the staff who supported people.
- The registered manager understood their responsibilities to safeguard people from abuse and neglect and the action to take.
- Staff received annual training in safeguarding and also understood their responsibilities to keep people safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. The rating for this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we found the provider did not always record structured supervision or appraisal held with staff to ensure they received the necessary support to meet people's needs. This was part of the breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements and were no longer in breach.

- The registered manager put a schedule in place to supervise staff regularly. Supervisions were well structured and staff found them supportive. Records had improved and the registered manager could refer to supervision records to check the support staff received.
- Staff understood their role and responsibilities well. New staff were trained by more experienced staff on how to meet people's individual needs.
- Staff received annual training in a wide range of topics to help them understand people's needs, including dementia, health and safety, nutrition and how to use equipment safely. Staff also received specialist training tailored to each person to meet their medical needs. A care worker told us, "The training is good! They make sure we do our training and it is good quality."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection we found the provider was not always able to show they assessed people fully before they came to receive care and care plans were not always in place to guide staff to meet people's needs. This was part of the breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provide had made improvements and were no longer in breach.

- Before providing care a senior member of staff met with the person and their relatives and reviewed any professional reports that had been undertaken for that person. This information was used to put a comprehensive, person-centred care plan in place to guide staff on meeting their needs. A relative told us, "[The contracts manager] came and brought the carer too, they took their time and were thorough."
- The provider reviewed people's care to check it continued to meet their needs through consulting with people and their relatives regularly.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat

and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- Staff understood people's complex healthcare needs as they had received training and support in relation to them.
- Staff supported people to see the healthcare professionals they needed to maintain their health including specialist nurses and GPs.
- Staff provided food and drink to people according to their needs and preferences where this was an agreed part of their care.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People using the service did not require mental capacity assessments because they had power of attorney in place or because they had full capacity. However, the registered manager understood their requirements in relation to this.
- Staff received training in the MCA although one staff member was unsure of how this related to their role and required further support, training was scheduled.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind and caring and were considerate of people's needs and preferences. A relative told us, "The carers are all very nice."
- Staff understood people well and developed good relationships with them. People received consistency of care from a small number of staff who knew them well.
- Staff told us they were not rushed and had time to interact with people, providing meaningful care.
- Staff received training in equality and diversity and understood people's religious, cultural and social needs. The provider sought staff with particular skills they could use when necessary, such as providing staff who spoke a particular language or who could cook certain cultural foods.

Supporting people to express their views and be involved in making decisions about their care

- Staff provided care in line with people's preferences, including how they liked to receive their personal care and their food and drink preferences.
- The provider called and visited people regularly to find out their views on their care and whether any changes were needed.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity when carrying out personal care.
- Staff understood how to maintain people's confidentiality and received training in this.
- Staff supported people to maintain their independent living skills as far as possible by encouraging them to be involved in their personal care and to attend personal development courses where this was an agreed part of their care. A relative told us, "Staff understand their role and make suggestions to help improve [my family member's] skills."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place for all people. These were personalised and detailed people's health needs, backgrounds, personalities, those who were important to them and how they preferred to receive their care.
- Care plans were kept up to date so they remained reliable for staff to follow and people were involved in their care plans.
- Staff had a good understanding of people's individual needs and preferences through working with them and reading their care plans

End of life care and support

- No one was receiving care at the end of their lives at the time of our inspection. However, the provider sometimes provided this type of care and worked closely with people, relatives and the local hospice, following their care plan.
- Training was available for staff in end of life care and the registered manager completed an NVQ in the topic to enhance their understanding to be able to guide staff effectively.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff were available to support people to stay in touch with those who were important to them, and to follow their interests, where this was an agreed part of their care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider met the AIS and key information could be provided to people in alternative formats if necessary.
- The provider recorded people's communication needs in their care plans for staff to refer to and staff were guided on meeting people's individual communication needs.

Improving care quality in response to complaints or concerns

- The provider had a suitable complaints procedure in place and people were provided with a summary of this.
- People and relatives were informed how to raise a concern and had confidence the provider would

investigate and respond appropriately. A relative told us, "I have faith they would take right action. There was an issue and they were quite prompt in resolving it."

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 our last inspection we rated this key question requires improvement. The rating for this key 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.

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

At our last inspection we found the provider's good governance systems required improvement because they had not identified and resolved the concerns we found. This was part of the breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provide had made improvements and were no longer in breach.

- The provider's audits to check people received a good standard of care had improved. The registered manager regularly carried out comprehensive audits of medicines management, care records including risk assessments, care plans and daily care records.
- The provider had an electronic system to record checks of staff records including recruitment records, staff supervision and appraisal and training. This system alerted the provider when staff identification required renewing and when training and supervision were due to help them keep track.
- Our discussions and inspection findings showed the registered manager understood their role and responsibilities and were meeting them well. The registered manager kept their skills and knowledge up to date through regular training, with more advanced training in some areas.
- The registered manager of this nursing and domiciliary care agency was not a nurse, but they employed a registered nurse to train and supervise staff. Support was also provided by a contract's manager who was training to be a registered nurse.
- The registered manager was aware of what notifications they were required to make to CQC, such as any allegation of abuse or incidents involving the police.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager communicated well with people, relatives and staff about any changes to people's care or any developments at the service. A care worker told us, "They keep me up to date, they are very good."
- People and staff were asked their views on the service through regular phone calls and visits.
- The provider understood the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

Working in partnership with others

- The provider communicated with external health and social care professionals, specialist nurses, GPs and the local hospice, to ensure people received the care they needed.