



Department of Health and Social Care

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*Rheyyn Slaynt as Kiarail y Theay*

**Isle of Man**  
Government

*Reiltys Ellan Vannin*

## **Regulation of Care Act 2013**

### **Nurse Agencies**

Topcare Limited

### **Announced Inspection**

25 June 2021

***Registration and Inspection Team,  
Ground Floor, St George's Court,  
Hill Street, Douglas, Isle of Man, IM1 1EF.***

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**Part 1 - Service Information for Registered Service**

**Name of Service:**

Topcare Limited

**Telephone No:**

(01624) 628919

**Care Service Number:**

ROCA/P/0293

**Conditions of Registration:**

City and Guilds level 5 Diploma in Leadership for Health and Social Care Services (Adults' Management) to be completed by February 2021.

**Registered company name:**

Topcare Limited

**Name of Responsible Person:**

Salamou Heddi Lahcen Sidi

**Name of Registered Manager:**

Salamou Heddi Lahcen Sidi

**Manager Registration number:**

ROCA/M/ 0266

**Date of latest registration certificate:**

21/9/20

**Date of any additional regulatory action in the last inspection year (ie improvement measures or additional monitoring):**

None

**Date of previous inspection:**

This is the first inspection

**Person in charge at the time of the inspection:**

Salamou Heddi Lahcen Sidi

**Name of Inspector(s):**

Sharon Kaighin

**Part 2 - Descriptors of Performance against Standards**

Inspection reports will describe how a service has performed in each of the standards inspected. Compliance statements by inspectors will follow the framework as set out below.

**Compliant**

Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. In most situations this will result in an area of good practice being identified and comment being made.

**Substantially compliant**

Arrangements for compliance were demonstrated during the inspection yet some criteria were not yet in place. In most situations this will result in a requirement being made.

**Partially compliant**

Compliance could not be demonstrated by the date of the inspection. Appropriate systems for regular monitoring, review and revision were not yet in place. However, the service could demonstrate acknowledgement of this and a convincing plan for full compliance. In most situations this will result in requirements being made.

**Non-compliant**

Compliance could not be demonstrated by the date of the inspection. This will result in a requirement being made.

**Not assessed**

Assessment could not be carried out during the inspection due to certain factors not being available.

Recommendations based on best practice, relevant research or recognised sources may be made by the inspector. They promote current good practice and when adopted by the registered person will serve to enhance quality and service delivery.

### Part 3 - Inspection information

The Inspection report is based on the information provided as part of the pre inspection desk top analysis and the findings of the inspection visit.

The purpose of this inspection is to check the service against the service specific minimum standards – Section 37 of The Regulation of Care Act 2013 and The Regulation of Care (Care Services) Regulations 2013 part 3, regulation 9.

Inspections concentrate on specific areas on a rotational basis and for most services are unannounced.

The inspector is looking to ensure that the service is well led, effective and safe.

### Summary from the last inspection

#### **Number of requirements from last inspection:**

This is the first inspection

#### **Number met:**

#### **Number not met:**

#### **All requirements not met will be addressed within this inspection report**

**\*Please note that any requirement carried forward for three consecutive inspections will lead to the service being served an improvement notice.\***

### Overview of this inspection

**Due to COVID 19 the inspection process for this year has altered slightly. More information and evidence has been sought from providers electronically. The inspection team have desktop assessed this information and a service visit has then been undertaken to verify the evidence provided.**

#### **Purpose of Inspection:**

This was an announced statutory inspection. This was the first inspection so compliance with all Minimum Standards for Nurse Agencies were addressed.

#### **Type of Service:**

Nursing Agency

**Inspector activity during the inspection:**

During the inspection the inspector visited the agency premises and scrutinised the following paperwork;

- Statement of Purpose
- Policies and procedures
- Health and safety documentation
- Staff records
- Service user files

## Part 4 - Inspection Outcomes, Evidence and Requirements

### Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9) Standard 1 –Information

#### Outcome

The person receiving the service receives information about the nurse agency and the services it provides in order to make an informed choice on whether to engage the agency's services.

#### Our Decision:

Compliant

#### Reasons for our decision:

The agency's certificate was prominently displayed at the service. The Statement of Purpose was in place and included all required information. The client's guide was in place, and stated that it was available in different formats as required. Information including the level of service, comments and complaints together with services provided was all in place.

Where the agency was to act solely as an introduction service, measures were in place to provide the client with all relevant information, together with opportunity for feedback. The client guide was reviewed and updated annually with review date stated.

#### Evidence Source:

|             |  |         |   |          |  |            |   |
|-------------|--|---------|---|----------|--|------------|---|
| Observation |  | Records | ✓ | Feedback |  | Discussion | ✓ |
|-------------|--|---------|---|----------|--|------------|---|

#### Requirements:

None

#### Recommendations:

None

### Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9) Standard 2 – Agreeing the Service

#### Outcome

The person using the service will receive a written agreement which clearly defines the service that will be provided to meet individual needs. This agreement will set out the terms and conditions of payment and arrangements for changing or ending the agreement. Service agreements should be reviewed regularly.

#### Our Decision:

Compliant

#### Reasons for our decision:

Written agreements were in place and seen on inspection. Involvement of the service user representative, together with appropriate professionals, was evidenced. A copy of this agreement which was signed and dated, was given to the service user representative. The agreements contained all required information, including details of service provided, fees and how to alter the

service provided. Reviews of care were carried out regularly with changes made as required on request as necessary.

Records were viewed on inspection which detailed all required areas included in reviews, with the manager confirming continuity of care was paramount.

**Evidence Source:**

|             |   |         |   |          |   |            |   |
|-------------|---|---------|---|----------|---|------------|---|
| Observation | ✓ | Records | ✓ | Feedback | ✓ | Discussion | ✓ |
|-------------|---|---------|---|----------|---|------------|---|

**Requirements:**

None

**Recommendations:**

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)  
Standard 3 – Service Arrangements**

**Outcome**

The person using the service is provided with a nurse or nurses who are suitable to meet his/her needs.

**Our Decision:**

Compliant

**Reasons for our decision:**

Assessment of a client's needs, together with discussion with representatives had taken place to ensure the most suitable nurse was provided. Evidence was seen of working together with professionals to ensure the best care was provided with nurses given all relevant information. Needs assessments were seen on inspection, with all relevant information provided.

The placement was regularly monitored through documented spot checks, appraisals and supervision of staff. There was an audit system in place which was ongoing and also carried out formal yearly placement reviews.

**Evidence Source:**

|             |  |         |   |          |  |            |   |
|-------------|--|---------|---|----------|--|------------|---|
| Observation |  | Records | ✓ | Feedback |  | Discussion | ✓ |
|-------------|--|---------|---|----------|--|------------|---|

**Requirements:**

None

**Recommendations:**

None



**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)  
Standard 4 – Licensed Person**

**Outcome**

**People using the agency are assured of the integrity of the agency and have confidence that it is run by a fit and competent person or organisation.**

**Our Decision:**

Compliant

**Reasons for our decision:**

The owner of the agency was a registered nurse and was aware of the legal responsibility of managing and running the agency. They were in the process of completing their QCF level 5 Diploma in Leadership for Health and Social Care. No deputy manager was in place at the time of inspection. They had undergone various training, including assessor and train the trainer training. They were well aware to undertake continuous training to maintain skill and competence to run the agency. The manager was also the Responsible person in the agency.

**Evidence Source:**

|             |   |         |   |          |   |            |   |
|-------------|---|---------|---|----------|---|------------|---|
| Observation | ✓ | Records | ✓ | Feedback | ✓ | Discussion | ✓ |
|-------------|---|---------|---|----------|---|------------|---|

**Requirements:**

None

**Recommendations:**

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)  
Standard 5 – Recruitment and Supply of Nurses**

**Outcome**

**The process for recruitment and selection of nurses meets all the requirements of legislation and employment law including those related to equal opportunities and anti-discriminatory practice. All staff are appropriately vetted and the Isle of Man rules on work permits are adhered to.**

**Our Decision:**

Compliant

**Reasons for our decision:**

The recruitment process of the agency was in line with anti-discriminatory practice. An equality policy was in place, together with a recruitment and selection policy. The manager, a registered nurse, undertook all interviews for staff. A comprehensive matching process was in place with assessment undertaken of suitability and performance of potential staff.

Interview records were held at the service, with qualifications certified and validated at interview. A caller code with the NMC was in place, and this was checked prior to confirmation of staff appointment. Employment records contained records of emergency contacts. Identity checks had been carried out and recorded, together with driving licence checks.

Staff references were viewed which had been gained prior to any confirmation of staff in post, together with satisfactory DBS (Disclosure and Barring Checks). A health questionnaire had also been completed. Staff terms and conditions included the requirement of a six month probationary period. The induction contained several areas of care in line with the expected responsibilities of a registered nurse. Copies of the disciplinary and grievance procedures were available for all staff. Procedures were in place around managing physical aggression towards staff, with these made clear in the service user guide.

**Evidence Source:**

|             |   |         |   |          |   |            |   |
|-------------|---|---------|---|----------|---|------------|---|
| Observation | ✓ | Records | ✓ | Feedback | ✓ | Discussion | ✓ |
|-------------|---|---------|---|----------|---|------------|---|

**Requirements:**

None

**Recommendations:**

None

**Standard 6 – Staff Training, Development and Support****Outcome**

**People using the service are supported by appropriately trained staff. Staff receive the support and supervision they need to carry out their jobs.**

**Our Decision:**

Compliant

**Reasons for our decision:**

A staff training programme was in place. Staff training records were in place for all staff. All required training was undertaken. The agency had supervision and performance review policies in place. Annual appraisals would take place as appropriate. Staff supervisions records were seen and had taken place four times yearly.

**Evidence source:**

|             |   |         |   |          |   |            |   |
|-------------|---|---------|---|----------|---|------------|---|
| Observation | ✓ | Records | ✓ | Feedback | ✓ | Discussion | ✓ |
|-------------|---|---------|---|----------|---|------------|---|

**Requirements:**

None

**Recommendations:**

None

**Standard 7 – Management and Administration****Outcome**

**People using the service benefit from competent and accountable management of the agency.**

**Our Decision:**

Compliant

**Reasons for our decision:**

Accounting systems were in place in the agency, and payment to nurses was made regardless of any agency payment made. Receipts were issues through a software system. Insurance cover was held in relation to replacing assets, and any medical malpractice as a result of the operation of

the agency. The amount of cover was adequate, and a business plan was viewed which covered financial planning to cover the operation of the agency.

**Evidence source:**

|             |   |         |   |          |   |            |   |
|-------------|---|---------|---|----------|---|------------|---|
| Observation | ✓ | Records | ✓ | Feedback | ✓ | Discussion | ✓ |
|-------------|---|---------|---|----------|---|------------|---|

**Requirements:**

None

**Recommendations:**

None

**Standard 8 – Premises**

**Our Decision:**

Compliant

**Reasons for our decision:**

Sufficient resources were in place for the operation of the agency. The office was clean, accessible and available for inspection. A maintenance plan was in place for the building. Regular testing of emergency lighting, fire alarms and firefighting equipment records were all in place and viewed on inspection. A Business Continuity Plan was in place.

**Evidence source:**

|             |   |         |   |          |   |            |   |
|-------------|---|---------|---|----------|---|------------|---|
| Observation | ✓ | Records | ✓ | Feedback | ✓ | Discussion | ✓ |
|-------------|---|---------|---|----------|---|------------|---|

**Requirements:**

None

**Recommendations:**

None

**Standard 9 - Management Structure**

**Our Decision:**

Compliant

**Reasons for our decision:**

A clear management structure was in place for the agency.

**Evidence source:**

|             |   |         |   |          |   |            |   |
|-------------|---|---------|---|----------|---|------------|---|
| Observation | ✓ | Records | ✓ | Feedback | ✓ | Discussion | ✓ |
|-------------|---|---------|---|----------|---|------------|---|

**Requirements:**

None

**Recommendations:**

None

### Standard 10 - Organisational Policies

**Our Decision:**

Compliant

**Reasons for our decision:**

All required policies and policies were in place. All staff were able to access these as required. Review dates were on policies and signed by the registered manager. A staff handbook was in place which was seen and confirmed to contain all required information.

**Evidence source:**

|             |   |         |   |          |   |            |   |
|-------------|---|---------|---|----------|---|------------|---|
| Observation | ✓ | Records | ✓ | Feedback | ✓ | Discussion | ✓ |
|-------------|---|---------|---|----------|---|------------|---|

**Requirements:**

None

**Recommendations:**

None

### Standard 11 - Record Keeping

**Our Decision:**

Compliant

**Reasons for our decision:**

Policies were in place in respect of record keeping and access to files. Accurate records were seen in respect of service users and the running of the agency. Records were able to be viewed on inspection. A record retention policy was in place. People had access to their records as appropriate, this being stated in the Clients' Guide. All records were seen to be up to date and securely stored on inspection.

**Evidence source:**

|             |   |         |   |          |   |            |   |
|-------------|---|---------|---|----------|---|------------|---|
| Observation | ✓ | Records | ✓ | Feedback | ✓ | Discussion | ✓ |
|-------------|---|---------|---|----------|---|------------|---|

**Requirements:**

None

**Recommendations:**

None

### Standard 12 - Quality Assurance

**Our Decision:**

Compliant

**Reasons for our decision:**

A variety of quality assurance measures were in place including spot checks, annual questionnaires and an open door policy to the manager. Continuous reviewing and monitoring of the placement was in place; completed spot checks were seen which evidenced client care needs had been discussed and the nurse's familiarity with the client care plan confirmed.

**Evidence source:**

|             |   |         |   |          |   |            |   |
|-------------|---|---------|---|----------|---|------------|---|
| Observation | ✓ | Records | ✓ | Feedback | ✓ | Discussion | ✓ |
|-------------|---|---------|---|----------|---|------------|---|

**Requirements:**

None

**Recommendations:**

None

**Standard 13 - Concerns and Complaints****Outcome**

**People have access to an effective complaints procedure: receive appropriate information about how to make a complaint and are confident that their complaint will be listened to, take seriously and acted upon. People are protected from abuse, neglect and self-harm. People using the service are protected by the agency's policies and procedures. Where the agency acts as an introductory service specific information on safeguarding and abuse is provided to the client. Action is taken to protect the confidentiality of information.**

**Our Decision:**

Compliant

**Reasons for our decision:**

A written complaints policy was in place which contained all required timescales. Staff training regarding what constitutes a complaint and agency procedures were all in place. The complaints policy was displayed in the agency. Information was clear in the service user guide about how to make a complaint. Any complaints received by the agency would be relayed to the nurses involved. A procedure was in place for reporting nurses to the NMC.

**Evidence source:**

|             |   |         |   |          |   |            |   |
|-------------|---|---------|---|----------|---|------------|---|
| Observation | ✓ | Records | ✓ | Feedback | ✓ | Discussion | ✓ |
|-------------|---|---------|---|----------|---|------------|---|

**Requirements:**

None

**Recommendations:**

None

**Standard 14 – Adult Safeguarding Procedures and Training****Our Decision:**

Compliant

**Reasons for our decision:**

A safeguarding policy and procedure, together with appropriate training, was in place. Confirmation was given that all incidents would be handled in line with established procedures. All required policies were in place.

**Evidence source:**

|             |   |         |   |          |   |            |   |
|-------------|---|---------|---|----------|---|------------|---|
| Observation | ✓ | Records | ✓ | Feedback | ✓ | Discussion | ✓ |
|-------------|---|---------|---|----------|---|------------|---|

**Requirements:**

None

**Recommendations:**

None

**Standard 15 – Assistance with Medication****Our Decision:**

Compliant

**Reasons for our decision:**

A medication policy was in place covering all required areas. A clear process was in place for reporting concerns through a variety of sources including incident reports, and following the complaints and concerns policy. The policy covered capacity to consent and drug error procedures. Records of all medication administered were kept and seen on inspection. These contained all required details of administration together with signatures in place. Patient information leaflets had been obtained prior to medication being administered. Medication retention in the event of a death had also been covered.

**Evidence source:**

|             |   |         |   |          |   |            |   |
|-------------|---|---------|---|----------|---|------------|---|
| Observation | ✓ | Records | ✓ | Feedback | ✓ | Discussion | ✓ |
|-------------|---|---------|---|----------|---|------------|---|

**Requirements:**

None

**Recommendations:**

None

**Standard 16 - Confidentiality****Our Decision:**

Compliant

**Reasons for our decision:**

All information was securely managed via password protected software. A written information management policy was in place. Service users were given information on how to access their records.

**Evidence source:**

|             |   |         |   |          |   |            |   |
|-------------|---|---------|---|----------|---|------------|---|
| Observation | ✓ | Records | ✓ | Feedback | ✓ | Discussion | ✓ |
|-------------|---|---------|---|----------|---|------------|---|

**Requirements:**

None

**Recommendations:**

None

**Standard 17 – Safe Working Practices**

**Our Decision:**

Compliant

**Reasons for our decision:**

A health and safety policy, together with risk assessments, were in place prior to the commencement of the service. Equipment which was in place was provided by health services. The responsibilities under health and safety legislation were covered in policies and guidance. Safe working practices were ensured through policies and procedures. The manager of the agency was a qualified trainer and able to deliver relevant training.

The agency had acted as an introduction agency. Information was passed on to the person employing the nurse. This included evidence of a relevant DBS (Disclosure Barring Service) check, and terms and conditions confirmed for employment. Insurance cover was in place, and the requirement to practice in accordance with the NMC Code of Professional Code of Conduct was included in the agency staff handbook.

**Evidence source:**

|             |   |         |   |          |   |            |   |
|-------------|---|---------|---|----------|---|------------|---|
| Observation | ✓ | Records | ✓ | Feedback | ✓ | Discussion | ✓ |
|-------------|---|---------|---|----------|---|------------|---|

**Requirements:**

None

**Recommendations:**

None

**The inspector would like to thank the management, staff and service users for their co-operation with this inspection.**

**If you would like to discuss any of the issues mentioned in this report or have identified any inaccuracies, please do not hesitate to contact the Registration and Inspection Team.**

**Inspector:** Sharon Kaighin

**Date:** 22 July 2021

**Provider's Response**

**From:** Top Care Limited

I / we have read the inspection report for the inspection carried out on 25 June 2021 at the establishment known as Top Care Limited, and confirm that there are no factual inaccuracies in this report.

I/we agree to comply with the requirements/recommendations within the timescales as stated in this report.

**Or**

I/we am/are unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s)

**Signed**  
**Responsible Person**      **Sal Heddi**  
**Date**                              20/08/2021

**Signed**  
**Registered Manager**      **Sal Heddi**  
**Date**                              20/08/2021



**Requirements and Recommendations**

**Requirements:**

None

**Recommendations:**

None

**Provider's Action Plan**

You must complete the accompanying page in respect of all the requirements made within the report.