T Top Enterprise Limited

Ttop Enterprise

Inspection report

63 Sutton Park
Blunsdon
Swindon
Wiltshire
SN26 7BA

Tel: 01793847841
Website: www.ttoplimitedcare.co.uk/

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 28 March 2017. Ttop Enterprise is a domiciliary care service which provides support and care to people in their own homes in and around the Swindon area. There were 12 people using the service at the time of the inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a system for safe staff recruitment but full employment histories of staff were not always recorded. Staff told us they felt appropriately trained and well-supported; however, there were no clear recorded systems for monitoring staff training and development requirements.

Care files contained risk assessments, but these were not always detailed and precise enough and did not provide staff with sufficient guidance to efficiently reduce the risk of harm to people.

Care plans were not always person-centred. People's life histories were obtained, however, the care plans did not provide any information about people's likes and dislikes.

There were some processes to monitor the quality of the service provided. However, where shortfalls had been highlighted there were no records that actions had been taken to address issues. Records kept by the service were not always available, accurate or complete.

People told us they felt safe using the service because staff were skilled and knowledgeable, and knew how to care for them well. Staff had a good understanding of what constituted abuse and whom to contact if safeguarding concerns were raised.

People received care from staff who understood their individual health needs and what was required to support them in a safe way. People were assisted to take their medicines where appropriate and regular checks were made to ensure staff properly supported people to take their medicines.

People received care and support from staff who were regularly supervised and their performance and ability to do the job were checked. Staff told us they could request and access training when they needed. Staff understood people's needs and knew their individual requirements.

Staff understood the principles of the Mental Capacity Act (2005), and the registered manager understood the actions needed to be taken if they were concerned about people being deprived of their liberty.

People who required support were provided with sufficient amounts of food and drink during the day and

were assisted to manage their health needs. The service referred people to other professionals if they had any concerns.

People and relatives were positive about the care people received. They complimented the caring nature of staff. Staff encouraged people to be as independent as possible and the focus of the service was to develop people's skills and improve confidence.

People liked staff who cared for them and who they felt understood their needs. Staff supported people in a respectful manner, promoted people's dignity.

People knew how to complain and were offered opportunities to share their views and opinions about the service they received. The opportunities included regular review meetings, visits by the registered manager and also surveys.

People understood they could call the administration office and speak to a member of the management team if needed. People were confident that they would be listened to and that appropriate action needed would be taken.

Staff felt supported by the provider. The registered manager regularly worked alongside people and staff which gave them an insight into the running of the service and people's needs.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Recruitment practices were not always safe. Full work histories had not always been obtained and gaps in employment histories were not always accounted for.

People's care files contained risk assessments, however, the assessments did not always provide staff with guidance on how to manage these risks.

Staff had a good understanding of what constituted abuse and who to contact if they had any concerns.

Is the service effective?

Good

The service was effective.

Staff received induction and ongoing training. Staff received regular supervision and the service conducted spot checks on performance.

People were supported by staff to make decisions about their care in accordance with current legislation and care plans reflected people's capacity to make their own decisions

People's health care needs were monitored and people were provided with access to a range of healthcare professionals.

Is the service caring?

Good

The service was caring.

People were treated with dignity and their privacy was respected.

Staff were kind and compassionate to people.

There were constant staff at the service who were able to build up relationships with the people they worked with.

Is the service responsive?

Good

The service was responsive.

People's care was assessed prior to care being delivered by the service.

Care plans were not always centred on the person. People's life histories were obtained, however, care plans did not provide any information about people's likes and dislikes.

People told us they did not have any complaints regarding the care provided and were aware of how to report their concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Records relating to the running of the service had not always been completed. There were gaps in records.

The systems in place to monitor and improve the quality of the service were not always effective. Where shortfalls had been highlighted, there were no records that actions had been taken to address issues.

Staff and people felt supported by the registered manager.

Ttop Enterprise

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on 28 March 2017 and was carried out by one inspector. The provider was given 48 hours' notice. As the location provides a domiciliary care services, we needed to be sure that the registered manager would available to talk to us in person.

Prior to our inspection, we reviewed information we held about the service. This included any information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted commissioners (those who fund the care for some people) of the service and asked them for their views.

During our inspection we visited the provider's main office location and talked to the registered manager. After the visit, we spoke with two people, two relatives and four members of staff. We looked at records relating to the management of the service, including care plans for four people, four staff files with recruitment records, and other records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

We looked at people's files and each of the records contained an individualised risk management plan, completed together with the person concerned and, where appropriate, their relatives. Care plans identified the risk and the actions needed to be taken by staff to minimise the risk. The risk assessments seen covered areas such as the risk of falls, social isolation and moving and handling. During our inspection we found that some people had general risk assessments in place instead of separate assessments for each identified risk. For example, one person's risk assessment covered three different areas, was pen-written and half a page long. The general risk assessments did not provide sufficient information on how to mitigate the identified risks. This was brought to the attention of the registered manager. After the inspection the registered manager provided us with separate risk assessments for the person. However, we found that the risk assessments were not thorough enough and lacked detail or crucial information. For example, the person was identified as being at high risk in all three risk assessments, however, the reason for being at high risk was not explained. The control measures needed more detail. For instance, the skin integrity risk assessment did not provide staff with any guidance on incontinence pads or creams to be used. The content of the person's risk assessments referred to another person of a different name and different gender and identified the other person's specific condition. As a result, the risk assessments failed to provide any guidance to staff on how to mitigate the risks to the person's health and well-being. For example, the catheter risk assessment for one gentleman stated, "[Name] uses Zimmer frame or hoist. If unable to transfer, offer her a drink on each visit". Some risk assessments referred to other people, including their names and specific conditions.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and social care act 2008 (Regulated Activities) Regulations 2014.

Whilst the individual risk assessments associated with people's care were not adequate, we found that accommodation and environment risk assessments were appropriately completed. They identified risks to the person using the service and to the staff supporting them, and provided guidance on how to mitigate these risks. The identified risks included any environmental risks in people's homes and any risks in relation to the health and support needs of the person. People's individual care records detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance about using moving and handling equipment, directions of how to find people's homes and entry instructions. During the inspection we visited people in their own homes. We saw how staff were providing care and support to a person with early stages of dementia. They used stickers and post notes to instruct the person of how to keep safe in their home. For example, they left a note in the kitchen for the person to remind them to switch the stove off.

Recruitment practices were not always safe. Relevant employment checks, such as criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). Documents such as proof of identity or right to work in the United Kingdom were required from prospective employees and references had been completed before staff began working at the service. However, not all staff had managed to provide a full work history and gaps in employment histories were not always accounted for. Therefore the provider could

not be assured that these staff members were of suitable character to work with vulnerable adults.

People told us they felt safe using the service. One person simply stated, "I feel very safe with them." Another person said, "They are all OK. I do not call them staff, I call them my friends instead." One person's relative confirmed, "Yes, we are safe with them".

Staff understood the importance of safeguarding people and were aware of their responsibilities to report any concerns. Staff were able to explain different types of abuse and knew how to recognise signs of abuse. Staff were also able to describe what they would do if they considered a person to be at risk of harm. They told us they would speak with the registered manager immediately and record any information they thought was relevant. Staff were confident the registered manager would take immediate action to solve the problem. A member of staff told us, "We are supposed to record and report to our manager any sign of abuse as soon as possible. I would report things further to the local safeguarding team or to the Care Quality Commission (CQC) if the manager did not act on it".

People confirmed staff were reliable and came to visit them regularly and punctually. People knew the times of staff visits and were kept informed of any changes. One person's relative told us, "They are normally on time. If it happens that they get stuck in traffic, they always call us to let us know they are going to be late".

Staff, people and their relatives told us that staffing levels were stable. They told us people were mainly supported by staff who were familiar to people and had a good understanding of their needs. The registered manager regularly visited people in their homes and sometimes provided care and support themselves if there was a shortage in staff availability.

Some people who used the service were responsible for their own medication. These were usually provided in a monitored dosage system for medicines. The system supported people to manage their medicines more easily because each dose of medicine was pre-dispensed by the pharmacist in a sealed tray. Where required, staff supported people to take their medication. Staff had received training in managing and dispensing medication. Any changes made to medicine administration were reflected in people's records which were immediately updated.

The medicine administration record (MAR) sheets were fully completed and showed that people received their medicines at the right times. Staff were clear that if there had been any changes to people's medicines or they were unsure about anything to do with medicines, they would seek advice from the manager or field supervisor. This protected people from potential medicine errors.

There were robust contingency plans in place in case of an untoward event. The contingency plan assessed the risk of events such as fire or bad weather conditions.

Good

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills needed to provide high quality care. One person told us, "I think they are good. They seem to be very professional". One person's relative told us, "They are quite knowledgeable".

Staff felt they were well trained and supported to carry out their roles. Staff told us they had been supported to develop their skills and qualifications necessary to be able to support people. Staff had been encouraged to undertake national qualifications in health and social care. They told us their training gave them the skills they required to support people. A member of staff told us, "We are provided with good training opportunities. They book us for trainings and refreshers".

New staff had been given support and training to carry out their roles. They had been given the opportunity to shadow and observe experienced staff and were mentored by a senior staff member.

Staff told us they received support and regular supervision from their manager. They told us their supervision was an opportunity to discuss their performance and any support they needed to provide good care to people. A member of staff told us, "They are very good in terms of support. I have regular supervision meetings when I get an update about our clients and I provide them with feedback". Another member of staff said, "I meet with my manager every Monday. If we have a problem, she talks us through".

Staff we spoke with told us they also underwent spot checks to monitor how they cared for people. As a result, their training needs were identified and relevant training could be organised. The registered manager told us they were always keen to offer training to staff if they needed to be retrained on how to support people. People told us spot checks on staff were carried out regularly to monitor if staff provided people with care as they should. Staff also told us the care they delivered was regularly reviewed to check if it suited people's wishes and preferences. A member of staff told us, "The registered manager does spot checks. Especially with new clients to ensure they are looked after really well". However, we were told that supervision meetings and spot checks were carried out but not recorded. The registered manager explained to us that due to the small size of the service, they continually observed and assessed the skills and competencies of staff. As a result, they were able to directly address any poor practice or malpractice. However, this process was not always recorded.

Whilst staff told us they felt trained and supported, the management and recording of the support and training of staff was not always effective. This has been explained in detail within 'Is this service well-led?' of this report.

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.

We checked whether the service was working within the principles of the MCA. Staff understood their responsibilities under the MCA. A member of staff told us, "If the person was assessed as lacking capacity you have to act in their best interest. You can do this through advocacy or best interest meetings and this has to be reflected in a care plan". Consent forms signed by people were included in people's care records. All the people using the service had capacity to make decisions. Staff knew they should seek people's consent before providing care and support.

People told us they were offered choices about the meals staff prepared for them. People told us staff always asked them which meal they would like to have or if they needed a hot drink. People at risk of malnutrition were encouraged to eat and drink and their weight was checked on a regular basis. A member of staff told us, "I sit with them to ensure they eat enough. When I leave their homes, I make sure they have snacks and drinks near them so they are not dehydrated".

People were supported to access additional healthcare services where required. Staff told us they referred people to services such as a GP, a speech and language therapist (SALT) and an occupational therapist, and followed the guidance given to them.

Good

Is the service caring?

Our findings

People were very complimentary about the support they received from staff and emphasized how caring staff were. People told us staff were kind, caring and supportive. One person said, "They seem to be really happy to make you feel happy. The office keeps in touch with me and the carers are very empathetic". Another person told us, "They have a very positive impact on me. They make me laugh. They are genuinely lovely people".

Staff respected people's privacy and promoted their dignity. Staff members were also aware of the importance of protecting people's privacy. They said they always remembered to ensure people were not exposed while providing them with personal care. For example, staff drew the curtains or closed the doors if needed. A member of staff told us, "If I'm assisting anyone with their personal care, I always close the door, curtains and cover the person with a towel".

People and their relatives were consulted and involved in making decisions about people's day-to-day support. A relative of a person said, "I'm involved very much so". People told us they were involved in making decisions about their care, that they felt listened to and that their decisions were respected. One person confirmed, "Of course they are listening to me. They are here to help you".

Staff respected people's wishes and provided care and support in line with those expectations. People told us staff always checked if people needed more help before they left. Before leaving the homes of people with limited mobility, staff ensured people had everything they needed within their reach. For example, people could easily access drinks and snacks, telephones and alarms to call for assistance in an emergency.

One person told us they felt some of the staff members went 'above and beyond' their duties involved in providing the person with support. They said, "Their approach is different. If something happened to me, they would not leave me on my own. For example, they would not leave until the panic button people come here".

People told us they received their care from regular staff and they had developed strong relationships with them. One person told us, "I have regular members of staff visiting me four times a day but sometimes they also need to have their days off or go on holiday. [Staff] on her day off came to me as she did not want me to be alone with a carer I did not know. She worked together with the new carer on that shift".

Independence was promoted by supporting people to do things for themselves and participate in daily living tasks like cooking or dressing themselves. This helped to develop people's independence and self-esteem. One person told us, "Oh yes, they always try to keep me as independent as possible. For example, they always let me try to stand up on my own. When sometimes we have to use the hoist – let it be, but we always try first". A member of staff told us, "We are asking and encouraging people to do things they are still able to do to keep their independence as long as they can".

Staff were aware of their responsibilities in maintaining confidentiality and preserved information securely.

They knew they were bound by a legal duty of confidence to protect personal information they may encounter during the course of their work. The registered manager had high regards for confidentiality and said they were always trying to ensure that staff knew how to access and how to share any personal information safely at all times.

Good

Is the service responsive?

Our findings

Staff assisted people with their care and were responsive to their needs. One person told us, "They know me and they know my needs. They are aware of what to do if I don't feel well".
People received the support and assistance they needed and staff were aware of how each person wanted their care to be provided and what they could do for themselves. Each person was treated as an individual and received care relevant to their needs.

Assessments of people's needs had been carried out before people began using the service. The care plans clearly described the person and how they wanted to be supported. Plans also included people's health conditions, behaviours and their wider circle of support such as family and health or social care services. People life histories were obtained, however, their likes and dislikes were not recorded. This had no impact on the care provided to people as staff knew people's routines and provided support they needed in the way that they preferred.

The care plans also documented things that were important to people such as contacts with relatives, following people's fixed routines regarding, for example, shopping or watching television programmes. The care plans also specified the ways to communicate with people suffering from communication difficulties. For example one person's care plan read, ' rephrase and simplify, allow plenty of time to respond.' This meant that staff knew what steps to take to communicate with people and prevent any anxieties.

People participated in activities of their own choice such as going to the pub or a café for lunch, or going shopping. One person told us, "They are really good. They help me to do the shopping and they help me to carry shopping bags".

Staff supported people in the ways they preferred. Some people had their own dressing style and were enabled to dress according to their taste while other people preferred to have their hair done in a certain style. Staff were reminded that they should compliment people on their look and support them to maintain their own individual style. One person told us, "This is important to me to have my hair done and they always find time to do this".

People and relatives told us that the provider responded quickly to any changes in a person's health and would contact other health professionals when needed. We could see relevant evidence in the care records where the provider had contacted external agencies to meet people's changing needs. For example, the service had liaised with an occupational therapist to have an electric wheelchair delivered to a person. Once the chair had been delivered, the service had found out the wheelchair had not suited the person's needs and contacted the wheelchair service to exchange it. People were supported by staff if they required medical assistance. Staff demonstrated a supportive approach and were aware of their responsibilities if people needed assistance.

People were asked by the provider for their opinion on the service they received through a customer satisfaction survey. The results of this survey showed people had an overall high level of satisfaction with the

services provided.

People and relatives were aware of how to make a complaint. Each person had been given relevant documentation when they had commenced using the service. This included the complaints policy and procedure. People told us they felt able to raise any concerns and were sure these would be quickly responded to; however, they had not needed to raise any concerns so far. One person told us, "I haven't had to complain, I find them to be really good. They make me feel better about everything". There had been one complaint since the service had been registered with us in October 2015.

Requires Improvement

Is the service well-led?

Our findings

Whilst the registered manager was frequently in touch with people and staff, they did not always have systems in place to effectively monitor the quality of the service being provided.

There was no clear system to identify the date of staff's particular training or when their training was about to expire. We were told that staff's skills and knowledge were discussed during their supervision but this was not recorded.

The registered manager told us and staff confirmed the skills and knowledge of staff were regularly observed and monitored. However, there were no records to show that staff's skills and competencies had been observed. Whilst staff told us they felt supported to carry out their role, their supervision meetings were not recorded which significantly hindered the monitoring of their progress and development. The registered manager told us and staff confirmed the regular staff meetings took place. However, there were no agendas, minutes or team meeting records which meant that those staff members who could not attend a team meeting did not get any feedback or update. Exploration in discrepancies in staff employment histories was not always recorded.

The systems in place to assess, monitor, action, evaluate and mitigate any risks relating to the quality of the service were not always effective. The systems had failed to identify the issues we found during the inspection. Although needs for improvements had been identified, there were no relevant action plans in place. For example, daily logs were audited, however, there were no action plans to address the identified inaccuracies in the day logs.

These concerns were a breach of Regulation 17 (Good governance) of the Health and social care act 2008 (Regulated Activities) Regulations 2014.

In spite of no formal recorded quality assurance systems in place, we saw evidence that improvements had been made in some areas. For example, new medication administration records (MAR) had been introduced to improve the recording of administered medicines.

People and their relatives told us they were very happy with the management of Ttop Enterprise. One person complimented the service by saying, "They can put themselves in your shoes and try to help you. I wish there were more companies like them". One person's relative said, "They are amazing, I could not praise them enough". People and staff told us the management team were accessible and friendly.

The registered manager had a 'hands-on approach' to the running of the service and was in regular contact both with staff and people provided with support. One person's relative told us, "Senior people come and help with [name]. They do caring as well". The registered manager knew people well and frequently provided support to people in person, which gave them the opportunity to listen to people's concerns and views on being supported. Staff told us they were provided with regular opportunities to speak to the

registered manager.

Staff were very complimentary of the registered manager, emphasizing the fact that the registered manager was always available to give them support. Staff were provided with regular staff meetings. A member of staff told us, "Some of team meetings are mandatory. I find them useful. You can speak your mind up and raise your concerns".

We observed that the management team had an open door policy and staff visited the office at various times of the day to ask questions if needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The risk assessments did not always provide staff with guidance on how to manage the risks. Regulation 12 (2)(a)(b)

Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Records relating to the running of the service had not always been completed. The systems in place to monitor and improve the quality of the service were not always effective. Regulation 17 (1)(2)(a)(c)(d)