

Top-Care Inverness LTD Support Service

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Type of inspection:
Announced (short notice)

Completed on:
11 October 2023

Service provided by:
Top-Care Inverness Ltd

Service provider number:
SP2022000198

Service no:
CS2022000293

About the service

Top-Care Inverness LTD is a care at home service provided to people with support needs in their home. The service provides support to people living in the Mid-Ross, particularly the Black Isle area. Top-Care was supporting more than 20 people at the time of our inspection.

The service aims to provide a high standard of care and support to every service user.

About the inspection

This was an unannounced follow-up inspection which started on 28 September 2023 at 07:30. The inspection was carried out by three inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 12 people using the service and 12 of their family
- spoke with three staff and management
- observed practice and daily life
- reviewed documents
- spoke with three professionals.

Key messages

- Staff were recruited safely and offered an appropriate induction.
- People were unhappy with the way their visit times were managed.
- The provider needed to improve the way they handled complaints.
- The provider needed to improve staff training.
- People and/or their family, wanted to have more information about the support being offered on a day-to-day basis.

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 good is our staff team?	2 - Weak
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Further details on the particular areas inspected are provided at the end of this report.

How good is our staff team?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

We had concerns about moving and assisting training and staff competence assessments in this important area of practice. This was evidenced in our discussions with professionals, staff, and people using the service, and from our own observations and conversations with the manager. Managers within the service did not demonstrate a clear understanding of their responsibilities to ensure that moving and assisting training complied with good practice guidance. This put people's health and wellbeing at risk.

Training provided to staff on moving and assisting consisted of online training and opportunities to directly observe more experienced staff supporting people. Staff were not being provided with practical 'hands-on' training. Senior staff had completed an online 'train the trainer' course on moving and assisting but we had concerns about the value of this training and the need to regularly assess the trainer's knowledge and competency in this area. This meant that staff's knowledge and skills may not be based on current best practice and, therefore, has the potential to impact on people's outcomes and put their health and wellbeing at risk. We advised managers to consider the Scottish Manual Handling Passport Scheme guidance and to make use of support available from relevant professionals within NHS Highland.

Whilst the service used templates for recording staff competency in moving and assisting practice, recording on these was poor and inconsistent. We saw that, where there were concerns about the competence of individual staff, recording of assessments needed to be updated to reflect what was happening with actions taken. This indicated that someone whose practice was not safe was permitted to carry on delivering care without these issues being addressed. The service needed to develop a protocol for moving and assisting training so that all staff accessed a range of training and were assessed as competent during their induction.

This needed to be urgently addressed to ensure that people had confidence in staff because they are trained, competent and skilled, and are able to reflect on their practice. As the potential for harm to people's safety and wellbeing is significant, we have made a requirement about moving and assisting training and development. **(See requirement 1)**

Requirements

1. By 31 December 2023, the provider, must ensure effective management arrangements in relation to moving and assisting people are in place that comply with current legislation and guidance, and protects people's health, wellbeing and safety.

In order to achieve this, the provider must ensure:

- a) moving and assisting training complies with good practice guidance;
- b) training is delivered by competent professionals with an accredited qualification in moving and assisting;
- c) staff competency in moving and assisting people is assessed following training and at regular intervals after initial training; and

d) staff training on moving and assisting people is refreshed regularly in accordance with good practice guidance.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which states 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).

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 10 August 2023, the provider, must ensure that people receive care and support where they feel respected and valued.

To do this, the provider must, at a minimum, ensure:

- a) that any complaints are recorded in line with the complaint's guidance, and that they are investigated, and handled with respect and compassion;
- b) that feedback is given about the outcome of the complaint; and
- c) that any interactions had between the provider and people they support, or family members are respectful, professional, and compassionate.

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

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

'I experience care and support where all people are respected and valued' (HSCS 4.3); and

'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me' (HSCS 4.21).

This requirement was made on 29 June 2023.

Action taken on previous requirement

There was little progress in meeting this requirement. Some progress was made in administrative management of complaints documentation. However, there needed to be significant improvement in how complaints were logged and investigated, with outcomes clearly recorded and communicated to all parties.

The requirement has not been met and, therefore, we have repeated the requirement with an extended timescale of 31 December 2023.

Not met

Requirement 2

By 31 August 2023, the provider, must ensure that people's care and support meet their needs and is right for them.

To do this, the provider, must at a minimum, ensure:

- a) that they evaluate the effectiveness of their care schedules. This is to highlight ways to improve these, so that they become more stable and deliver consistent care at a time agreed with the person and NHS Highland;
- b) that they continually assess planned visit times, and duration of times spent on visits, to identify if there are any issues that need to be looked at. This is to minimise the detrimental impact on people's experiences; and
- c) that they review their contingency arrangements and communicate these with people they support. This is to keep people informed.

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

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

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23); and

'My care and support meets my needs and is right for me' (HSCS 1.19).

This requirement was made on 29 June 2023.

Action taken on previous requirement

There was little progress in meeting this requirement. The service needed to assess the effectiveness of its care scheduling. Communication of changes to people's support remained inconsistent and required improvement. More needed to be done to ensure there was robust contingency planning in place.

The requirement has not been met and, therefore, we have repeated the requirement with an extended timescale of 31 December 2023.

Not met

Requirement 3

By 31 August 2023, the provider, must ensure that service users experience a service which is well led and managed, and which results in positive outcomes for service users through a culture of continuous improvement.

To do this, the provider must, at a minimum, ensure:

- a) that staff are led, directed, and supported by skilled, and compassionate leaders. This is supported by clear roles and responsibilities between the provider and the manager; and
- b) that the care service users experience is effectively monitored to ensure that it meets their needs.

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

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

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

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

This requirement was made on 29 June 2023.

Action taken on previous requirement

There was little progress in meeting this requirement and the service needed to clarify roles and responsibilities within the management team. This continued to impact upon the service's capacity to properly manage its quality assurance activities to deliver service improvement. The service had not developed systems to assess how people experience the support they received, to contribute to service improvement.

The requirement has not been met and, therefore, we have repeated the requirement with an extended timescale of 31 December 2023.

Not met

Requirement 4

By 31 August 2023, the provider, must ensure they explain to people how they manage their data, and that they are offered choices to best suit their needs and preferences.

In order to do this, at a minimum, the provider must ensure:

- a) that they review their data consent form, to detail the ways in which they manage people's information. This should include the use of an electronic care planning system;

- b) that they explain to people the choices available to them, enabling them to identify how they prefer their information to be accessed. For example, to have a paper care plan and paper daily care notes, or to use the electronic care planning system;
- c) that following these decisions with people and/or their family/legally appointed guardians, these preferences are listed within people's service agreements;
- d) that people's visit times are accurately recorded, within their service agreements; and
- e) that these arrangements are reviewed on a regular basis, or when needs change for the person.

This is to comply with Regulation 5(2)(a) (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'I receive and understand information and advice in a format or language that is right for me' (HSCS 2.9).

This requirement was made on 29 June 2023.

Action taken on previous requirement

There was little progress in meeting this requirement. The service had reviewed its data consent forms but relatives were still having difficulties in accessing daily recording within the digital support planning system. Information within people's paper support plans required updating and more information about people needed to be recorded. The service needed to do more to evidence people were being offered choices and that service agreements contained more detailed information about visiting times.

The requirement has not been met and, therefore, we have repeated the requirement with an extended timescale of 31 December 2023.

Not met

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To ensure that people's medication is handled according to best practice guidance, the provider and NHS Highland should work together to identify solutions where this is not the case.

This is to ensure that 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); and

'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18).

This area for improvement was made on 29 June 2023.

Action taken since then

We saw that there were improvements in how people's medication was being managed.

We consider this area for improvement has been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com

Detailed evaluations

How good is our staff team?	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak

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