

Top-Notch Healthcare Services Limited

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Inspection report

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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 ●

Summary of findings

Overall summary

About the service

Top-Notch Healthcare Services is a domiciliary care agency providing personal care for 1 person. The service provides support to people living in their own home. At the time of our inspection there was 1 person using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support:

Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. People's care plans were detailed and met people's needs.

We have made a recommendation about personalised care.

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.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to protect people. Staff had training on how to recognise and report abuse and they knew how to apply it.

People and their relatives could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Right Culture:

People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

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

Rating at last inspection

This is the first rating for this service. This service was registered with us on the 24 March 2020 and this is the first inspection.

Why we inspected

The inspection was prompted by a review of the information we had about the service.

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 Safe.	Good ●
Is the service effective? The service was Effective.	Good ●
Is the service caring? The service was Caring.	Good ●
Is the service responsive? The service was Responsive.	Good ●
Is the service well-led? The service was Well-led	Good ●

Top-Notch Healthcare Services Limited

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was conducted by 1 inspector.

Service and service type

Top-Notch Healthcare Services Limited is a domiciliary care agency It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was announced. We gave the service 48 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.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had about the service.

During the inspection

We spoke with 1 relative. We also spoke with 1 senior care worker, 2 care workers, 1 clinical lead and the registered manager. We reviewed 1 person's care record including risk assessments and 3 staff files in relation to recruitment. We also reviewed a range of management records including staff training and supervision, medicines, audits and complaints.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. Inspection activity was carried out on the 17 January and the 25 January 2023.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had an effective system in place to protect people from harm.
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.
- Staff had training on how to recognise and report abuse and they knew how to apply it.

Assessing risk, safety monitoring and management

- The provider had assessed risks of harm to people. People had individual risk assessments in place covering health conditions and other areas such as medicine, this meant people were protected from harm as staff had clear guidance to provide support in a safe way.
- Staff told us, "If anyone is at risk of hurting themselves, you need to check there are no hazards, when using a hoist you make sure it is working, you follow the training, be careful." This information was in the care plan.
- We reviewed a sample of risk management plans and found they were detailed and provided staff with clear guidance to follow. All risks were identified and recorded.
- Staff managed the safety of the living environment and equipment used for delivering care well through regular checks and action taken to minimise risk.

Staffing and recruitment

- The provider had an effective system in place to recruit and deploy staff safely.
- The registered manager told us they did the recruitment of staff along with the clinical lead. Several checks were done for example obtaining 2 references from a previous employer and a Disclosure and Barring Service (DBS) check. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager told us the people being supported had staff with them all the time, the ratio of staff was based on individual needs. There was a planned rota in place for staff. Additional staff had been employed by the provider to cover any absence. The registered manager told us this was also to ensure there was consistency to the support being provided.

Using medicine safely

- Medicines were managed safely.
- Medicine risk assessments were in place, the assessment had clear details on any risks to people's health. Guidance was in place for staff to follow in the event of an error occurring.

- People's care records had details of medicines prescribed and their side effects. One relative told us, "Staff does [person's] medicine, they follow the care plan fine no issues."
- Staff had training in administering medicine, training records reviewed confirmed this. Staff were able to tell us how medicine should be administered safely.
- Staff had their competency checked on a regular basis. This meant that people would be supported by competent staff.
- Monthly medicine audit checks were carried out; this meant any concerns could be picked up without delay and addressed.

Preventing and controlling infection

- The provider had a system in place to prevent the spread of infections.
- Staff told us they wore personal protective equipment (PPE) when providing care for people, this included, masks, gloves and aprons.
- Staff had training in infection control measures, training records reviewed confirmed this.
- The provider had an infection control policy in place to guide staff on preventing the spread of infections.
- Audits were carried out by the provider, this meant people were kept safe from harm from the risk of spreading infection, as any concerns could be picked up and addressed without delay.

Learning lessons when things go wrong

- The provider had a system in place to learn from anything that went wrong. At the time of the inspection there had been no accidents, incidents or complaints. The registered manager told us they had regular team meetings, and this was the forum used to learn lessons.

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

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

- People's needs were assessed before using the service. These assessments covered areas such as dressing and undressing, the environment, food and drinks, communication, religion and cultural needs.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and physical needs.
- People had care and support plans that were detailed and reflected their needs including their physical needs. People, those important to them and staff reviewed plans regularly together.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training. This included training in a range of subjects such as the Mental Capacity Act, nutrition and fluids, safeguarding, life support, equality and diversity and specialist training for complex needs.
- Staff told us they enjoyed the training as it helped them to do their job better.
- People who lacked capacity to make certain decisions for themselves or had fluctuating capacity had decisions made by staff on their behalf in line with the law and supported by effective staff training and supervision.
- Staff received regular supervision and had regular team meetings, this enabled them to share work practices and ask for guidance. This meant people were supported by confident staff.

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

- Care records showed that assessment of people's eating and drinking needs had been carried out. The person being supported used a medical device to support them with the intake of food and drinks, staff had specialist training to ensure this was safely administered to the person. Food intake was monitored and recorded.
- Care records showed there was a weekly visit made by the dietitian.

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

- The provider worked with other agencies including health care professionals.
- Staff told us if there were any changes to people's health or care plans this was communicated through their work phones, or a call from the office. Staff told us they would report any health concerns to the clinical lead or registered manager, they would then speak to the family and take things forward.
- Multi-disciplinary team professionals such as the dietitian and district nurse were involved and made

aware of support plans to improve people's care.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental capacity assessments (MCA).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working within the principles of the Mental Capacity Act.
- A relative told us they had a lasting power of attorney for their relative. A lasting power of attorney is issued by the Court of Protection and provides an individual with protection under the Mental Capacity Act if they lack capacity.
- Staff told us they asked permission before providing care to people. One staff said, "You should always ask permission to the person, even if they can't say, make sure you say what you are intending to do and wait for a response."
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- Staff had training in the Mental Capacity Act and records reviewed confirmed this.

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 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 were treated with respect and kindness.
- One relative said, "They treat [my relative] well they [staff] are kind, compassionate and caring."
- The registered manager told us any person using the service can choose if they would prefer a male or female care worker to support them.
- We asked staff about equality and diversity, one staff stated they had just attended an event called "Proud to be me", they said it was about not judging people but making sure they are treated as an individual. Staff gave an example of supporting someone whose faith was very important to them, they explained that they had to learn about their faith in order to be able to ensure they supported them in line with their beliefs.

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

- The provider had a process in place to find out people and their relatives views. The registered manager told us they had regular weekly discussions with relatives, and these were recorded.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments.
- Staff took the time to understand people's individual communication styles and develop a rapport with them. Staff were able to explain people's communication method for example the use of body language or facial cues to communicate.

Respecting and promoting people's privacy, dignity and independence

- Peoples dignity, privacy and independence was respected.
- Staff told us, they treat people well and make sure they are covered up when providing personal care. One staff said, "Everything we do to protect people's dignity by knocking on the door, say it is me and close the door, is it okay to come in, I get consent ask and walk in tell [person] what we are doing, make sure the curtains are closed, and they are covered up."
- Staff explained that people's files were confidential and should be kept locked away to protect people's privacy.

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

- People's care plans were not always personalised. Care plans did not have people's likes and preferences recorded, however staff knew people well and were able to describe their likes for example in music and an outdoor activity.

We recommend the provider consider current guidance on recording people's preferences and likes in a person centred way.

- The staff we spoke with were knowledgeable about how to communicate with people who may not use words, staff understood people's sensory needs.
- Preferences (i.e. gender of staff) were identified and appropriate staff were available to support people.

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 had been assessed at the initial visit by the provider.
- Staff gave clear examples of how best to communicate with people for example using body language, use of gestures and a chart was in use showing different activities to aid peoples understanding and communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported to participate in their chosen social and leisure interests on a regular basis. Staff told us they would take people out in the community to the park as this was of interest to them.
- Staff told us there was some indoor activities in place and the family was involved in supporting these to take place.
- Staff told us they supported people to observe their faith on a regular basis.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place. At the time of our inspection there had been no complaints made to the service.

- Relatives told us they knew how to make a complaint, one relative said, "Yes I would know who and how to make a complaint if I needed to."
- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. One staff said, "If a family complains, I would go to the care worker privately tell them my concern, If it is minor I can sort it out if more serious than this I will speak to the managers."

End of life care and support

- The provider had an end of life policy to guide staff in what to do when this care was needed, at the time of our inspection there was no one in receipt of end of life care.

Is the service well-led?

Our findings

Well-Led – this means 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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted an open and honest culture within the service.
- Staff said they felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture.
- Management and staff put people's needs and wishes at the heart of everything they did.

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

- People, and those important to them, worked with managers and staff to develop and improve the service.
- The provider sought feedback from people and those important to them and used the feedback to develop the service.
- The registered manager sent out surveys to staff and professionals to get their views on the service. Overall, the feedback was very positive about the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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;

- The registered manager understood their responsibility under the duty of candour.
- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and good oversight of the service they managed.
- Governance processes such as audits of medicine, staff files, care plans and spot checks were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements.

Working in partnership with others

- The provider worked with health care professionals.

