

Top Class Quality Services Ltd

Top Class Quality Services Ltd

Inspection report

251 A33 Relief Road
Reading
Berkshire
RG2 0RR

Tel: 01189596526

Date of inspection visit:
06 March 2018

Date of publication:
13 April 2018

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

This was an announced inspection which took place on 06 March 2018.

Top Class Quality Care Services is a domiciliary care agency. It provides personal care to people living in their own homes. It currently, provides a service to older adults and younger adults. At the time of the visit the agency was supporting three people. Care packages ranged from one hour a day to a 24 hour live in service.

This was the first inspection of the service which was registered in February 2016 but was dormant in December 2016. It was formally dormant until August 2017. The service was rated as good in three domains and requires improvement in two domains. This means the service is overall requires improvement. This is the first time the service has been rated as requires improvement.

There was a registered manager running the service. 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.

People were not supported with their medicines as safely as they could be. Medicines were not always recorded accurately. The support people needed with medicines was not clear and when particular types of medicines should be administered was not clear. This breached the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not always supported by care staff who had been safely recruited. The service did not always complete all the necessary checks to make sure candidates were safe to work with people. This breached the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, staff and visitors were protected from harm and safety was maintained by staff who had been trained in safeguarding vulnerable adults and health and safety policies and procedures. Staff understood how to protect the people in their care and knew what action to take if they identified any concerns. General risks and risks to individuals were identified and action was taken to reduce them, as far as possible.

People benefitted from adequate staffing because needs were identified and a person centred package of care was developed. The required number of staff was provided to ensure people's needs could be met safely and effectively.

People were supported by staff who had been trained and supported to make sure they could meet people's complex and varied needs. We recommended that the service look at how often they refresh staff training, in particular area. Care staff were effective in meeting people's needs as described in plans of care. The service was worked closely with health and other professionals to ensure they were able to meet

people's specific needs.

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

People were supported by a caring staff team. Care staff built caring relationships with people and knew their needs. The service and care staff were aware of people's equality and diversity needs which were noted on plans of care. People were supported to be as independent as they were able to be.

The service was person centred and flexible. It was responsive to individual's current and changing needs. We recommended that the service look at how they write their plans of care. People's needs were reviewed to ensure the care provided was up-to-date. Care plans included information to ensure people's individual communication needs were understood.

The registered manager was described as open, approachable and supportive. The registered manager and his team were committed to ensuring there was no discrimination relating to staff or people in the service. However, the service did not have an effective system of assessing, reviewing and improving the quality of care provided. This breached the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found 3 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 the 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.

The medicine administration recording system did not always make it clear when people should take their medicines and if they had taken them at the right times and in the right quantities.

The registered manager did not always follow a recruitment procedure that ensured they could be as certain as possible that the staff chosen were suitable to work with vulnerable people.

Care staff were trained in and understood how to keep people safe from all types of abuse.

Risk of harm to people or staff was identified and action was taken to keep them as safe as possible.

Is the service effective?

Good ●

The service was effective.

Staff met people's individual and diverse needs in the way they preferred.

Staff were appropriately trained and supported to enable them to provide effective care and support.

The service worked closely with other healthcare and well-being professionals to make sure people were able to continue to live in the community.

Is the service caring?

Good ●

The service was caring.

People received care from a respectful and caring staff team who recognised people's equality and diversity needs.

The service encouraged care staff to build relationships with people to enable them to offer suitable care to meet their needs.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People were offered a flexible service that responded to people's individualised needs, in the way they wanted.

People's needs were regularly looked at and care plans were reviewed as necessary with people and their families, if appropriate.

People knew how to make a complaint, if they needed to.

Is the service well-led?

The service was not always well-led.

The quality assurance process was not fully operational. The registered manager/provider had not identified areas which needed to improve to ensure people received a good quality service.

Staff felt they were well supported by the management team.

People were asked for their views on the quality of care the service offered.

Requires Improvement 

Top Class Quality Services Ltd

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 was planned to check 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.

The service was registered in February 2016 but after periods of dormancy this, the first inspection took place on 06 March 2018 and was announced. The service was given two working days' notice because the location provides a domiciliary care service. We needed to be sure that the appropriate staff would be available in the office to assist with the inspection. The inspection was completed by one inspector.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us to give us some key information about the service, what the service does well and improvements they plan to make.

We looked at all the information we have collected about the service. This included notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at paperwork for the three people who receive a service. This included support plans, daily notes and other documentation, such as medication records. In addition we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, eight staff recruitment and training records.

We received written comments from some people's representatives after the day of inspection. We received written comments from four (of eight staff) staff members. On the day of the inspection we spent time with the registered manager and the care co-coordinator. We requested information from one local authority

professional who commented on the quality of care and one who commented on safeguarding.

Is the service safe?

Our findings

The service supported one person to take their medicines. Medicine administration records (MARs) recorded when medicines had been given and the quantities given. The records reflected that the medicines and dosages prescribed were administered but these were not necessarily the dosages written on the MARs. This meant there was the potential for care staff to administer the wrong dosages of medicine.

The help the individuals needed with their medicines was not clearly described on their plans of care. For example, on some plans of care it was noted that staff helped people with medicines if their carer was not available. The registered manager and care co-ordinator told us this was not the case. They told us they only supported one person with their medicines. This meant there was the possibility that care staff would administer medicines when it was not within their remit. Consequently, there was no guidance to follow and no method of recording or auditing the medicines they had given. The registered manager told us care staff had only administered medicines to the one person who was identified as needing that support regularly.

Detailed policies and procedures were in place for medicines prescribed to be taken as necessary (PRN). However, there were no individual protocols for staff to follow when administering PRN medicines. These included those medicines taken to help people to manage behaviours which caused them or others anxiety or distress. This meant that medicines may not be given consistently at appropriate times and in safe quantities. The registered manager reported that PRN medicines had never been given inappropriately.

A failure to ensure the proper and safe management of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All staff, who administered medicines, had received up-dated training and their competence to administer medicines was planned to be checked every two years. However, the service had been fully operational for less than one year.

People's care was provided by care staff who may not be safe or suitable to work with people. Staff had been recruited using a recruitment agency as well as by the service. Records did not show staff had been recruited following a robust recruitment process. Prospective staff had Disclosure and Barring Service (DBS) checks to confirm that they did not have a criminal conviction that prevented them from working with people, prior to starting work. However, not all recruitment files included references or full work histories. For example, one of the eight files seen had no dates of employment and no reasons for leaving previous employment. Another had many unexplained gaps in employment that is, it read [name of employment] 2006, [name of employment] 2010, [name of employment] 2012 to date. Another noted 2003 to 2008 working for various agencies.

One of the eight files seen included all the necessary information to ensure the staff member's safety and suitability. The registered manager told us they were sure they had seen two references for all staff but were unable to produce them on the day of inspection. The registered manager and the care co-ordinator agreed that they had not investigated the gaps on people's work histories or pursued the reasons why they had left

previous employment working in care. This meant that people could be being cared for by staff who were not suitable to provide them with safe care.

The failure to establish and operate effective recruitment procedures is a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

One person's representative, when asked the question were people safe and well treated answered, "Yes, certainly." A staff member reflected the views of others when they commented, "Yes I believe our clients are safe and protected."

People were kept safe, as far as possible, from any form of abuse. People were protected by care staff who were provided with up-to-date safeguarding training. The service had a whistleblowing policy which care staff were aware of. They were able to describe under what circumstances they would use it. There had been one possible safeguarding concern with regard to staff recruitment in December 2017. This had been dealt with by the police and the local authority and had been resolved. The local authority advised us that no further action was being taken by either authority.

People and staff were kept as safe from harm as possible. Robust Health and Safety policies and procedures had been developed and training in this area of work, was provided. Generic health and safety, environmental and individual risk assessments were in place. Risk assessments were completed for each person's home. They included areas such as the outside area including safe car parking and lighting. Generic risk assessments covered all areas of safe working practice such as, lone working, the control of substances hazardous to health and infection control. One part of individual care plans was entitled keeping safe and managing risks. The risks for the individual were identified and a risk management plan was developed. They included areas such as behaviour, mobility and medicine administration.

The service supported people with behaviours which may cause distress or harm to themselves or others. Detailed behaviour plans were developed for specific behaviours by the specialised community support team. These formed part of the individual's plan of care to ensure staff used a consistent and effective approach. The service did not use any physical interventions.

People's safety was considered when accidents and incidents occurred. They were fully recorded and reviewed in order to learn from them and identify any trends or recurrences. There had been four accidents and incidents recorded in the previous four months. However, none had occurred whilst care staff were engaged in providing the regulated activity.

People's needs were met safely because the service ensured there were enough staff to provide the correct amount of time and care to meet people's needs as identified in their care package. Each person had a specified number of hours of care paid for by the local authority or by people, themselves. The service recruited staff before accepting new care packages.

Is the service effective?

Our findings

People were supported by care staff who had received training to enable them to meet people's diverse individual needs. Staff members told us they had good opportunities for training and specialised training was provided when required. One staff member told us, "The training that I get from TCQS (Top Class Quality Services) is brilliant as they ensure that we are up to date and also the more training you attend you learn more and better ways to deal with a client." They described specific training they had received to enable them to assist a particular person. Of the 11 care staff, including the management team, six had obtained a relevant qualification in health and/or social care. Specialised training was provided to meet people's diverse needs. These included working in a person-centred way and individualised moving and positioning.

The frequency for training refreshers was set between two and three years. This included fire training, moving and positioning and medicine administration. However, the service had been fully operational for less than one year.

We recommend the service check the nationally recognised good practice guidelines to ensure refresher training is provided as recommended by the guidance.

Staff were provided with induction training and the service made sure staff did not work with people until they were confident they were able to do so effectively. One staff member commented, "The Management team came to the house and met with me and I was given handover by the carer who was there before me."

Care staff were required to complete the care certificate standards (a nationally recognised induction system which ensures staff meet the required standards for care workers). Staff's skills, attitude and knowledge were tested prior to them being able to work alone. One staff member told us the induction they had received was, "Excellent." Care staff completed regular one to one (supervision meetings) with managers. The service had plans to complete appraisals every year. At the time of the visit staff had been in post for less than 12 months.

People's specific needs were identified during an assessment process. People, their families and other relevant people (with their permission and as was appropriate) were involved in the assessment process and deciding what care they wanted and needed. People signed to say they agreed with the content of the care plan. One person's representative commented, "I probably am the main source of change requests for [relative]."

People were supported to meet their health and well-being needs, as specified on individual plans of care. The service worked with other professionals in the community to affect the best outcomes for people. Examples included social workers and mental health professionals.

People were provided with assistance for eating and drinking and other nutritional requirements if this formed part of their identified needs. However, currently, the service supported only one person to prepare food.

People's rights were upheld by a staff team who understood the issues of consent and decision making. Plans of care noted if others were legally entitled to make decisions on behalf of people. The registered manager told us the paperwork to confirm this was held on people's files, in their homes. Care staff described how they encouraged and supported people to make their own decisions and choices.

The service understood the Mental Capacity Act 2005 (MCA). The 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. In the community people can only be deprived of liberties if agreed by the Court of Protection. The Court of Protection had agreed the restriction of some people's liberty in some areas of their life. Best interests meetings were held, if necessary.

Is the service caring?

Our findings

People were supported by a caring staff team. A person's relative said, "Staff always treat [family member] with respect and dignity." One staff member described the service as, "Passionate about the care and the people we support."

People were provided with care by staff who established caring relationships with people. A team of staff were allocated to individuals so that they got to know people and their needs. A staff member said they established relationships with people and commented, "I take time to listen when they are talking and try to offer support, suggestions and companionship."

People's privacy and dignity was promoted by staff. They had received training in this area and understood how to provide personal care whilst ensuring people's privacy and dignity. Examples given included closing curtains and doors, ensuring confidentiality and respecting people's choices.

People were encouraged to be as independent as they were able to be. Care staff said, "We help with personal care and toileting privately in the bathroom and usually encourage the person to do things for themselves that they can such as brushing own teeth and hair." Another commented, "Some clients are assisted with personal care and it is important to promote independence by allowing them to wash their face or brush their teeth as well as choosing what clothes they want to wear." A relative commented, "I think we have the right balance which gives [family member] the illusion of independence whilst maintaining the level of care which their age and infirmities require." However, how to maintain and encourage people's independence was not always clearly noted in plans of care.

People's diverse physical, emotional and spiritual needs were met as required by their individual packages of care. People's religious, cultural and lifestyle choices were noted in care plans, as appropriate to the care package they were receiving. Care staff were provided with information and training to enable them to meet those needs, as necessary. The service matched people with care staff who they liked and who had the skills to meet their individual needs.

People's methods of communication were clearly noted on care plans, as necessary. They enabled staff to communicate with people in the way they needed to. People were encouraged to give their views of the service in various ways. The management team completed observations and 'spot checks' on care staff and people were asked their views of the staff at that visit. Additionally, surveys were sent to people and other interested parties at regular intervals.

People's personal information was kept securely and confidentially in the care office. People kept some records in their home in a place of their choice. The provider had a confidentiality policy which care staff understood and adhered to. People chose who could have access to their records and signed a consent agreement accordingly.

Is the service responsive?

Our findings

People were provided with responsive and flexible care. People's changing needs were responded to in a flexible and positive manner. For example one person's needs were extremely complex as was the environment they were living in. The service had worked positively with other providers to make sure the individual's needs were met in the way they wanted. They had drawn up an inter service agreement so care staff would know exactly what their responsibilities were. A professional said, "As I understand, we have a [local authority name] client who is receiving support from this service and the feedback has been positive especially due to their complex needs."

People's views, choices, current and changing needs were included in written plans of care that enabled care staff to support people appropriately. Plans of care included the necessary information for staff to offer responsive care. People and those who they chose to be were included in the review process. Care plans were reviewed and up-dated regularly. Plans of care demonstrated that reviews had been held whenever people's needs changed or there were any concerns about an individual's well-being. A relative told us, "There is regular dialogue and contact is actively encouraged." And "Communication (with the service and care staff) is usually excellent and staff are always available for contact."

However, there were issues with regard to the quality of the plans. In some cases they were difficult to follow, they were repetitive and there were some inaccuracies which created conflicting information. For example, two plans of care identified risk assessments people required. The particular risk assessments (as identified) were not in place. It became apparent, after discussion, they were not in place because they were not needed. The particular risks to the individuals had been identified in error.

The registered manager told us that some information not available in the office, was in people's care plans, held in their homes. They suggested the care plans in people's homes were generally of a better quality. They explained that care staff were given and produced information in 'real time' as they had smart phones that made this possible. The registered manager told us care staff used their smart phones to write daily notes which could be sent to the office, as necessary.

We recommended that the service review its care planning system and seek advice from a recognised source to improve them.

The three people who use the service and their relatives were able to understand information as presented by the provider. They did not have any specialist communication needs. The service had a policy and procedure called, "Service Users with communication difficulties." This had been up-dated in August 2017 to ensure it reflected the Accessible Information standards and was ready to implement, as and when required. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

The service had a detailed complaints policy and procedure which they would follow if they received

complaints. No complaints had been received by the service.

Is the service well-led?

Our findings

People did not always benefit from a well-led service. The service requires improvement in the safe domain. The governance system did not identify shortfalls and omissions in the areas of medicine administration and recruitment. Additionally improvements were required in care planning. The quality of records did not always support staff to provide good quality care and did not promote people's safety. They did inform staff how to provide care according to people's needs but there were some areas that could cause confusion and/or impact on the care people received.

A number of quality assurance systems were in place to be used to review all areas of the service. However, these had not been completed as yet as the service became fully operational in August 2017. Interim or on-going audits had not been undertaken. The registered manager and care co-ordinator checked daily notes and medicine administration sheets as they were received by head office. However, issues were not always noted, explored or rectified. This meant that errors and omissions could continue and people may not receive the best care. Poor record keeping could potentially result in harm to people.

This failure to ensure there were effective systems to monitor the service to drive improvement was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager, who was also the nominated individual, had been in post since the service registered in February 2016. The service had several periods of dormancy and became fully operational in August 2017. Care staff told us they felt the service was, "Well managed". They described the registered manager as, "Always available, positive and supportive."

People were given opportunities to express their views and opinions of the service. People were encouraged to tell the service what they thought about their care by a variety of methods. These included care plan reviews and regular 'spot checks' of care staff where people were asked their views on individual staff and the service, in general. The service had recorded only one staff meeting but the registered manager and co-ordinator told us they were continually in contact with staff via smart phones and e-mails.

People were provided with good care because the service worked with other professionals to ensure people's needs were met. The service engaged with local safeguarding teams and relevant community professionals.

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 service was not ensuring the proper and safe management of medicines. Medicine recording and medicine administration care plans were not accurate. There was not enough information to ensure staff administered medicines safely or to check they had done so. Regulation 12 (2)(g).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider and registered manager did not have a system for assessing, monitoring and improving the quality and safety of the services provided. Regulation 17(2)(a)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The service was not ensuring that candidates were of good character. They did not make every effort to carry out all the necessary checks to evidence the candidate's character. Regulation 19(1)(a)</p>