

## Top-Care Support Service

Honeysuckle Cottage  
Tore Achilrty Farm  
Contin  
Strathpeffer  
IV14 9EG

Telephone: 07483 881 981

**Type of inspection:**  
Unannounced

**Completed on:**  
26 August 2021

**Service provided by:**  
Maxine Worsfold

**Service provider number:**  
SP2020991073

**Service no:**  
CS2020378908

## About the service

Top-Care is a care at home service registered to provide a service to adults with physical needs in their own homes. The service operates in the Mid Ross-shire and Inverness city areas.

The service is provided by Maxine Worsfold, a sole trader. The provider is also the registered manager of the service. The service was first registered on 16 June 2020. This was the first inspection of the service since registration.

## What people told us

We spoke with two people who use the service and one relative. Feedback was generally positive about the service they received from Top-Care, however they emphasised that the service was new to them and they had only recently started using the service. Comments included:

- It was a bit shaky at first but that was a few weeks ago, its fine now;
- The staff take their time and I enjoy the craic;
- I'm not always sure who is coming but they always come;
- Its good so far;
- We could not cope without the service;
- No issues with the care from Top-Care;
- They are courteous and seem to have plenty time to do what's needed;
- They phone if they are going to be late;
- They always wear masks and aprons and they wash their hands;
- The carers always bring a smile to my face even when I'm feeling down;
- I think they listen to me and they care about me.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	2 - Weak
How good is our leadership?	1 - Unsatisfactory
How good is our care and support during the COVID-19 pandemic?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

**2 - Weak**

We evaluated the service to be performing at a weak level. While we could identify a number of strengths, these were compromised by significant weaknesses.

Although the service had been registered for over a year, the staff team were very new to the service and the people they supported had only recently starting using this service. Initial feedback from people experiencing care was generally positive. People told us that the carers were respectful and did not rush or hurry them, and called ahead if they were going to be late. One person spoke about the understanding and compassion she experienced from staff during a difficult period.

Information in personal support plans was very limited and we were not assured that people's health, safety and wellbeing needs were fully assessed, or that their choices and preferences were reflected in their care plan. This means that people were not put at the centre of care planning in a way that promotes their independence, choice and dignity.

We found risk assessments for people were not consistently completed. Only one personal support plan we sampled included detailed risk assessments to guide staff on delivering safe support. However there were also areas of risk, where the risk assessments remained blank. In other support plans we saw some references to areas of risk but these were not supported by a detailed risk assessment to promote people's safety. For example, how to help people keep their skin healthy when they required support with continence. This meant that the factors that mitigate or accentuate risks to people's health and wellbeing are not clearly identified or communicated to identified health professionals. (See requirement 1)

The service used an electronic system for storing personal support plans. This enabled staff to have an up-to-date copy of each person's support plan on their phones with hard copies of these documents kept in the office. It would be good to see more personalised information about people's unique personal history and what is relevant to that person. This helps carers to get to know the person they are supporting and in turn helps people feel valued and respected as individuals. (See area for improvement 1)

Because of the limited information in the support plans and a lack of documentation, we could not see that people's views or preferences were sought or included in their personal support plans. (See area for improvement 2)

One of the documents we viewed during the inspection demonstrated a clear lack of understanding and respect for the home life of the supported person, their dignity and privacy. (See area for improvement 3)

We were aware that some of the initial six week reviews had recently taken place, but we did not find minutes of these in people's files, or evidence that support had changed for any individual as a result of the review. (See requirement 2)

From the feedback we received, people experiencing care reported that visits could be variable and inconsistent with some finding the morning visits too late for them. This means that people's usual routines were not supported as well as they could be and they did not get the support they needed when expected.

One of the incident records we viewed indicated a potential protection issue, however, we did not find any evidence that the issue had been brought to the manager for discussion or referred to Social Work under Adult Support and Protection procedure. This raised concerns with regards to the understanding of staff and the manager/provider about their role in identifying and reporting concerns about the safety and wellbeing of people. (See requirement 3)

Most staff are expected to prompt, assist and some staff administer medication for the people they support. However we found no information in policies, procedures or support plans to clarify what that

actually means for each individual or what staff can and cannot do to support people to take their medication safely. (See requirement 4)

We found that personal support plans for people who needed some level of support with their medication was often blank. In these circumstances, we could not see any information to guide staff on how to support people appropriately so they retained as much independence in this area, whilst ensuring support met their needs. (See requirement 5)

Training records we saw showed records for two staff for on-line training on 'Assisting with medication'. This training had been undertaken on the same day as a number of other training courses whilst they were employed by a different organisation. This means that the provider/manager could not be confident that her staff were competent to deliver support for people with their medicines. It is the provider's responsibility to assess a care worker's competence to give medicines to the people they care for. Assumptions as to competence should not be made based on that care worker's previous experience. (See requirement 6)

**An improvement notice was issued on 31 August 2021. A timescale of 12 October has been set for the provider to meet the requirements that ensure that people's health, safety and wellbeing needs are met by a service that is safely staffed and well led.**

## Requirements

1.

**By 12 October 2021**, you must ensure that people's health, safety and wellbeing needs are accurately assessed, documented, met, and effectively communicated between all relevant staff. This means putting the person at the centre, identifying what is important to them, and ensuring that everyone is working together to maximise their health, safety, and wellbeing. In particular you must:

- a) assess and record people's health, safety, and wellbeing needs within their care plan, taking account of their choices and preferences.
- b) ensure that any risks to a person's health, safety or wellbeing are identified, managed, and clearly recorded as part of the care planning process and that they are protected from harm.
- c) ensure that each person's health and wellbeing is consistently monitored and evaluated to inform the level of care required.
- d) assess the quality of the care provided to people through observation of their care experiences, and other relevant evaluation and review processes, such as, but not limited to, quality audits, external feedback, and care reviews. All observations must be documented.

This is in order to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.' (HSCS 4.14); and

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulations 3, 4(1)(a) and 5.

**2. By 12 October 2021**, the provider must ensure the health and wellbeing needs of people experiencing care can be fully met. In particular you must:

- a) ensure there are complete records of any review of people's personal support plans.
- b) ensure that following a review, the personal support plans for people are updated.
- c) ensure the person experiencing care and/or their representative, receive written confirmation of any changes made to their personal support as a result of the review.

This is in order to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My future care and support needs are anticipated as part of my assessment.' (HSCS 1.14); and

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulation 5(2)(b),(c)&(d) (Personal plans) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

3.

**By 12 October 2021**, the provider must ensure the safety and wellbeing of people experiencing care can be fully met. In particular you must:

- a) develop a written policy and procedure that clearly sets out how the service will protect people experiencing care from harm, abuse, neglect and exploitation
- b) ensure the written procedure includes the steps staff must take to record and inform the manager/team leaders of their concerns and the referral process
- c) ensure that all staff receive training in relation to adult support and protection
- d) ensure that the adult support and protection training is part of the core training and will be updated regularly.

This is in order to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20); and

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulation 4(1)(a) &(b) (Welfare of users)

4.

**By 12 October 2021**, the provider must ensure the health, safety and wellbeing needs of people experiencing care can be fully met. In particular you must:

- a) develop a robust policy and procedure for managing, administering and recording medicines for people experiencing care
- b) ensure that the policy details the types of support staff can and cannot provide
- c) the training that staff must complete before they can administer medication
- d) how staff competency in administration of medicines will be assessed and how often it will be reviewed
- e) details the medication administration records staff must complete, including for over the counter medicines and homely remedies
- f) ensure that the policy and procedure takes account of good practice in managing medicines in home care settings.

This is in order to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulation 4(1)(a) (Welfare of users)

5.

**By 12 October 2021**, the provider must ensure the health, safety and wellbeing needs of people experiencing care can be fully met. In particular you must:

- a) complete personal support plans in relation to support needs for medication
- b) ensure that support with topical medication, drops and over the counter medicines is fully detailed in the support plan
- c) records of administration for all medicines are completed, including those for topical medicine, drops and over the counter medicine.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience high quality care and support because people have the necessary information and resources.' (HSCS 4.27); and

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulation 4(1)(a) (Welfare of users)

6.

**By 12 October 2021**, the provider must ensure the health, safety and wellbeing needs of people experiencing care can be fully met, the provider must:

- a) ensure that staff receive training on managing and administering medication
- b) ensure that staff are assessed as competent to administer medication to people they support.
- c) regularly review and assess staff practice in medication to ensure their competency is sustained.

This is in order to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14); and

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulation 15(a) &(b)(i) (Staffing)

## Areas for improvement

1. The provider should ensure that all relevant details about the person is included in their personal support plan. This should include their personal life histories and any previous experiences that may have an impact on them.

This is in order to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me.' (HSCS 3.4)

2. The provide should ensure that people's views, choices and preferences are included in their personal support plan.

This is in order to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15)

3. The provider should ensure that all staff receive training on core values that support respect for people's individuality and rights.

This is in order to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am accepted and valued whatever my needs, ability, gender, age, faith, mental health status, race, background or sexual orientation.' (HSCS 1.1)

## How good is our leadership?

### 1 - Unsatisfactory

We found the service's performance was unsatisfactory. This evaluation applies where there are major weaknesses in critical aspects of performance which require urgent remedial action.

We did not see any company policies or procedures including a complaints procedure. The provider/ manager could not provide us with any policies at the inspection visit and despite repeated requests we still have not received these. This means that there is no consistent framework for staff to work to, which would support safe practices for care staff and people experiencing care. **(See improvement notice)**

There was little evidence of systems in place to monitor service delivery and performance. Quality assurance processes including self-evaluation, quality audits and improvement plans were either missing or ineffective.

The service did not have an appropriate recording system for accidents and incidents. Notes of these events showed a description of the event without an evaluation or any follow up action taken. This means that there was no robust audit trail for accidents and incidents that records any actions taken or otherwise to mitigate risk of recurrence or to assess if any harm was sustained by the person. Potential protection issues

were not recognised and we could not evidence that the provider/manager or staff were knowledgeable with regards to their responsibilities to report and refer protection concerns.

The provider/manager had failed to make appropriate notifications to the Care Inspectorate. This means that there was little oversight on how the service was performing, which increases the potential for poor outcomes for people's health and wellbeing. **( See improvement notice)**

We saw that all staff had recently been recruited and we sampled all four staff files. We found that staff recruitment did not follow safe recruitment practices. For example:

- Not all files contained an application form and where these were in place they had not been completed
- Files did not contain an evaluation of the interview that would indicate suitability for the post or detail any previous experience
- Disclosure records and PVG scheme membership records were out-of-date and at the time of our visit still had not been updated
- ID checks did not consistently include acceptable evidence for proof of residence
- References were not always received from the last employer and mostly were character references. We were concerned that the provider/manager had not used information in a professional reference to make a safe recruitment decision.
- There was no record of induction. Staff told us they had been given a handbook but had no time to read it.
- No records of registration numbers or checks of professional registers had been completed.

**(See improvement notice)**

Staff we spoke with confirmed that they had not been through an induction process nor had they received essential training that would support staff in delivering safe care and support for people; in particular the assisting people to move and transfer safely. The provider/manager assured us that one of the staff was a trainer for moving and assisting, but we could not see evidence to support this in the staff file. The provider/manager confirmed that at that the time of our visit, training on moving and assisting people had not been delivered to staff since they had started their current employment. This means that staff competence in this area could not be assured and potentially put people experiencing care at significant risk. **(See improvement notice)**

**An improvement notice was issued on 31 August 2021. A timescale of 12 October has been set for the provider to meet the requirements that ensure that people's health, safety and wellbeing needs are met by a service that is safely staffed and well led.**

## Requirements

**1. By 12 October 2021,** the provider must ensure people experience a service that is well led and managed. You must support better outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes. In particular you must:

- a) put in place policies and procedures that set out how the service will be provided. These must demonstrate that the service provision complies with relevant legislation and the health and social care standards. This must include, but is not limited to, safe recruitment; staff development and support; care planning; and quality assurance.
- b) improve recording and reporting systems; ensuring that they comply with your legal responsibilities, including submission of notifications to the Care Inspectorate in accordance with its notification guidance.



- c) implement a system that provides robust oversight of accidents and incidents; including, but not limited to, ensuring timely and appropriate action is taken to protect people from harm and improve the quality of their care.
- d) effectively assess the service's performance; and where areas for improvement are identified, implement specific, measurable, achievable and time-framed action plans that result in better outcomes for people.
- e) have a robust process in place to listen to and take seriously people's concerns, and to recognise and respond when people may be unhappy.

This is in order to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.; (HSCS 4.19); and

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulations 3 and 4(1)(a)

**2. By 12 October 2021** people receiving care must be protected from harm, with their care and support provided by staff that the provider has safely recruited. In particular you must:

- a) implement an effective recruitment process that ensures staff have the knowledge and skills that are necessary to provide safe, high-quality care, and that they are fit to practise.
- b) complete outstanding preemployment checks for existing staff in line with current safe recruitment guidance.
- c) keep records for each member of staff that demonstrates their suitability for the post they hold, and that you have recruited them following a process that meets current safe recruitment guidance.

This is in order to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am confident that people who support and care for me have been appropriately and safely recruited.' (HSCS 4.24)

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulations 9(1) and 9(2)(b)

**3. By 12 October 2021**, people receive care that meets their health, safety and wellbeing needs in a way that promotes their dignity, choice and independence. You must ensure that your staff are trained, competent and skilled. In particular you must:

- a) implement an effective system that enables newly appointed and existing staff to gain, maintain and develop the necessary knowledge and skills to provide safe high-quality care that is based on relevant guidance and best practice. This must include, but is not limited to, the following: meeting people's mobility needs; administering medication; preventing and controlling the spread of infection; and recognising and responding to when people may be unwell, unhappy or at risk of harm.
- b) create and keep up-to-date, an accurate record of all staff training.
- c) implement an effective system to assess the quality of care staff provide to those experiencing care, and the knowledge, skills and values of staff providing care. This must include, but is not limited to, observation of practice, staff supervision and reflective practice.

This is in order to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14); and

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulations 4(1)(a) and 15(b)(i)

## How good is our care and support during the COVID-19 pandemic?

**2 - Weak**

### 7.2 Infection control practices support a safe environment for both people experiencing care and staff

We evaluated the service to be performing at a weak level. While we could identify a number of strengths, these were compromised by significant weaknesses.

We could see that the service had a sufficient supply of personal protective equipment (PPE) for staff. Stock was held in the office but staff told us that they also have a stock of PPE including alcohol based hand rub (ABHR) in their own homes for use in the course of their work. People experiencing care and relatives we spoke with told us that staff were in the habit of washing their hands when they came into the house and before starting to deliver their care and support.

Staff described the process of using PPE including donning/doffing and safe disposal. However these were not totally consistent with guidance from Public Health. Staff confirmed that they had not received training in relation to the use of PPE. (See area for improvement 1)

Testing was in place and staff confirmed that they undertook weekly Lateral Flow tests. However they were not aware of the requirement to enter the results on the NHS-Covid-19 Portal and the manager did not record test results. This meant that the testing process was not robust and did not offer assurance. (See requirement 1)

### 7.3 Staffing arrangements are responsive to the changing needs of people experiencing care

Staffing was strained and recruitment challenging, however the small staff group helps to minimise footfall in people's homes and reduce risk.

The service did not have a formal staff contingency plan to enable continuity of service delivery in the event of an outbreak. The provider/manager informed us that staffing agency would be contacted to supplement staff however acknowledged that previous attempts to secure agency staff had been unsuccessful. This meant that in the event of a staff outbreak the service would be very vulnerable. (See requirement 2)

Staff told us they had not had specific training in relation to Covid-19, but had been given information on infection prevention and control and Covid-19. However they confirmed they had not had time to read this. We saw two incomplete staff observation records which lacked evaluation. We were not assured that staff were competent in infection prevention and control practices to deliver safe care.

We have made a requirement about this under **Key Question 2 How good is our leadership?**

An improvement notice was issued on 31 August 2021. A timescale of 12 October has been set for the provider to meet the requirements that ensure that people's health, safety and wellbeing needs are met by a service that is safely staffed and well led.

## Requirements

1. **By 12 October 2021**, the provider must ensure that people's health, safety and wellbeing needs are protected; in particular you must:

- a) implement a robust system for regular testing of staff for Covid-19
- b) record the results of Covid-19 tests undertaken by staff.
- b) upload test results to the NHS-Covid-19 Portal

This is in order to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I use a service and organisation that are well led and managed.' (HSCS 4.23); and

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulation 4(1)(d) (Welfare of users)

2. **By 12 October 2021**, the provider must ensure that people's health, safety and wellbeing needs are protected; in particular you must:

- a) develop a robust staff contingency plan to ensure continuity of service in the event that staff are absent as a result of illness, self-isolation or exclusion following a positive Covid-19 test.
- b) ensure there are a range of options for accessing suitably trained and vetted staff to augment staffing levels when staffing is likely to be low.

This is in order to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation.' (HSCS 4.15); and

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulation 15(a) (Staffing)

## Areas for improvement

1.

The provider/manager should ensure that staff have access to the latest public health guidance in relation to Covid-19 infection prevention and control.

This is in order to comply with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14)

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	2 - Weak

How good is our leadership?	1 - Unsatisfactory
2.2 Quality assurance and improvement is led well	1 - Unsatisfactory

How good is our care and support during the COVID-19 pandemic?	2 - Weak
7.2 Infection prevention and control practices are safe for people experiencing care and staff	3 - Adequate
7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care	2 - Weak

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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