

Inspection Report

2023-2024

Top Care

Domiciliary Care

31 August 2023

**Under the Regulation of Care Act 2013 and
Regulation of Care (Care Services) Regulations 2013**



Isle of Man
Government
Kelleys Eilan Vannin

DHSC

We carried out this inspection under Part 4 of the Regulation of Care Act 2013 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements, regulations and standards associated with the Act. We looked at the overall quality of the service.

We carried out this announced inspection on 31 August 2023. The inspection was led by an inspector together with a colleague from the Registration and Inspection team.

Service and service type

Top Care is registered as a domiciliary care agency and a nursing agency.

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

To get to the heart of people’s experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people’s needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our key findings

We saw comprehensive documentation in place relating to the care of clients. We received positive feedback from all clients and their families about the quality of the care provided.

The areas of improvement identified related to safe recruitment, signing of client contracts, staff participation in team meetings, testing of equipment and effective systems in place when working with other providers.

About the service

Top Care is registered as a domiciliary care agency and nursing agency.

Registered manager status

The service has a registered manager. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of Inspection

This inspection was part of our annual inspection programme which took place between April 2023 and March 2024.

Inspection activity started on 27 August. We visited the service on 31 August 2023.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR), notifications, complaints/compliments and any safeguarding issues.

During the inspection

A selection of records were seen on inspection. These included service user's documentation, together with staff recruitment records. A variety of records relating to the management of the service were also viewed. We spent time with the manager discussing how the service was run.

After the inspection

We gained feedback from family members, clients and employees about their experience of using the service.

C1 Is the service safe?

Our findings:

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The service requires improvement in this area.

This service was found to not always be safe in line with the inspection framework.

Assessing risk, safety monitoring and management

A safeguarding policy was in place. We were aware of a previous safeguarding concern, and discussed this with the manager. This had been notified appropriately to the Registration and Inspection team, together with the safeguarding team. Policy and practice had changed in the service regarding the use of mobile phones. Staff were not allowed to have personal mobile phones with them whilst at work. This practice change had been cascaded to all staff, and we saw supervisions where this had been discussed. Staff told us that “by reporting the matter to management, they were able to investigate and implement different courses of action to follow and policies.”

We also saw an incident where a contract had not been signed prior to the commencement of the service. This had created issues regarding the payment for services, together with ensuring ongoing provision, and has been made an area of improvement.

Documentation for a selection of nursing and domiciliary care clients was seen on inspection.

Initial assessments, care plans and risk assessments were comprehensive. Staff told us they kept people safe “by encouraging independence and active participation. Also by monitoring and having risk assessments in place which enforce safety measures.” Medical conditions were documented, together with detailed instruction on management. A variety of risk assessments were in place for example, for equipment. Staff had received specialist training.

We saw non discriminatory practice covered in application forms. Electronic systems were in place to record staff arrival and departure times. Specialist training had been undertaken to care for clients appropriately, and staff confirmed they had been given sufficient training to care effectively. Family told us they were “completely comfortable” and had confidence in staff to provide appropriate care.

Action we require the provider to take

Key areas for improvement:

- Contracts between the provider and clients or their representatives must be signed prior to the provision of services.
This improvement is required in line with Regulation 14 of the Regulation of Care

Act

2013 - Staffing

Inspection Findings

C2 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. The service does require improvements in this area.

This service was found to not always be effective in line with the inspection framework.

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

Documentation for a selection of nursing and domiciliary care clients was seen on inspection. Initial assessments, care plans and risk assessments were comprehensive. Medical conditions were documented, together with detailed instruction on management. A variety of risk assessments were in place.

Staff support; induction, training, skills and experience

Staff had received specialist training according to client need. Evidence was in place of research being done on a specific complex condition. Staff told us “I have enough of the right training. I also believe others do too. Whenever we are introduced to clients we receive training based on their care support.”

Staffing and recruitment

We looked at recruitment records. There were several gaps in the records. We did not see evidence that all original DBS (Disclosure and Barring Service) certificates had been seen by the manager. A new certificate for employment in the service had not always been obtained. References had not always been obtained from a previous employer. If these are unable to be obtained, this needs to be fully documented.

We saw evidence of inductions, supervisions and appraisals. Staff feedback confirmed they were given the “right support” to care for individuals. Spot checks were undertaken by the manager. Staff meetings had taken place with senior staff, but no specific team meetings were seen for other staff members. Staff medication competency assessments were seen on inspection.

Action we require the provider to take

Key areas for improvement

- All recruitment checks are to be in place prior to recruitment of staff.
This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing

Team meetings to be held to involve all staff.

This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 - Staffing

Inspection Findings

C3 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. The service does not require any improvements in this area.

This service was found to be caring in line with the inspection framework.

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

Clients and their families had been fully involved in the creation of care plans. A family member told us: "() is involved at every stage of their care. Fact that () was involved at the outset is a huge part of () motivation." We saw agreement to amend visits. Clients told us that "It cannot get any better than this." Records documented how staff would interact with clients who were nonverbal, and to read body language; "we try to encourage different methods of communication suitable to their communication wants and needs." Service user's families were involved in decision making where service users lacked capacity. Examples were also in place where adjustments had been made in line with service user's wishes.

Privacy dignity and independence respected and promoted

Privacy and dignity was part of staff induction and training. Staff told us they treated people with "respect for the individuals and their values, respecting boundaries, active listening, and promoting a culture of support that promotes beneficial outcomes." Clients were given informed how the information about them was handled by the agency. Same sex workers were in place for personal care.

We saw evidence of care plans being altered to fit in with client's wishes. We also saw evidence of referral to other agencies for specialist advice.

Inspection Findings

C4 Is the service responsive?

Our findings:

Responsive – this means we looked for evidence that the service met people’s needs. The service does not require any improvements in this area.

This service was found to be responsive in line with the inspection framework.

Planning personalised care to ensure people have choice and control to meet their needs and preferences

A review was held of clients’ needs every six months or when there was a change in condition. We saw evidence where care plans had been altered in response to need. Professional advice had been sought and plans changed. Specific care routines were included in care plans.

We heard about how people were assisted to be involved in the community.

Improving care quality in response to complaints and concerns

The Client’s Guide included information on how to make a complaint. Families told us they would have no hesitation in making a complaint should they need to, and they would be assured that the manager would deal with them appropriately. No complaints had been received since the last inspection.

Inspection Findings

C5 Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. The service requires improvement in this area.

This service was not always well-led in line with the inspection framework.

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

The manager had submitted notifications appropriately. They were qualified to QCF level 5. Staff told us that "The right support is given through supervision and training."

How does the service continuously learn, improve, innovate and ensure sustainability

A variety of systems were in place including spot checks, a yearly questionnaire and care package review. Families confirmed the manager visited often to check the care package met the needs of clients.

The recruitment process has been made an area of improvement elsewhere in this report. We were not assured that the manager evidenced robust and sustainable recruitment practice.

Missed or late calls were instantly electronically notified to management. A secure electronic storage system which was password protected was in place.

There was no evidence in place of regular testing of the emergency lighting, fire alarms and firefighting equipment in line with the nursing agency requirements.

Working in partnership with other agencies

The service had liaised with Safeguarding and taken all appropriate actions. There was also evidence of working in partnership with various organisations in the provision of services.

When supplying staff to another provider, we were not assured that all required actions and robust sharing of information arrangements were in place. There were some gaps in mandatory training, it being unclear as to which provider was responsible for ensuring this was all completed.

Action we require the provider to take

Key areas for improvement

- Regular testing of the emergency lighting, fire alarms and firefighting equipment must take place in line with the nursing agency requirements.
This improvement is required in line with Regulation 21 of the Care Services Regulations 2013 – Fitness of premises for staff
- Robust arrangements must be in place regarding responsibilities for ongoing training and information sharing must be in place.
This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 - Staffing

If areas of improvement have been identified the provider will be required to produce an action plan detailing how the areas of improvement will be rectified within the timescales identified. The R&I team will follow up and monitor any actions undertaken.