

T Top Enterprise Limited

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Inspection report

Office 5, B S S House
Cheney Manor Industrial Estate
Swindon
SN2 2PJ

Tel: 01793847841

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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

This inspection took place on 19 December 2018 and was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults.

Not everyone using T Top Enterprise Limited receives regulated activity; the CQC only inspects the service being received by people provided with 'personal care', help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection 12 people were receiving personal care.

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

At the time of inspection there was no effective system in place to proactively monitor attendance of care calls. This resulted in the provider being unaware of staff lateness. It also remained unnoticed that a person who required assistance of two members of staff was attended by only one staff member on a regular basis.

Recruitment practices were not always safe. Gaps identified in the employment history of staff had not been fully examined and explained. The provider did not always ensure staff were entitled to live and work in the UK legally.

People we spoke with told us they felt safe. Staff were clear about their responsibilities in keeping people safe and we saw relevant risk assessments were in place.

People's needs were assessed before they used the service and regularly thereafter. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff understood people's needs and preferences. Staff received training to support the needs of people using the service effectively. People were assisted to eat healthy and balanced diets.

People spoke highly of the staff that supported them. People said staff were kind and respectful and provided them with dignified care.

We received mixed feedback from people and their relatives on the management of the service. Staff told us they felt well-supported and valued by the management team.

We found three 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?

The service was not always safe.

The provider did not always carry out appropriate checks on staff to ensure they were suitable for their roles.

People told us staff were often late arriving for their scheduled calls or were deployed in insufficient numbers.

Staff understood their roles in safeguarding people from abuse.

Requires Improvement 

Is the service effective?

The service was effective.

People were asked for consent before being supported and offered choices.

People were cared for by staff that had the skills, knowledge and training to meet their needs.

People had access to healthcare professionals when needed and were supported to maintain a healthy diet.

Good 

Is the service caring?

The service was caring.

People gave positive feedback about the caring nature of the staff who supported them.

People's independence was encouraged as staff provided support that considered people's strengths and abilities.

Staff were respectful of people's privacy and dignity when providing personal care.

Good 

Is the service responsive?

The service was responsive.

People had care plans in place which were reflective of their care

Good 

and support

People and their relatives were involved in the development of care plans.

People and their relatives knew how to complain.

Is the service well-led?

The service was not always well – led.

The provider's quality assurance systems did not always identify areas that required improvement.

Staff felt supported and were confident and clear about their roles and responsibilities.

The management team promoted an open, inclusive culture within the service.

Requires Improvement ●

T Top Enterprise Limited

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.

This inspection took place on 19 December 2018 and was announced.

The inspection was prompted partly as a result of concerns raised with the CQC and the local authority. The concerns included people not being visited as planned and shortfalls in communication between the service and people and their relatives. We gave the service a 48 hours' notice of the inspection visit because the service is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available to talk to us.

The inspection team consisted of one inspector and an Expert-by-Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information relating to the service, including notifications submitted by the registered manager. A notification is information about important events which the provider is required to tell us about by law.

Due to the inspection being brought forward, we did not ask the provider to submit a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the registered manager, three members of staff, one person using the service and three relatives of people. We looked at four care plans, four staff files and reviewed records relating to quality assurance, health and safety, safeguarding, infection control, compliments and complaints, medicines and staff training.

After the inspection, we asked the registered manager to send additional information relating to staff's

employment history and their right to live and work in the UK. The registered manager provided this information after the requested time frame.

Is the service safe?

Our findings

People did not always receive care at the times they were expecting it. One person and their relatives told us about staff being late or missing their calls which remained unaddressed by the service provider. One person's relative said, "Improvements are needed on time keeping". Another person's relative told us, "They missed a call three days ago. When I spoke to the office at T Top, she said there was a mix-up on the rota. (Person) had no breakfast, or care". One person told us, "They're very late. I get worried and frustrated (when they don't turn-up)" and added, "When I phone, no one answers and they don't phone back".

There was no effective system in place for the provider to monitor whether calls were completed as planned. The provider was using an electronic monitoring system, however, this was non-operational at the time of the inspection. We asked the registered manager how they were monitoring staff's attendance. They told us that the care co-ordinator or the registered manager called staff asking them if they had completed their visits. However, there were no records to confirm that those checks were carried out on a regular basis.

During the inspection one person's relative told us, "There should be two people per call to manage the turntable but it varies and we mostly get one person. The carers have been filling-in another person's name in the book". We informed the registered manager about this and the service carried out an internal investigation with the outcome of a disciplinary warning.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not always protected from the risk of harm because the provider did not have an effective system in place to ensure new staff were of good character and eligible to work with the people they supported. Some staff failed to provide full employment histories while one staff member was not asked to provide documentation to prove they had the right to work, after their visa had expired in 2015. Following our visit we asked the registered manager to provide us with relevant documentation. After the deadline given to the registered manager we received one person's employment history and another person's residence documentation. However, the residence documentation presented to us was no longer valid.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us that staff supported them safely. One person's relative told us, "They do a pretty good job as carers. Considering the time constraints, they do a good job. They're friendly and she gets on with all of them".

Staff understood their roles in safeguarding people from abuse. Staff had completed training in safeguarding adults and understood how to escalate concerns. A member of staff told us, "If I had any concerns, I would report them to my manager or to the local safeguarding team".

Risk assessments were completed in relation to all aspects of the care provided and the home environment. This helped to ensure the safety of both the person receiving the service and the staff providing it. Risks such as those related to medicines, moving and handling, skin integrity and self-neglect were also assessed. Detailed guidance was incorporated into people's care plans to enable staff to minimise and manage any identified risks.

Medicines were managed safely. There were safe systems in place to manage, administer, store and dispose of medicines. We reviewed people's medicine administration records (MARs) and saw staff had signed to record what medicine had been administered. There were no errors or omissions in the MARs we looked at.

People and their relatives told us and records confirmed that accidents were well managed. One person's relative told us, "There was an accident once when her eye got scratched, but the staff had already reported it". We saw that the office was informed of any accidents and staff used this information to look for any patterns of incidents.

Systems were in place to mitigate the risk of the spread of infection. People and staff told us that staff regularly washed their hands and used personal protective equipment (PPE), such as gloves and aprons, when supporting with care tasks.

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

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to carry out their role effectively. People we spoke with were positive about the staff who supported them. One person told us, "She's well-trained". A relative of a person told us, "They're well-trained and updated at meetings and supervisions".

Relatives we spoke with told us they had confidence in the skills and knowledge of the staff that supported their loved ones.

The staff training covered the following areas: moving and handling, basic life support, fire safety, health and safety, infection control, safeguarding and the Mental Capacity Act 2005. A member of staff told us, "We do have regular trainings and yearly mandatory training from an outside company. We also have e-learning most of the time".

New members of staff completed induction which covered the provider's policies and procedures as well as the mandatory training. The process also required new staff to shadow experienced colleagues to gain knowledge and understanding of their role.

Staff received regular supervision and appraisals. This helped to ensure they had the skills and knowledge to undertake their role effectively. Topics for discussion included the quality of care provided, any concerns or problems, training and development, support plans and records keeping. Staff told us that they did not have to wait for a scheduled supervision to have a discussion with management and knew they could approach them at any time to voice concerns or suggestions.

People told us that they had received an assessment of their needs before receiving a service. Records showed that the provider carried out a detailed assessment of people's needs and preferences and used these to create person centred care plans for people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Staff and the management demonstrated a good awareness of the MCA code of practice and confirmed they had received training in these areas. They were aware of their responsibilities and had a good understanding of how the MCA related to their work. They told us they sought consent from people before they offered care. When they had concerns regarding a person's mental capacity, they referred to appropriate professionals so that relevant decisions would be made in people's best interests. People's rights to make their own decisions were promoted.

Care plans detailed people's specific dietary requirements, preferences and any food allergies. People were supported to eat a healthy diet of their choice by staff who had completed training in relation to food hygiene and safety. Staff knew people's food and drink preferences and were able to tell us what action they would take if they identified a person to be at risk of malnutrition. One person's relative told us, "We have discussed her eating and drinking. She used to be active and got depressed about her loss of identity. She needs to drink more and they do encourage her to drink more". A member of staff told us, "We complete the food and fluids charts in order to meet their nutritional requirements. If a client declines in the intake of food or fluids or if we have any concerns, we do call our office who also liaise with GPs".

We saw from people's records that a variety of healthcare professionals were involved in people's care. These included GPs, occupational therapists and a tissue viability nurse. This showed people had access to the services and support they needed in order to meet their healthcare needs.

Is the service caring?

Our findings

People's privacy and dignity was respected. A member of staff told us, "I give people space for private conversation and calls. I knock before entering their room. I close the door and curtains when giving personal care". People and their relatives confirmed this actually took place. One person's relative told us, "Yes, of course they do (maintain his privacy and dignity); they cover him at all times".

People were supported by staff that knew them well. Despite recent issues with the punctuality of calls, people told us that they were supported by consistent staff with whom they got on well. One person told us, "I can have a bit of a laugh with (staff)". Another person's relative told us, "They are naturally caring and respectful".

One person's relative told us that staff were nice and friendly and they did some extra tasks that were not specified in people's care plans. The relative told us, "They do things on the care plan like washing up and the laundry, and do things like mopping the floor which is not on the care plan". Another person's relative told us, "I think they go the extra mile. Sometimes when he's not well they offer to pick up his medicines".

Staff encouraged people to maintain and develop their skills and independence. A member of staff told us, "We promote the independence of our clients by seeking their consent. We respect their choice of clothing, food and things like to do. Choices are always provided and followed. We also encourage them all the time to be independent by doing the little things they can do and are happy to do. Their views and opinions are respected".

People and their relatives, if appropriate, were involved in discussions about people's care. Care plans were regularly reviewed and people were at the centre of this process. Relatives felt involved in reviews of people's care too. One person's relative told us, "I try to be involved in my husband's care and yes, I feel involved".

Staff respected people's confidentiality and recognised the importance of not sharing information inappropriately. New legislation became effective from the 25 May 2018, namely the General Data Protection Regulations 2018 (GDPR). The GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. The registered manager was aware of this legislation and were embedding it within their practice.

Is the service responsive?

Our findings

Staff assisted people with their care and were responsive to their needs. Staff told us the care plans gave them guidance and directions about how to meet specific care needs of people. Staff we spoke with were able to demonstrate their thorough knowledge of the people they supported, their likes and dislikes included.

People's diverse needs were respected. Our interview with the registered manager showed that they respected people's different sexual orientation so that gay and bisexual people could feel accepted and welcomed in the service. The provider's equality and diversity policy promoted the value of tolerance. A member of staff told us, "If I was supporting a person of different background or a different sexual orientation, I would not treat them any different".

People were able to easily access any information relating to their care. People were able to read their care plans and other documents. The registered manager told us that if needed, they could provide people with large print or Braille's version of their documents.

Staff knew the preferences and dislikes of the people they were supporting. Staff were also aware of the individual personalities of people. People's preferences were recorded so that staff could learn about them, which included people's religious and cultural preferences. Places and events important to people as well as information about people's family and friends were also recorded and available to staff. As a result, staff were enabled to strike up a conversation that was meaningful to the person. The care plans also contained details of people's cultural background, including information about how this affected the way they wished to receive their care. A member of staff told us, "One person adores his dogs and this is his preferred subject of our conversations".

The care plans and risk assessments were reviewed to reflect people's changing needs. During regular reviews people and their relatives were asked for feedback about the service provided to them. They were asked about communication with the service, standards of care and time keeping. One person's relative told us, "We had a review with (name) in the office who popped in and reviewed some of the timings with her calls".

The service had systems in place to record, investigate and resolve complaints and staff knew the complaints procedure. Staff told us they dealt with concerns of minor importance as soon as they arose to prevent them from escalating. People and their relatives told us they had complained and that the issues raised by them had been mostly resolved to their satisfaction. They said they were confident any complaint would be dealt with appropriately by the registered manager. One person's relative told us about a complaint they had made and this had been satisfactorily resolved by the provider. They told us, "If I've got a problem, they're responsive and give me an explanation. We've had two meetings with (name) and two phone calls with (name)". Records showed there were no formal complaints since the service was registered with the Care Quality Commission (CQC) in September 2018.

Is the service well-led?

Our findings

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

We received mixed feedback from people and their relatives on the leadership of the service. One person's relative told us, "[The registered manager] looks out for good staff". Another person's relative said, "They communicate well, if I want anything, I tell them and they come back to me". This person's relative told us, "They are not well organised and managed. Lateness is a problem. Apart from my regular carer, they're not very good". Another person's relative told us, "I don't feel supported by anybody. I'd give them two out of 10; they're rubbish. But the regular carer is good so it would be five out of 10 because of her". Another person's relative complained about the communication with the service. They told us, "When I phone, no one answers and they don't phone back".

The provider had a number of systems in place to monitor the standard of care delivered to people. Where audits had shown that improvements had been needed, this was addressed by the service. For example, where gaps in medicines administration records had been identified staff had been informed about this and it had been discussed during staff supervision. However, the systems for monitoring care quality were not always effective as they had failed to identify the issues we found during the inspection. For example, the punctuality of staff and deployment of one instead of two members of staff. There was no auditing system which could have identified the gaps in the employment histories or the lack of evidence of staff working legally in the UK.

During our inspection we found that the records were not always available or complete. We had difficulties accessing some of the documents. For example, we were unable to see evidence of staff working legally and we were not provided with full employment history of some staff. We gave the provider three working days to send us records confirming that staff were entitled to work in the UK, however, they eventually provided us with the documentation after 10 working days.

This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they felt well supported by the registered manager. A member of staff said, "The management is also doing a very good team work, they are always available to help. Regular meetings and supervisions are organised and the views and concerns of staff are listened to for improvement and corrections. Finally, the care coordinator chats with us after every call from morning, lunch, tea time and bed time. They are doing a very good team work to meet the demands of clients and workers".

Staff told us they were aware of the provider's vision and values. A member of staff told us, "The key values are to promote safety, welfare, physical and emotional well-being. To work together and have a good

relationship with all healthcare bodies and colleagues, to achieve the values of good service".

The service worked in partnership with the local authorities, healthcare professionals, GPs and social services.

Staff were aware of the organisation's whistleblowing and complaints procedures. They felt confident in initiating the procedures. The provider complied with the condition of their registration to have a registered manager in post to manage the service. The registered manager was aware of their responsibility for reporting significant events to the Care Quality Commission (CQC).

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not have robust oversight of the service, quality assurance systems and processes did not always identify areas in need of improvement.
Personal care Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not always carry out appropriate checks on staff to ensure they were suitable for their roles.
Personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing People's needs were not met by sufficient numbers of staff who were suitably deployed to meet people's needs.