

## Top Carers Nursing Agency Limited







# Top Carers Nursing Agency

## Inspection report

419 Whitehorse Road  
Thornton Heath  
Croydon  
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CR7 8SD

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### Ratings

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

### Overall summary

We inspected Top Carers on 13 March 2015. The inspection was announced 48 hours in advance because it is a small service and we needed to ensure the provider or registered manager was available.

We previously inspected Top Carers August 2013 and the service was found to be meeting all the regulations we inspected.

Top Carers is a service which is registered to provide nursing and personal care to adults in their own home. At the time of our inspection there were six people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 told us they were safe. This was also the view of their relatives. Care was planned and delivered to ensure people were protected against abuse and avoidable harm. Staff arrived on time and stayed for the allotted

# Summary of findings

time. People were cared for by a sufficient number of suitable staff to keep them safe and meet their needs. There was continuity of care and staff understood people's needs.

People were protected from the risk and spread of infection because staff understood their responsibilities in relation to infection control and followed the procedures in place.

People were cared for by staff who had the necessary experience and knowledge to support them to have a good quality of life. Staff understood the relevant requirements of the Mental Capacity Act 2005 and how it applied to people in their care

People were treated with respect, compassion and kindness. People's individuality was at the centre of how their care was delivered. They were fully involved in making decisions about their care. Where appropriate their relatives were also involved. People were supported to express their views and give feedback on the care they received.

People received the help they needed to maintain good health and had access to a variety of healthcare professionals.

The registered manager understood what was necessary to provide a quality service and had a variety of systems in place to regularly check and monitor the quality of care people received.

# Summary of findings

## 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 safe.

The service had policies and procedures in place to minimise the risk of abuse. These were effectively implemented by staff. Risks to individuals were assessed and managed.

Staff were recruited using appropriate recruitment procedures. There was a sufficient number of staff to keep people safe. Staff followed procedures which helped to protect people from the risk and spread of infection.

Good



### Is the service effective?

The service was effective.

Staff had the necessary skills, knowledge and experience to care for people effectively. People received care and support which assisted them to maintain good health.

The manager and staff understood the main principles of the Mental Capacity Act 2005 and knew how it applied to people in their care.

Good



### Is the service caring?

The service was caring.

Staff were caring and treated people with kindness and respect. People received care in a way that maintained their privacy and dignity. People felt able to express their views and were involved in making decisions about their care.

Good



### Is the service responsive?

The service was responsive.

People were involved in their care planning and felt in control of the care and support they received. The care people received met their needs.

People and their relatives were regularly given the opportunity to make suggestions and comments about the care they received and felt their comments would be acted on.

Good



### Is the service well-led?

The service was well-led.

The registered manager demonstrated good management and leadership. People using the service, their relatives and staff felt able to approach the management team with their comments and concerns. There were systems in place to regularly monitor and assess the quality of care people received.

Good



# Top Carers Nursing Agency

## 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.

The inspection was carried out by a single inspector who visited Top Carer's offices on 13 March 2015.

As part of the inspection we reviewed all the information we held about the service. This included routine notifications received from the provider and the previous inspection report.

During the inspection we spoke with four people using the service and four of their relatives about what it was like to receive care from staff at Top Carers. We spoke with three staff members, in addition to the registered manager, about what it was like working for Top Carers. We also spoke with a member of the commissioning team from a local authority that commissions the service.

We looked at four people's care files and three staff files which included their recruitment and training records. We looked at the service's policies and procedures. We spoke with the registered manager about how the service was managed and the systems in place to monitor the quality of care people received.

# Is the service safe?

## Our findings

People were protected from abuse. People told us they felt safe. People and their relatives commented, “I am safe”, “[The person] is safe with them, if [the person] wasn’t I would tell social services” and “I’m confident [the person] is safe with these carers.”

People who use the service were protected from the risk of abuse, because the registered manager had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The service had policies and procedures in place to guide staff on how to protect people from abuse which staff applied day-to-day. Staff had been trained in safeguarding adults and demonstrated good knowledge on how to recognise abuse and report any concerns. People using the service and their relatives also knew how to report any concerns. Staff told us they would not hesitate to whistle-blow if they felt another staff member posed a risk to a person they were caring for.

Arrangements were in place to protect people from avoidable harm. Staff arrived at the time they were due and stayed for the time allotted. Risk assessments were carried out and people’s care plans gave staff detailed information on how to manage identified risks. Records confirmed staff delivered care in accordance with people’s care plans. For example, people who required regular procedures throughout the day as part of their care received it. Staff had been trained and knew the action to take in the event of a person having a medical emergency, such as a heart attack.

People’s needs were assessed to establish the number of staff required to safely meet their needs. We saw that sufficient staff were employed to ensure people’s needs were met, and when required people received support from two members of staff, for example, if they needed additional support with moving and handling? People told us they received care and support from the right number of staff. The number of staff supporting a person was reviewed when there was a change in a person’s needs.

The service operated an effective recruitment process which was consistently applied by the management. Appropriate checks were undertaken before staff began to work with people. These included criminal record checks, obtaining proof of their identity and their right to work in the United Kingdom. Professional references were obtained from applicant’s previous employers which commented on their character and suitability for the role. Applicant’s physical and mental fitness to work was checked before they were employed. This minimised the risk of people being cared for by staff who were unsuitable for the role.

People were protected from the risk and spread of infection because staff followed the service’s infection control policy. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene in people’s homes. Staff had received training in infection control and spoke knowledgeably about how to minimise the risk of infection. Staff had an ample supply of personal protective equipment (PPE), including gloves and aprons. People told us staff always wore PPE when supporting them with personal care and practised good hand hygiene.

# Is the service effective?

## Our findings

People were cared for and supported by staff who had the knowledge, skills and experience to carry out their roles and responsibilities effectively. People and their relatives commented, “My carer is very helpful”, “They know what I need them to do and they get on with it” and “They are experienced and know how to do their job”

The registered manager supported staff to enable them to meet the needs of people using the service. Before staff began to work with people they had a three week induction. During the first week of induction staff received training in areas essential to their role such as, manual handling, safeguarding adults and infection control. Newly appointed staff with no experience of delivering care spent an extra week shadowing a staff member working in a care home. All staff spent the remainder of their induction shadowing an experienced member of staff and being supervised delivering care to people using the service.

Before staff were allowed to work with people, their competence to perform tasks such as moving and handling people was checked to identify any further training needs or additional support required. Thereafter, the field supervisor carried out weekly observations of staff delivering care and they received weekly supervision and

performance reviews. Staff who had been with the service for more than twelve months had an annual appraisal. This minimised the risk of people receiving care that was inappropriate or unsafe.

People were asked for their consent before care and support was delivered. People told us, “They don’t make assumptions, they ask [the person] before they do anything”, “My carer does as I ask” and “They always ask before doing anything.”

The manager and staff were familiar with the requirements of the Mental Capacity Act (MCA) 2005. The Mental Capacity Act 2005 sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected. Records confirmed that people’s capacity to make decisions was assessed. Although no applications had needed to be made, the manager was aware of the specific requirement to apply to the Court of Protection if they considered a person should be deprived of their liberty in order to get the care and treatment they needed.

Staff supported people to maintain good health. Records indicated that staff liaised with people’s specialist healthcare workers and followed their recommendations. The service had arrangements in place to ensure staff were aware of when people were admitted to hospital and when they were due to be discharged. Records showed that where people were due to be discharged from hospital with changed or complex needs, their needs were re-assessed and care plans updated accordingly.

# Is the service caring?

## Our findings

People and their relatives told us the staff were kind and caring. Comments included, “They go beyond what is expected”, “They are very caring and go the extra mile”, “The way they look after the person is of the standard I would expect and I have very high standards”, “[The person] is cared for in every respect, they show great concern for [the person]” and “I couldn’t function without them. They really care about [the person]”. A staff member told us, “We don’t just go in give [the person] a shower and leave. We have a chat with them and find out how they are.”

People told us they were given a lot of information both verbally and in writing on what to expect from the service and how they could make contact with the office staff and management. People and their relatives told us they knew who to speak to at the service’s office if they wanted to discuss their care plan or make a change to it. People felt in control of their care planning and the care they received.

People’s needs, values and diversity were understood and respected by staff. Where people requested to be cared for by staff from a particular background or culture, this was

arranged. People were allocated staff of the same gender if they requested it. People told us they were treated with respect and their dignity and privacy was maintained. People and their relatives commented, “They are always very respectful. I can’t fault them” and “[The person is very dependent on [the staff] but they go out of their way to make sure [the person] isn’t embarrassed about it..”

Staff were able to give us many examples of how they ensured people’s privacy and dignity were maintained. For example, by addressing people in their preferred name and not unnecessarily exposing whilst undertaking personal care. Staff members told us, “If I’m washing [the person’s] top half, the bottom half is covered” and “I take my lead from them. I don’t make any assumptions”.

The service had an effective approach to end of life care. This meant that staff were fully aware of people’s wishes for their end of life care and these were acted on. People and their relatives felt they were in control and that the issue was dealt with sensitively. Relatives told us they were confident that the care people received would enable them to remain at home as long as possible in accordance with their wishes, rather than go into a hospice.

# Is the service responsive?

## Our findings

Everybody we spoke with was satisfied with the care and support they received. Comments included, “I’m very happy with how they look after me”, “I can’t fault them” and “I’m happy with them.

People and their relatives told us they were involved in the care planning process. People’s needs were assessed before they began to use the service and re-assessed regularly thereafter. People’s needs were re-assessed with their input when the service became aware of a change in their needs.

People’s assessments considered their personal care and health needs. People’s specific needs and preferences were taken into account in how their care was planned and delivered. Care plans had special instructions for staff on how the person wanted their care to be delivered, what was important to them and detailed information about how to meet people’s individual needs.

Staff told us they had access to an up to date copy of care plans in people’s home and this was confirmed by people we spoke with. Staff were updated by the office of changes in people’s needs, to ensure the care and support delivered met people’s current need. People told us they received personalised care that met their needs. Records demonstrated and it was confirmed by people we spoke with that care was delivered in accordance with people’s care plans. People felt staff listened to them. A person commented, “[The care worker] does whatever I ask.”

There was continuity of care. People told us they were usually cared for by the same staff who knew and understood their needs and routines. Relative told us,

“[The person] has the same carers every day. They know [the person] very well” and “[The person] has been having the same carers for years. They know what to do and have been specially trained to deal with [some aspects of the person’s care]” There was good communication between the office staff and staff delivering care which meant that care could be provided flexibly. Where there was a change in a person’s circumstances, staff were able to meet their needs without delay.

The service enabled people and their relatives to regularly give their views on the quality of care they received. The service employed a field supervisor whose job was to collect staff time sheets, care records, observe care being delivered and obtain people’s feedback. The majority of people told us they had regular contact with the field supervisor and were able to discuss their care. Only one relative told us otherwise but didn’t feel this was an issue because they were happy with the staff and called the office if there was something they needed to discuss.

The service gave people information on how to make a complaint, comments or suggestions when they first began to use the service. People told us they knew how to make a complaint and would do so if the need arose. People who had made a complaint or suggestions told us they were responded to promptly and their concerns were addressed.

Records showed that where complaints were made about the quality of care, the service acted promptly. For example, where a person had made a complaint about a staff member, we saw that the staff member was immediately replaced and the matter investigated. This resolved the complaint to the person’s satisfaction. People’s comments and complaints were discussed with staff and used as an opportunity for learning.



# Is the service well-led?

## Our findings

People using the service and staff told us the office staff and manager of the service were accessible. Relatives told us, “I feel I can ring or email the office whenever I need to” and “I’m always in contact with them.”

People using the service said the service was reliable and well organised. People said they got the information they required, such as who would be replacing their care worker when they were on holiday. Staff felt well supported by the service. They told us there were always sufficient resources available for them carry out their roles, such as aprons, gloves, notepaper for their daily records of care and medicine administration records.

When staff first began to work for the service they were given a staff handbook and a policy handbook. These detailed their role and responsibilities, the values of the service and the policies relevant to their role. Staff knew their roles and responsibilities and the service’s main policies and procedures. They were well motivated and spoke positively about their relationships with the office staff and management, and the support they received.

Staff knew who to report any incidents, concerns or complaints to at the office. They were confident they could pass on any concerns and that they would be dealt with. There were clear lines of accountability in the management structure. The management team and staff had regular discussions regarding incidents and issues affecting people using the service and staff.

There were systems in place to regularly assess and monitor the quality of care people received. These included obtaining people’s feedback, regular audits of people’s daily care records and conducting unannounced spot checks to observe care workers delivering care to people. The feedback received was positive. Issues found during unannounced spot checks were addressed immediately. These systems helped to ensure people received a consistently good quality of care.

The provider told us that the service’s values included choice, dignity and safety. Staff had a good understanding of these values and were able to give us examples of how they applied them in practice. The management team had systems in place to check that the core values were applied by staff whilst delivering care. This formed part of the observation process during unannounced spot checks and formed the basis for the feedback questions.

The service used the information gathered from its internal audits and recommendations made by external organisations such as local authorities to make improvements to its policies and procedures and to improve the quality of care people received. The provider had plans for developing and improving the service and the quality of care people received. This included improving the way people’s and staff records were organised and stored. We saw that the management team had started to implement these plans.