

Top Carers Nursing Agency Limited

Top Carers Nursing and Domiciliary Care Agency

Inspection report





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Ratings

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

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 eight 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 had assessed risks to people to ensure staff had clear guidance to follow when caring for people but assessments relating to medicines management were not sufficiently comprehensive. The provider could not evidence they always checked medicines records regularly to ensure people received their medicines as prescribed. The provider told us they trained and assessed staff as competent to administer medicines but these checks were not always recorded to ensure a clear record of any areas where staff required more support. Staff received regular supervision but this was not recorded to ensure a record of support as required by law. Our inspection findings showed the provider's system of audits and checks required improvement as they had not identified and resolved the concerns we identified.

The provider checked staff were suitable to work with people through recruitment checks, although they did not always investigate gaps in employment records. 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, such as those relating to epilepsy and breathing equipment. 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.

People and their relatives were very positive about the staff who supported them and developed good relationships with them. 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, office manager and a senior nurse who also trained staff in specialist topics. Staff felt well supported by the management team. Relatives

and staff told us the service was well-led and the provider engaged well with them.

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

Rating at last inspection

This service was rated Good at our inspection in March 2015.

Why we inspected

This inspection was prompted because of the length of time since our previous inspection. We needed to check whether the service was meeting people's needs.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 24 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 18 June 2021 by visiting the provider's office to meet with the contracts manager and office manager. We then made phone calls to people using the service, their relatives and staff, and inspection activity ended on 30 June 2021.

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 had not 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff understood risks to people. The provider was unable to evidence they had assessed risks to two people during the inspection but sent us these records afterwards.
- Staff understood how to respond to accident and incidents including contacting emergency services and management and ensuring accurate records. The registered manager understood the need to review all accident and incidents and take action to reduce the risk of reoccurrence, although they told us there had been none in the past year.

Using medicines safely

- The provider had not always assessed risks relating to medicines management comprehensively, in line with national guidance. The registered manager told us they would improve in relation to this.
- The provider told us a senior nurse carried out observations of staff administering medicines and competency assessments, but these were not recorded so we could not check whether they were appropriate. This meant the provider could check records to satisfy themselves staff remained competent to administer medicines.
- We were unable to check staff recorded medicines administration appropriately as the provider had not always gathered medicines records to inspect. The provider was unable to show us any recent medicines records during the inspection which indicated they had not audited them to check people received medicines safely.

These issues were a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Only staff who had received two days of medicines training administered medicines, with specialist training in epilepsy medicines.

Staffing and recruitment

- The provider carried out most of the necessary checks to ensure staff were suitable to work with vulnerable people. This included checks of any criminal records, identification and health conditions. ● However, the provider did not always carry out sufficient checks of previous work history and performance. We checked two staff files and found the provider had obtained only one reference for each. This was not in line with the provider's own recruitment policy which instructed two references should be obtained. The registered manager told us they found many employers refused to return a reference as requested so they accepted one reference and assessed their character and performance during their induction.

- The provider did not always record reasons for any gaps in staff employment records and told us they would improve recruitment going forward.

These issues were a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff to support people safely. People, relatives, 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 people.

Preventing and controlling infection

- The management team told us they carried out checks of infection control practices to ensure staff followed current guidance, but these were not recorded. The provider told us they would improve.
- The provider told us they had assessed risks related to COVID-19 for staff and people using the service and had put measures in place to reduce the risk. However, the provider was unable to evidence risk assessments had been carried out
- 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 always 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 felt safe with the staff who supported them and relatives agreed.
- Systems were in place to protect people from the risk of abuse and the registered manager understood their responsibilities.
- Our discussions showed staff understood their responsibilities in relation to safeguarding and staff received training to keep their knowledge current.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The registered manager told us they spoke with staff regularly to gather their views and check for any concerns. However, staff did not receive structured supervision or appraisal and the registered manager told us they stopped recording supervision over a year ago. This meant staff did not have a record of their supervisions or appraisals to refer to and check their agreed goals.

Although staff felt supported by the management team, this issue formed part of the breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff understood their role and responsibilities well. New staff were trained by more experienced staff on how to meet people's individual needs. A relative told us, "All staff have had the right training."
- 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.

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

- Before providing care the provider told us they met the person and their relatives and reviewed any professional reports. However, for one person the provider was unable to evidence they had assessed their needs as there were no pre-assessment records nor care plans to guide staff.

This issue formed part of the breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- 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.

- People and their relatives told us staff provided food and drink as agreed in their care plans.

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.

- The registered manager told us all adults using the service had full capacity in relation to their care so no MCA assessments were required.
- However, the registered manager told us they would carry out MCA assessments if they suspected a person lacked capacity and would follow processes to make decisions in their best interests.
- Staff understood their responsibilities in relation to the MCA and they received annual training in this.

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 caring and considerate and developed good relationships with people. One relative told us, "They are very caring and very good." A second relative said, "The staff are very helpful and nice. They have almost become part of the family."
- People received consistency of care from staff who knew them well. A relative told us, "Staff all understand [my family member] very well, it's the same staff so it's consistent." The provider sought staff with particular skills when requested such as providing staff who spoke a particular language for one person.
- 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.

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. A relative told us, "They are respectful and shut doors. They talk to and involve [my family member]."
- 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. A relative told us, "The staff help [my family member] cook [a meal from our culture] on a [certain day]."

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 now deteriorated to requires improvement. This meant people's needs were not always met.

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

- For one person the provider had not ensured care plans were in place to guide staff on how best to deliver their care, as discussed in 'Is the service effective?'
- For other people care plans were personalised and contained the necessary information. They 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. A relative told us, "They visit and do a review from time to time with the case manager from social services."
- Staff had a good understanding of people's individual needs and preferences.

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.
- Staff received training in end of life care to help them understand their responsibilities and how to provide good end of life care. The registered manager recently completed a specialist course in end of life care to enhance their knowledge and the care the service provides.

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 usually recorded people's communication needs in their care plans although had not done so for one person in the same detail as for others. The registered manager told us they would improve in relation to this.

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. The registered manager responded to a small number of complaints in the past year appropriately, liaising with the local authority to help resolve the issues.
- People and relatives knew how to raise a concern and had confidence the provider would investigate and respond appropriately. A relative said, "We've never had a problem yet. We've never had to make a complaint. But they would absolutely take it seriously if we did." The registered manager told us they had not received any complaints in the past year.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- The provider's audits to check people received a good standard of care were lacking because they had not identified and resolved the concerns we found. Records of risk assessments and care plans, staff supervision and appraisal, medicines records, daily logs and staff recruitment in particular were insufficient.

These issues were a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The concerns we found showed the registered manager did not always meet their responsibilities to provide care in line with the Regulations.
- The registered manager of this nursing and domiciliary agency was not a nurse, so they employed a nurse to train and supervise staff. Support was also provided by a contract's manager.
- 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, although none had been required in the past year.

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. One relative told us, "Overall it is very good service. The managers are very friendly and I speak to them a lot. Very polite and efficient communication. They work well in partnership."
- People and staff were asked their views on the service through regular phone calls and visits. A relative said, "The manager and office staff are a very nice team of people. They make appointments to have meetings in the home. It's very personal."
- The provider understood the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. People and their relatives told us the registered manager was open and transparent.

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.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had not always ensured care was provided in a safe way for people through assessing the risks to the health and safety of people and doing all that is reasonably practicable to mitigate any such risks and ensuring the proper and safe management of medicines.</p> <p>Regulation 12(1)(2)(a)(b)(g)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not always ensured systems or processes were established and operating effectively to ensure compliance with the requirements in this Part. The provider did not always assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity; assess, monitor and mitigate the risks relating to the health, safety and welfare of people; maintain securely an accurate, complete and contemporaneous record in respect of each person and decisions relating to their care; maintain securely such other records as are necessary to be kept in relation to staff.</p> <p>Regulation 12(1)(2)(a,b,c,d,i)</p>

