

Top Class Quality Services Ltd

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Inspection report

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Reading
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24 April 2019

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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

About the service:

Top Class Quality Services Ltd is a domiciliary care agency based in Reading, providing personal care to people living in their own homes. At the time of inspection, the service was supporting three in their own homes. Care packages ranged from one hour a day to a 24 hour live in service.

People's experience and our findings:

Staff were not always trained or regularly assessed as competent to administer medicines in line with the provider's policy, clinical guidance and best practice.

Where people were prescribed 'as required' (PRN) medication, the service did not always have protocols or guidance in place to ensure that staff knew when to administer PRN medicine.

Audits had not always been undertaken. Those that had, did not always identify gaps or highlight trends, themes or lessons learnt.

Care records did not always clearly reflect people's care needs or how staff were supporting people with these needs.

Records of best interest discussions had not always been kept in relation to care and treatment of people.

Safe recruitment practices were not always followed to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

People and their relatives told us they felt safe with the staff who supported them.

People and their relatives said staff were caring and respected their privacy and dignity.

People felt the service they received helped to maintain their independence where possible.

People knew how to complain and knew the process to follow if they had concerns.

Staff felt the management was supportive and approachable. Staff were happy in their role which had a positive effect on people's wellbeing.

Rating at last inspection:

The service was inspected on 6 March 2019 (report published 17 April 2019). We found the provider was in

breach of Regulations 12 (Safe care and treatment), 17 (Good governance) and 19 (Fit and proper persons employed) of the Health and Social Care Act, (Regulated Activity) Regulations 2014. The service was rated as Requires Improvement.

Why we inspected:

This was a planned comprehensive inspection.

Enforcement:

At this inspection we found the provider continued to be in breach of Regulations 12 (Safe care and treatment), 17 (Good governance) and 19 (Fit and proper persons employed) of the Health and Social Care Act, (Regulated Activity) Regulations 2014. The service remains Requires Improvement.

Full information about CQC's regulatory response can be found in the full report which can be found on our website at www.cqc.org.uk.

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 Effective.

Details are in our Effective findings below

Good ●

Is the service caring?

The service was Caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was Responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always Well led.

Details are in our Well led findings below.

Requires Improvement ●

Top Class Quality Services Ltd

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by two inspectors.

Service and service type:

Top Class Quality Services Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to people who may have dementia, a physical disability, learning disability, a sensory impairment and/or mental health needs.

The service had a manager registered with the Care Quality Commission. The registered manager was also the nominated individual. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection site visit took place on 24 April 2019. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that someone would be present at the office to assist us with the inspection.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took into account the provider was not requested to complete a PIR when we inspected the service and made the judgements in this report.

At the time of the inspection we had received one statutory notification since the last inspection. Notifications are information about important events the service is required to send us by law.

We looked at records relating to the three people who used the service. This included care plans, daily notes and medication records. In addition, we looked at the records related to the running of the service. These included a sample of quality assurance records, recruitment and training records. We spoke with seven staff members including, the registered manager, care co-ordinator and care staff. We spoke to one person who uses the service and relative of a person who uses the service. We attempted to contact another person who uses the service and a relative, however, we were unsuccessful in gaining feedback. We requested information from external health and social care professionals and received two responses.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was not always assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment:

- We looked to see if safe recruitment procedures were used to ensure people were supported by staff who were of good character, suitable for their role and had appropriate experience.
- When recruiting staff to work in settings where there are children or vulnerable adults there is clear guidance under schedule three of the Health and Social Care Act (2008) setting out what is required of providers. Information about potential staff set out in Schedule three of the regulations must be confirmed before they are employed. The personnel files we looked at did not always include all the required information.
- We looked at three personnel files of staff who had been recruited since the last inspection. We found that two of these files did not contain a full employment history, with gaps in employment remaining unexplored. The provider had not gained satisfactory information about any physical or mental health conditions, which after reasonable adjustments would be made, may impact on staff ability to undertake the role in which they are appointed. We therefore could not always be assured that the provider was following safe recruitment practices. We shared our findings with the management team who were unaware that the appropriate checks were not made in line with schedule three of the Health and Social Care Act. We signposted the provider to relevant guidance relating to meeting these regulatory requirements.

The registered provider failed to operate robust recruitment procedures to make sure, as far as possible, that people were protected from staff being employed who were not suitable. This is a continued breach of Regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- People were supported by familiar staff that provided continuity and consistency of care.
- Staff said they had enough time to provide the care people needed within the time allocated to them.

Using medicines safely:

- People were supported to administer medicines by staff who were not always assessed as competent or trained to do so.
- The providers "Medication policy" stated, "Staff must only administer medication when they have been trained and assessed as competent." The provider required staff to complete "Medication administration"

training on an annual basis. However, we found that some staff member's training had not been refreshed in line with the providers policy. For example, we looked at two staff member's training records in relation to medicine administration and we found that these were out of date.

- We found that staff had not had their knowledge, skills or competency suitably reviewed in line with clinical guidance and the providers policies and procedures, to ensure they were able to administer medication safely. Current best practice guidance states that social care providers should ensure staff, "have an annual review of their knowledge, skills and competencies." The management team told us that staff had completed a competency review however there was no record of this. We spoke with staff who were unable to confirm they had undertaken the required competency assessments in line with guidance and best practice. Therefore, we could not be assured that staff had undertaken competency assessments to ensure they had the skills to administer medicines safely. This meant people could be at risk of receiving medicines from staff who are not competent to do so.

- Where people were prescribed 'as required' (PRN) medication, the service did not always have protocols or guidance in place to ensure that staff knew when to administer PRN medicine or what the PRN medicine was for. We found that staff were supporting people with PRN medicines without the appropriate guidance in place.

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

- We found medicines administration records (MARs) were completed accurately and reflected whether a person had received their medicines. Staff clearly recorded when a person had not taken medication, such as refusing the medication. Audits were undertaken of people's MAR's to ensure medicines were being administered, as prescribed.

- The provider had recently introduced an in-house workshop for staff regarding the completion of MAR charts. This provided staff guidance on how to complete medicine records accurately and in accordance with the provider's policy.

Learning lessons when things go wrong:

- At our inspection in March 2018 the provider had failed to ensure the safe management of medicines. For example, PRN protocols were not in place for a person who was administered 'as required' medication. At this inspection we found that PRN protocols were still not in place.

- At our inspection in March 2018 the provider submitted an action plan to the Care Quality Commission advising they would ensure that staff personnel files would be checked to ensure they contained all relevant information. At this inspection the provider had not undertaken these actions.

- The providers action plan also stated that an audit system would be implemented on people's care records that would detail time frames of when areas of the care records would need to be updated based on "urgency". At the time of inspection this was not in place.

The failure to consistently assess, monitor and improve the quality and safety of the services provided is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management:

- Risks to people's safety had been identified and were managed safely, for example; risks arising from people's home environment.
- Staff carried out health and safety assessments of people's homes to ensure the person was safe while supporting them with their care needs.
- Staff could explain how they minimised risks to people's health and well-being and knew the appropriate support people required. For example, when supporting people to remain safe in their homes when mobilising.

Systems and processes to safeguard people from the risk of abuse:

- Staff knew how to recognise abuse and protect people from the risk of abuse. Staff were able to describe what signs they would look for and how they would respond to concerns.
- Staff knew what actions to take if they felt people were at risk, including who they would report this to, such as the registered manager of local authority. Staff felt confident that appropriate action would be taken.
- A relative of a person who uses the service felt that staff kept their family member safe. They said, "Yes, definitely."

Preventing and controlling infection:

- Staff completed training in the control of infection.
- Staff had access to the necessary personal protective equipment to minimise the risk of infection, such as disposable aprons and gloves.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience:

- The provider required staff to undertake training that they considered mandatory, such as moving and handling, health and safety and first aid. However, not all training the provider considered to be mandatory was up to date. Some staff had not completed the training in the time frame that the provider specified. For example, the provider required staff to have yearly moving and handling training. We saw that one staff member had not completed this annually as required. We have addressed this concern in the well led domain.
- The provider's induction training was based on the Care Certificate, which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. All staff members underwent an induction programme, which included time getting to know the person and shadowing an experienced colleague.
- The provider undertook regular spot check observations of staff when they were supporting people in their homes. One staff member told us, "[Registered manager] does come and observe often."
- Staff members were supported through one to one meetings and appraisals.

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

- People received effective care and support from staff who upheld their preferences.
- Staff completed training to support people with specific needs such as people living with epilepsy and autism.

Supporting people to live healthier lives, access healthcare services and support; supporting people to eat and drink enough to maintain a balanced diet:

- Staff members ensured people received food and drink, according to their needs. One staff member described how they prepared food for a person they support and what the person's likes and dislikes were.
- People received effective health care support from their GP and via GP referrals for other professional services, such as occupational therapists.

- Care plans incorporated advice from professionals when received.

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

The Mental Capacity Act (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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff we spoke to had the knowledge related to MCA and demonstrated they knew how to work with people in a person-centred way.
- Staff encouraged people to make their own decisions on a day to day basis, ensuring those important to the individual were involved in this decision making, if appropriate.
- People and their relatives told us their care was delivered with their consent, in accordance with their wishes.

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

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 were treated with kindness and compassion. Staff were caring and treated people as individuals.
- One relative told us about staff, "We know them all, very friendly, very helpful."
- Staff had completed equality and diversity training, which prepared them to meet the care needs arising from people's different social or religious background.
- Where people had equality and diversity needs, these were identified and set out in their care plans. Staff supported people in a way that met their individual needs and preferences.
- Staff spoke with fondness about people they supported and knew how to care for each person's emotional and spiritual wellbeing, in line with their wishes.

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

- People and relatives told us they were involved in day to day decisions about their care, such as meal choices.
- Regular reviews of people's care were undertaken by staff, the person being supported and their relative, where appropriate.
- Staff told us they supported people to make decisions on a day to day basis. One staff member commented, "I can't assume what [person receiving support] would want, I always ask."

Respecting and promoting people's privacy, dignity and independence:

- People were treated with respect by staff. Their privacy and dignity were upheld during the provision of their personal care.
- Staff members described how they maintained people's privacy. For example, delivering people's personal care in the way they chose.
- Staff completed privacy and dignity training and had access to relevant guidance.

- One relative told us when asked if staff treated their family member with dignity and respect, "Yes, very much so."
- People and their relatives said the staff encouraged their family members to be independent. A relative told us, "Staff are very good at helping her to do things and they praise her when she manages to do something like walk a couple of steps."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received support that was individualised to their personal needs.
- People and their relatives felt staff knew them well and understood their personal routines.
- Staff were flexible to accommodate people's wishes. One relative told us, "Staff are flexible if asked..."
- People's changing needs were monitored, and the care adjusted to meet those needs if necessary. People told us they were happy with the care and support they received from the service.
- A health and social care professional commented on how staff support a person, "Since [Top Quality Care Services Ltd] took on [name's] care package, they have been able to manage her care needs which overall have been positive."

Meeting people's communication needs:

- We looked at whether the provider was meeting the requirements of the Accessible Information Standard (AIS). From August 2016 all organisations that provide adult social care are legally required to follow the AIS.
- The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.
- The service identified people's information and communication needs by assessing them. Staff understood people's communication needs.

Improving care quality in response to complaints or concerns:

- The service had not received any complaints in the 12 months before our inspection.
- People and their relatives told us they knew how to complain. Information about making complaints was set out in the provider's policy.
- Staff understood people's right to make a complaint and their role if people made a complaint to them.

End of life care and support:

- At the time of this inspection the service was not providing end of life care to anyone using their service.
- The provider had procedures in place in preparation should they need to support someone with end of life care needs.

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

Service oversight was inconsistent. Systems and processes 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: Continuous learning and improving care:

- The provider had not always kept a record of all decisions taken in relation to people's care and treatment and did not always make reference to discussions with people who use the service. For example, one person had their medication kept in a locked safe storage box which they did not have access to. We were informed by the provider this was in the best interests of the person. The providers medication policy stated, "Where best interest decisions are required, this is done in collaboration with others involved in the service user's care and is recorded and shared with relevant staff." However, there was no record of this specific decision recorded in the person's care record or the reason why it was in the best interest of the person. There was no information on who had been consulted about this decision or what discussions had taken place.
- Staff were able to describe how they supported people's individual needs. However, care plans did not always provide information and clear guidance about how to meet people's care needs to achieve their desired outcomes. For example, one person's care plan did not contain information on the personal care support they received from staff or how they like things done. In addition, staff prepared food for the person, however, there was no information on the person likes or preferences.
- We found the provider did not have a system in place to monitor late and missed visits that would enable them to look at trends, themes and patterns to address any concerns. There was no record as to the times staff arrived at people's homes. The provider told us that if staff were late they should call the office. They informed us this had not been a concern but if it was raised as a concern they would look at it. A relative told us, "Sometimes the carers [staff] don't turn up but this is due to transport problems."
- There were some quality assurance audits in place. However, we found some of these were not always effective. For example, the provider completed an audit of people's daily notes. We looked at an audit for March 2019. The action plan stated, "Ongoing work with staff regarding more detail in reports." This concern had occurred during the two previous monthly audits. These audits did not detail what action was going to be taken to prevent recurrence or the outcome if actions were taken. It did not contain what time frame any actions would need to be taken or who by. We found that the provider had followed this up and had taken some action. However, this had not been recorded as part of the audit. The same concern had continuously occurred over a three month period. Therefore, actions taken were not effective to preventing reoccurrences.

- The provider did not have systems or processes, such as audits, to ensure that new staff were recruited in accordance with Schedule three of the Health and Social Care Act. Staff recruitment files contained a 'checklist' that needed to be completed when recruiting new staff, however, this was not in accordance with safe recruitment practices as defined in the Act. The provider could not assure themselves that all checks were complete and satisfactory.

- Following our last inspection in March 2018 the provider submitted an action plan to the Care Quality Commission that stated, "All staff training details will be listed on a spreadsheet which will compile all relevant information into one place so that it will enable us to track missing or out of date training needs and ensure it is then available promptly." However, the provider failed to ensure that mandatory training was up to date for all staff. This meant that people could be at risk of receiving support from staff who do not have the required skills and knowledge.

The registered provider failed to consistently assess, monitor and improve the quality and safety of the services provided. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a system in place to log any safeguarding concerns and statutory notifications. Providers are required to submit statutory notifications to inform the Care Quality Commission (CQC) of certain events affecting people and the running of the service.

- At the time of inspection, the provider had submitted one notification to CQC in the last 12 months. However, we found a record of an allegation of abuse against the provider. The registered person had contacted the local authority safeguarding team regarding this and had taken appropriate action. However, they had failed to notify CQC. The registered manager was directed to the notification guidance and advised they would submit a notification retrospectively.

- At the time of the inspection the provider had failed to display their CQC rating from their previous inspection on their website. The Health and Social Care Act 2008 (Regulations) require that the providers CQC rating should appear on the main homepage of the provider's website, or an appropriate landing page where as many people as possible looking for information about the service that has been rated will see it. We raised this with the provider who promptly ensured this was addressed following the inspection.

- There was a clear management structure in place. Staff were clear on their roles and who they should report to.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility;

- Staff said their managers were accessible and approachable and dealt effectively with any concerns they raised.

- Staff said they would feel confident about reporting any concerns or poor practice to the registered manager.

- Staff promoted an open and transparent atmosphere and no blame culture.

- The provider understood their duty of candour. A relative told us staff would be open and honest if things

had gone wrong.

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

- The provider carried out formal quality assurance surveys to obtain the views of people and their families.
- The provider told us that they had recently introduced staff team meetings. We saw that one had taken place and minutes were kept of this meeting.
- The provider told us that they had set up a 'group conversation' with staff on a secure mobile messaging service. This enabled them to communicate with staff promptly, keep them up to date with any changes with the service and provide a platform for staff to feedback regarding these changes. Staff confirmed this.

Working in partnership with others:

- The provider and staff team worked well with other external services to achieve positive outcomes for people.
- Feedback from professionals who had worked with Top Class Quality Services Ltd were very positive.
- A health and social care professional commented, "They keep me regularly updated on any issues."

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person failed to ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely. The registered person failed to ensure the proper and safe management of medicines.</p> <p>12(1)(2)(c)(g)</p>

The enforcement action we took:

The registered provider was served with a warning notice which they must comply with by the 19 June 2019.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person failed to consistently assess, monitor and improve the quality and safety of the services provided. Risks were not always assessed and monitored to mitigate such risks to ensure the safety and welfare of service users. Service user records were not always up to date and accurate. Audit and governance systems were not always effective.</p> <p>Regulation 17(1)(2)(a)(b)(c)(e)(f)</p>

The enforcement action we took:

The registered provider was served with a warning notice which they must comply with by the 19 June 2019.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered person failed to operate robust recruitment procedures, including undertaking</p>

any relevant checks in line with Schedule three of the Health and Social Care Act (2008).

Regulation 19 (1)(a)(b)(2)

The enforcement action we took:

The registered provider was served with a warning notice which they must comply with by the 19 June 2019.