

UK Top Care Limited

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Inspection report

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Date of inspection visit:

06 November 2019

07 November 2019

12 November 2019

13 November 2019

14 November 2019

Date of publication:

11 December 2019

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

About the service

UK Top Care Ltd is a domiciliary care service. The service provides personal care to people living in their own homes. At the time of the inspection there were eight people using the service.

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

The provider had not kept up to date with changes in legislation, which regulates how the service operates. The provider did not have an effective system in place to assess and monitor the service to ensure they kept up to date with good practice. This meant they were not able to continually improve the quality and safety of the service.

The provider did not have systems in place to ensure people received their prescribed medicines. People's records did not include sufficient or consistent information about the medicines they were prescribed, and the role of staff in administering them. Staff competence to administer medicines was not assessed. Staff had received training in safeguarding, however staff were not able to tell us about external organisations they could contact to report abuse.

People's safety was promoted by staff who followed guidance on how to reduce potential risk. This included the use of equipment to support people moving around their home. People were supported by sufficient numbers of staff who had undergone a robust recruitment process.

People's needs and expectations of care were assessed, and used to develop a package of care to support the person at home, which included the staff members role in promoting choice. We found 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. People's needs were met by sufficient numbers of staff and who were supported through ongoing training.

People were supported by a core group of staff, many of whom having provided care and support over several years to the same person, which had supported people in developing trusting relationships with staff. Staff reflected the cultural diversity of those using the service, who were able to meet all their needs, which included effective communication, as staff were able to converse in people's preferred language.

People and family members were involved in the development of care plans, which provided guidance for staff to enable them to provide the care and support each person had agreed was appropriate to them. However, we found care plans were not always clear as to whether staff or family members were responsible for some aspects of people's care. The provider had not received any complaints, and family members told us should they need to raise concerns, they were confident these would be addressed.

Family members spoke positively of the registered manager, saying they were approachable, and often

visited them in the family home to assure themselves of people's welfare. The registered manager sent out surveys seeking people's views of the service, which showed people were satisfied with the service they received.

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

Rating at last inspection

The last rating for this service was good (published, 5 May 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to medicine management and the governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

UK Top Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. The provider took on the dual role of the registered manager and the nominated individual. This means they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 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.

Inspection activity started on 6 November 2019 and ended on 14 November 2019. We visited the office location on 6 November 2019. We spoke with family members by telephone on the 12, 13 and 14 November 2019 by telephone to seek their views about the service. We spoke with staff by telephone on the 7 November 2019.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We looked at any notifications that the provider is required to send us by law. Notifications are changes, events or incidents that providers must tell us about. We sought feedback from the local authority who commission services. We used all of this information to plan our inspection.

During the inspection

We spoke with three relatives about their family members experience of the care their relative received. We spoke with two members of care staff, the registered manager and the consultant appointed by the provider who provided support and training.

We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Systems were not in place to ensure people received their medicines safely.
- The registered manager told us staff did not administer people's medicine, as medicine was administered by family members, however we found this not to be accurate.
- Family members and staff told us staff did in some instances administer medicine, which included the application of creams.
- People's records did not always provide information as to the medicine people were prescribed, including the name of the medicine, the dosage and times of administration. Where creams were prescribed, there was no information as to where on the person's body the cream was to be applied.
- Care plans and risk assessments for medicines did not provide clear information, and sometimes had contradictory information as to the role of staff and family members in the administration of medicine.
- A person had their medicine crushed by a family member and added to food. Staff administered the person's medicine as they assisted the person to eat. We found no evidence that medical advice had been sought to ensure that the medicine remained effective after being added to food.
- The provider did not have a system for staff to record they had administered the medicine or applied a cream.
- Staff had received training in the safe administration of medicine, however staff were not observed administering medicine to ensure they were competent to do so.

The provider did not have an effective system in place for the proper and safe management of medicines. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in safeguarding, and were reminded of their responsibilities within group supervisions.
- Staff told us they would report any concerns regarding abuse to the registered manager. However, staff were unclear as to other organisations they could contact, such as the local authority or the Care Quality Commission.

Assessing risk, safety monitoring and management

- A comprehensive assessment of people's living environment was undertaken when they were referred to the service, to identify any potential risks such as trip hazards.

- Risk assessments were undertaken with regards to people's care and support, which were regularly reviewed. For example, where equipment was used by staff to help move a person when providing personal care.
- Spot checks took place to ensure staff were using equipment safely when providing personal care.

Staffing and recruitment

- The provider had a system in place for the recruitment of staff, and checks were undertaken to ensure potential staff were suitable to work with people.
- Staff received training to promote people's safety, which included basic first aid and moving and handling people safely.
- There were sufficient staff to meet people's needs. The registered manager produced rotas on a weekly basis, which detailed the times of the visits and the number of staff required. For example, two staff supported people who required staff to use equipment to move them safely.

Preventing and controlling infection

- People's safety was promoted through the prevention and control of infection. The provider ensured personal protective equipment (PPE), such as disposable aprons and gloves, were available and used by staff when supporting people with personal care.
- Spot checks took place to ensure staff were following infection control procedures when attending people's care.

Learning lessons when things go wrong

- The registered manager informed us no accidents or incidents had occurred.
- There had been no investigations carried out by external organisations such as the local authority who commission services, or the provider.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 to ensure people received good outcomes. The registered manager met with people to undertake a full assessment, following initial information provided by commissioners. This was confirmed by family members we spoke with.
- The assessment looked at people's physical and mental well-being, level of independence, their preferences, social circumstances, communication needs and dietary requirements.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills, knowledge and experience to meet their needs. Staff received training in key areas during their induction. As part of their probationary period staff attained the Care Certificate. The Care Certificate covers an identified set of standards, which health and social care workers are expected to implement, to enable them to provide safe and effective care.
- Staff induction included being introduced to people they would be supporting and working alongside experienced staff.
- Staff received support which included refresher training in key areas. Staff were supported through group supervision as part of the training provided by an external trainer.
- Spot checks took place to observe and assess staff competence to deliver safe and effective care, however this did not include medicine administration.

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

- Care plans provided guidance for staff about people's dietary requirements, where support was required.
- Family members confirmed staff provided support to their relative with eating and drinking, reflective of their culture and religion.

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

- People's records provided information as to their health care needs, which included information about diagnosed health conditions.
- A family member told us the registered manager had been supportive in contacting health care professionals to organise an assessment, as their relatives' needs had changed.

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 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 make 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People or their family member had signed documentation consenting to the care being provided by the staff of UK Top Care Ltd., as detailed within their care plan.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Staff were knowledgeable about the people they cared for, and knew their individual needs and preferences.
- Family members spoke of the kind and caring relationships developed between staff and their relative, often over several years, as their relative had been cared for by the same staff. A family member told us, "My [relative] had had the same carer for many years, they have a lovely relationship."
- People were supported by staff who reflected the cultural diversity of those using the service. This meant staff were able to speak with people in their first language, and support other needs by preparing and cooking food choices based on their preferences.

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

- People and family members were involved in the development of their care plan, and made decisions about their specific care needs on a daily basis.
- Family members told us staff arrived on time and stayed the agreed length of time of the visit.
- Family members said they had regular contact with the care staff, which provided an opportunity to share any information about changes in need or well-being of their relative.
- Staff told us their rota schedules were developed to ensure there was sufficient time to provide the appropriate support and care for people, which included travel time between visits.

Respecting and promoting people's privacy, dignity and independence

- People's care plans provided guidance for staff on the promotion of people's privacy and dignity. Our discussions with staff showed people's privacy and dignity was a key consideration when providing personal care.
- Staff rotas developed by the registered manager ensured people were supported by staff who understood their needs, and who are able to meet all aspects of their care, reflective of the Equality Act.
- People's records contained a signed document acknowledge their understanding of how information would be stored and shared in line with the General Data Protection Regulation (GDPR).

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 outcome focused and personalised, as they had been written with the involvement of the person, and in some instances a family member. Care plans were signed by the person, or their representative.
- People's records included key information about their lives, for example information about their family. This enabled staff to better understand people's needs, and have topics of interest to refer to promote conversation.
- Family members were positive about the care their relative received. A family member told us, "My [relative] as a client is very satisfied with the care they are given."
- People's care plans were not consistently clear as to who was responsible for the provision of care. For example, care plans for medication and the provision of meal times, sometimes stated both family members and staff were responsible. This was discussed with the registered manager, who confirmed they would review care plans to ensure they provided clear guidance for staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's records identified specific communication needs, which included their preferred language, along with information about hearing or sight loss.
- Care plans provided guidance for staff about how to support people's communication needs. For example, for a person who had a hearing impairment, staff were to speak to the person clearly, and facing them.
- Verbal communication between the registered manager, people using the service, family members and staff, were conducted in Gujarati.

End of life care and support

- The provider was not supporting people with end of life care at the time of the inspection. People's records included information about their next of kin and general practitioner in case staff needed to contact someone in an emergency.
- People's care plans referenced if a person had a DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) in place.

Improving care quality in response to complaints or concerns

- The registered manager informed us the service had not received any complaints or concerns.
- Family members told us they had not had cause to make a complaint. All said they were confident that should they raise any concerns with the registered manager, they would be addressed.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had not kept up to date with changes in legislation. The provider was not aware of the Health and Social Care Act 2008, and the Key Lines Of Enquiry (KLOE's) used by the Care Quality Commission (CQC) to determine whether people received a service which was safe, effective, caring, responsive and well-led.
- The provider did not have in place a system to keep up to date with good practice guidance, and the registered manager was unable to evidence potential sources to where this could be accessed.
- The provider did not have a system in place to share information with staff, and to review the quality of the service being provided, for example through team meetings. This meant staff ability to contribute and influence the service was limited.
- The provider did not have an effective system to support staff through supervision. Group supervisions were held by the trainer. However, there was no planned schedule as to when these took place.
- There was no evidence to demonstrate the points discussed in group supervisions were shared with the registered manager, or that any issues identified were acknowledged or addressed.
- The provider did not have in place an effective system to assure themselves about the quality of the service, in order to identify issues and make improvements. For example, audits were undertaken on daily notes completed by staff detailing people's personal care and support. These audits had failed to identify staff were administering people's medicine, which was inconsistent with the registered manager's understanding, that staff were not supporting people with their medicine.
- Policies and procedures had been reviewed, however the review process had failed to identify these referenced out of date legislation for the regulation of services by the CQC, which the policies and procedures were aligned to.

The provider did not have an effective system in place to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff spoke positively of the support they received from the registered manager, they told us they were available by telephone if they had any concerns, and were available to speak with when they went to the office.

- The provider had a business continuity plan in place, which detailed how people's needs were to be met in the event of an emergency, for example if the service experienced a utility failure or a flood.

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 advised no incident or accidents had taken place, and therefore there had been no notifiable incidents which required reporting to the CQC and other agencies. Therefore, no incidents had taken place which met the criteria under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, truthful information and a written apology.

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

- People's views were regularly sought about the quality of the service. A survey was sent to people, or their family members. Surveys evidenced people were happy with the care and support they received.
- Family members spoke positively of the registered manager, and told us they visited their relatives and themselves in the family home, spending time with them and asking them about the service, and general enquiries about their well-being. A family member told us, "My [relative] is happy with the service, [registered manager] visits them at home."
- Family members told us the service had been recommended to them by people they knew, who knew the registered manager or used the service themselves.

Working in partnership with others

- The provider worked with commissioners of local authorities, and health care professionals when people's needs changed and their package of care needed reviewing, to ensure their continued needs were met.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure people who use the service were protected from unsafe practices relating to their prescribed medicines.</p> <p>People's records did not detail the medicine they were prescribed, the dosage, frequency and time of administration.</p> <p>People's records did not clearly outline staff's role and responsibility in supporting people with their medicine.</p> <p>A system for recording the administration of people's medicine by staff was not in place.</p> <p>Staff's competence to administer medicine was not assessed, and kept under review.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have systems or processes in place to assess, monitor and improve the quality and safety of the service.</p>