

Top Option Healthcare Limited

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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?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Top Option provides personal care and support to people who require assistance in their own home. At the time of our inspection seven people were being supported by the service. 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.

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

Effective processes were not in place to ensure the safe recruitment of staff. We found gaps in staff recruitment folders.

We have made a recommendation about staff recruitment.

Medication records needed as required protocols, to ensure staff had the information they needed to provide medicines safely.

Audits and quality assurance were in place but needed some improvement to ensure the service continually improved and provided positive outcomes for people.

We have made a recommendation about quality assurance processes.

We received positive feedback on the service. One person said, "The registered manager is very kind, considerate and passionate about the service and the staff always go above and beyond for us." There were appropriate levels of staff to support people. People were safeguarded from the risk of abuse. Staff had received appropriate training to support people.

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.

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

Rating at last inspection

The service was registered with us on 27 September 2021 and this is their first inspection.

Why we inspected

This was a planned inspection of a newly registered service.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Top Option Healthcare Limited

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 72 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 3 October 2022 and ended on 7 October 2022. We visited the office on 6 October 2022.

What we did before the inspection

We reviewed information we had received about the service since registering. We sought feedback from health professionals. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke to three people and three relatives. We spoke with four members of staff including the registered manager. We also received feedback from one health professional.

We reviewed a range of records. This included four people's support plans. We reviewed four staff records in relation to training and supervision and a variety of records relating to the management of the service.

Is the service safe?

Our findings

Safe - this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated 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.

Staffing and recruitment

- The provider had not always ensured staff were safely recruited. We saw gaps in staff recruitment files, such as not having a full employment history and staff were employed before relevant references were obtained. References received were not verified.

We recommend the provider seek advice and guidance from a reputable source, about the safe staff recruitment processes and take action to update their practice.

- The registered manager was on the rota and worked directly with people which meant they were not always available in the office to manage and keep oversight of the service.
- The provider had processes in place to ensure all staff received an induction and staff we spoke to told us they had an extensive induction. However, not all staff had evidence of their induction kept on file.
- There were enough staff to support people's needs. A person told us, "Staff always come on time and they have never missed a call or come late."

Using medicines safely

- Medication administration records were reviewed. We found protocols missing in some records for medicines prescribed as required (PRN). Protocols are important as they help staff understand when it is appropriate to offer PRN. The registered manager told us they will update medication records to include a PRN protocol.
- Staff had training to ensure they were competent to support people with medicines.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. People we spoke with told us they felt safe using the service.
- Staff had received training in safeguarding and knew how to raise any concerns. Staff told us, "I know how to report any form of abuse and I would take immediate action. I would know who to report to and I would continue to escalate until I needed to."
- The registered manager understood their legal responsibilities to protect people and share important information with the local authority and CQC. There were no open safeguarding incidents at the time of our inspection.

Assessing risk, safety monitoring and management

- Risk assessments had been completed to provide staff with guidance on how to keep people safe and minimise risks. For example, assessments described risks to people's home environment.
- Risk assessments were reviewed and remained up to date to meet people's needs and reduce risks.
- People's care records helped them get the support they needed. Staff kept accurate, complete, legible and up-to-date records, and stored them securely. The registered manager told us, "I involve families and health professionals when formulating and reviewing the care plans and work closely with them on a regular basis."

Preventing and controlling infection

- Staff had received training in infection prevention control and were provided with the appropriate personal protective equipment (PPE). Staff told us they had enough PPE available and what they were required to wear.
- Risk assessments were in place for people to mitigate risks from infections.
- Staff were tested for COVID-19, consistent with government guidance.

Learning lessons when things go wrong

- People received safe care because staff learned from lessons.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and the registered manager investigated incidents and shared lessons learnt.
- Staff told us, "I know how to report an incident." The registered manager told us, "I speak to staff during team meetings and discuss any issues or incidents to share information with them."

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff were up to date with their mandatory training. Some staff had completed additional courses which were specific to people's needs.
- Staff had not started the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific jobs roles in health and social care. The registered manager told us they are in the process of starting The Care Certificate.
- Staff were supported with a full induction when they first started working at the service. One member of staff told us, "After I completed my induction, I was introduced to the people I would be supporting and spent a lot of time doing shadow shifts so I could get to know them well." However, some staff did not have evidence of their completed induction on file.
- Staff received support in the form of supervision and spot checks. A member of staff told us, "The registered manager is always carrying out spot checks. They are always there to support and supervise me on a regular basis." However, there were no formal supervision records kept on staff files and we there were only two completed spot checks.
- The registered manager told us they will keep a formal record of spot checks and staff supervisions and keep them on staff files.

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

- Before people began using the service, a comprehensive assessment of their needs and choices was carried out by the registered manager. This formed the basis of an agreed plan of support. A person told us, "The registered manager sat with us and we discussed my [relative's] support needs. They kept us involved at all times and listened to what we had to say."
- People had support plans that were detailed, personalised and reflected a good understanding of people's needs. Likes, dislikes and interests were listed and there was detailed guidance for staff on how to manage behaviours and health conditions.
- Support plans were reviewed regularly, or if there was a change in people's care and support needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced diet. Details of nutrition and hydration were seen in people's care plans.
- One relative told us, "My [relative] is always offered a choice with their meals but also encouraged to eat healthy food which is important."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked closely with health and social care professionals to help support people to maintain their health and wellbeing. The registered manager told us they made referrals to external professionals when appropriate.
- Staff had practical information to support people with their healthcare needs. Support plans contained prompts and guidance for staff on action to take, should a person become unwell.

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 MCA 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the principles of the Mental Capacity Act (2005) and how to support people to make decisions for themselves when they had capacity.
- The registered manager gained consent from people to have their care delivered and this was recorded in their care notes.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. A person told us, "[Staff] always go above and beyond and are amazing. I have no complaints. They are extremely kind, considerate and very caring."
- Staff were focused and attentive to people's emotions and support needs. A person told us, "My [relative] really likes the carers. They are lovely people and I am very grateful we have them."
- Staff were able to tell us about people's preferences and how they like to be supported. One staff told us, "I enjoy talking to people and understanding what they like or dislike. I read the care plans and speak to families to see how I can support them."
- Feedback from relatives and people was positive about how caring staff were. A relative told us, "Staff are consistent and know exactly how to care for my [relative]. The registered manager is very caring and always checks in on my [relative] if they know they aren't feeling too well. My [relative] is always very happy and staff always talk to them with respect and keep them involved."

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

- The registered manager worked closely with people and their relatives to ensure their care was tailored to match their needs and we saw evidence of this in their care plans.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments. A relative told us, "They have always involved us in all aspects of care planning. My [relative] makes suggestions all the time and they do listen."
- The registered manager had tools in place to gather feedback such as surveys for relatives and people to complete on their experience of care.

Respecting and promoting people's privacy, dignity and independence

- The service ensured the person's confidentiality was always respected. Records were kept securely.
- Staff treated people with dignity and respect. A relative told us, "Staff are always patient, kind and caring. They are very considerate and supportive."
- People had the opportunity to develop and gain independence. A relative told us, "We used to have up to four calls a day for [relative] but the carers have been so supportive, we now only need two calls a day."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff provided people with personalised, proactive and co-ordinated support in line with their care plans. People's care plans contained in depth information about their needs, including essential information relating to health, communication, likes and dislikes.
- People were supported by a small team who knew them well and how they like to be supported. One relative told us, "Staff are extremely patient and always speak to my [relative] with respect. They are so attentive to all my [relative's] needs, they are just amazing."
- People's care was reviewed regularly, and people had the opportunity to shape the service they received. The registered manager told us they regularly amend or update the care plans with families as and when required.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and staff had the information they needed to communicate effectively with people.
- People's care plans were written in practical, plain English.

Improving care quality in response to complaints or concerns

- There was a policy on how to manage and record complaints.
- People, and those important to them could raise concerns and complaints easily and staff supported them to do so. Families confirmed they were aware of the procedure, "I have never had to make raise a complaint, but I know who I would speak to if I did have to."
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service. We found an example where a person had raised a complaint to the registered manager and immediate action was taken to resolve the complaint.
- There was a process for complaints to be logged on the system and the registered manager audited these monthly.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection.
- There was limited information in the support plans we reviewed relating to people's end of life wishes.

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider's systems and processes did not identify the shortfalls we found at this inspection. A member of staff had not undergone the appropriate recruitment and competencies checks before supporting people unsupervised. We did not find any impact of the processes, but improvements were needed to minimise risk as the service grew.
- Audits were ineffective and not reviewed regularly. We found these to be mostly tick box audits, without action plans attached or with timescales for completion or staff identified responsible for the outcomes. An audit to monitor call times was not in place. This meant the registered manager was unable to analyse visits and call times. The registered manager told us they will be implementing a calls audit to identify any gaps.

Due to the lack of formal governance, lack of oversight with elements of medicines management, staff training and formal support for staff this placed people at risk of receiving poor quality of care. This was a breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 – Good Governance

- The day to day running of the service was managed by the registered manager. There was a clear staffing structure in place which included a care team leader. The registered manager told us they are appointing a deputy manager to assist with the overall running of the service.

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

- The registered manager had engaged people and relatives with surveys for feedback on the service they were receiving. However, these needed to be analysed for themes and trends positive or negative and any action plans put in place.
- People's equality and diversity characteristics had been considered and integrated into their care plan.
- Formal supervisions and spot checks were not taking place frequently and there was no record of staff supervisions on staff files. However, staff told us they are able to contact the registered manager regularly to discuss any concerns.
- Staff meetings were held monthly. We reviewed minutes and saw they included updates about people who used the service as well as reminders about trainings.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager understood their responsibility under duty of candour. Duty of candour requires providers to be open and transparent with people who use their services and other people acting lawfully on their behalf in relation to care and treatment.
- Staff were positive about working at the service and promoting good outcomes for people. One member of staff said, "We work well as a team together, I enjoy my job and I like supporting people so that they can live their best life."
- People we spoke with were complimentary of the service and staff, one person said, "I am really happy here, I would not go anywhere else." A relative told us, "Communication with staff is really good, they always keep in regular contact and we have no complaints."

Continuous learning and improving care; Working in partnership with others

- We found there was a positive culture around continually learning and developing the service. The registered manager told us they are always discussing how to move forward and improve the service.
- The provider worked in partnership with a number of different health and social care professionals including the local authority and local healthcare services.
- Staff were aware of the importance of working alongside other agencies to meet people's needs and liaised with other healthcare professionals such as the GP and pharmacy when required.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to implement robust governance systems to identify shortfalls in practice which placed people at risk of harm.</p>