

# Inspection Report

31 March 2022



## Top Class Nursing Services

Type of service: Nursing Agency  
Address: 1 Castle Street, Portadown, Co. Down, BT62 1BA  
Telephone number: 028 4176 1100

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Top Class Healthcare Ltd	<b>Registered Manager:</b> Mrs Laura Mary Bridget Lavery - withdrawn
<b>Responsible Individual:</b> Ms Acknowledge Ngwena	<b>Date registered:</b> Withdrawn
<b>Person in charge at the time of inspection:</b> Ms Acknowledge Ngwena	
<b>Brief description of the agency operates:</b>  This is a nursing agency which supplies nurses to independent sector nursing homes and residential homes.	

## 2.0 Inspection summary

An inspection of Top Class Nursing Services was undertaken on 31 March 2022 between 10:15 a.m. and 5:05 p.m. by two care inspectors.

Enforcement action resulted from the findings of this inspection.

We identified concerns in relation to the process for the recruitment of staff, safeguarding practices, monitoring of staffs' registrations with the Nursing and Midwifery Council (NMC), safeguarding training and the governance, management and oversight by the Responsible Individual had fallen below the required regulations and minimum standards. Based on the evidence and feedback from the service users, RQIA was not sufficiently assured that this agency had been well led by the Responsible Individual.

Given the concerns raised, a meeting was held on 24 May 2022 with the intention to serve five Failure to Comply Notices under the Nursing Agencies Regulations (Northern Ireland) 2005, in relation to:

- Regulation 7 – relating to the Responsible Individual ensuring staff are registered with the NMC
- Regulation 12 – relating to staff recruitment and selection
- Regulation 14 – relating to safeguarding training for staff
- Regulation 18 – relating to safeguarding practices
- Regulation 20 – relating to the review of the quality of service provision

At this meeting the Responsible Individual discussed the actions they had taken since the inspection to address these shortfalls and provided an action plan with assurance to confirm how these deficits would be addressed. RQIA was provided with an assurance of the actions the Responsible Individual had in place to check the registrations of the nurses and ensure compliance with Regulation 7 of The Nursing Agency Regulations (Northern Ireland) 2005. However, we were not assured that the other deficits would be managed in a sustained manner.

Based on the lack of assurances received, the following four Failure To Comply notices were issued under The Nursing Agencies Regulations (Northern Ireland) 2005:

FTC000182 – staff recruitment and selection

FTC000183 – safeguarding training for staff

FTC000184 – the process for safeguarding service users

FTC000185 – quality monitoring reports and the oversight of the Responsible Individual

The enforcement policies and procedures are available on the RQIA website at [https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

The Responsible Individual and the acting manager are required to demonstrate compliance with these regulations on or before 27 August 2022. Actions required to be taken are detailed in the FTC notices. For this reason, these are not included in the QIP.

RQIA will continue to monitor and review the quality of service provided by Top Class Nursing Services. It should be noted that continued non-compliance may lead to further enforcement action.

Five further areas for improvement were identified in relation to the management of complaints, supervision of staff, accurate and up to date list of service users and staff, monitoring of staffs' registrations with the NMC and training in relation to Dysphagia.

Comments received from service users and nurses are included in the main body of this report.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report and written and verbal communication received since the previous care inspection.

The inspection focused on contacting the service users and staff to find out their views on the agency and reviewing relevant documents relating to the agency's governance and management arrangements. This included checking how registered nurses' registrations with the NMC were monitored by the agency.

We discussed any complaints and incidents during the inspection with the Responsible Individual and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 20.

Information was provided to service users, staff and other stakeholders to request feedback on the quality of service provided. This included an electronic survey to enable staff and service users to provide feedback to the RQIA.

The findings of the inspection were provided to the Responsible Individual at the conclusion of the inspection.

#### 4.0 What people told us about the agency?

The information provided by service users indicated that there were some concerns in relation to the agency. Staff told us that they were happy with the support provided by the nursing agency.

##### Staff comments:

- "I feel I am very much supported."
- "I am mostly given my shifts in advance."
- "I found my training and induction to be good with Top Class."
- "I have completed DoLS and Dysphagia training. This was not by Top Class but in my place of work."
- "I have regular supervision, the most recent being a few days ago, prior to this, supervision was a very long time ago."

##### Service users' comments:

- "I find Top Class to be generally reliable, but sometimes they let us down."
- "We receive profiles of the agency nurses which includes a picture; however we sometimes need to chase this up with Top Class."
- "We have block booked one nurse. We have reported one medication error and believe that the follow up was adequate."
- "We did not receive a complaints procedure."
- "They are good; the nurses are very good. No complaints. Very responsive."
- "On occasions we have had to make follow up requests for a photograph of the nurse as it is not on their profile."
- "The quality of the staff hasn't been good. The communication ability of the staff is poor. They are unreliable and do not follow direction to follow the care plans."
- "Top Class are only used as a last resort, we try not to use this service."

## 5.0 The inspection

### 5.1 What has this agency done to meet any areas for improvement identified at or since last inspection?

The last inspection of the agency was undertaken on 19 August 2021 by two care inspectors; no areas for improvement were identified.

## 5.2 Inspection findings

### 5.2.1 Are there robust systems in place for staff recruitment?

The review of staff records identified deficits in the recruitment processes. Whilst two references had been received for each staff member, concerns were identified in relation to the references not being consistently sought from the staff member's last employer. This meant that the agency would not be aware of any performance issues or any safeguarding issues the nurse may have been involved in. In another record, one reference was not recent as the nurse had provided an employer from 2014. In two recruitment records, the nurses had supplied the contact details of their relatives as referees. This was discussed with the Responsible Individual who advised they were not contacted and alternative references sought; however there was no evidence that this was the case. There were gaps in employment in four recruitment records. There were no explanations of these gaps in three of the files and an inaccurate explanation obtained by the Responsible Individual in the fourth record. One recruitment record indicated there were restrictions on a nurse's practice, by way of supervision whilst on shift. There was no evidence of any discussion or follow up to ascertain the reasons for this. These shortfalls were discussed with the Responsible Individual during the meeting on 24 May 2022; actions to address these deficits are included in the FTC notice issued under Regulation 12 of The Nursing Agency Regulations (Northern Ireland) 2005.

Nurses were provided with training appropriate to the requirements of the settings in which they were placed. This training included Deprivation of Liberties Safeguarding (DoLS) appropriate to their job roles. Nurses spoken with demonstrated that they had an understanding that patients who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

There was no evidence that the nurses had undertaken Dysphagia training or any training in relation to swallowing awareness. An area for improvement has been identified in this regard.

The Responsible Individual was asked about the system in place to monitor alerts issued by the Chief Nursing Officer (CNO) for Northern Ireland. Initially it was stated that alerts were not being received. When a further discussion took place regarding this, it was advised that they are being received and the alerts are being printed off and checked against any new applications that are made.

## 5.2.2 Are there robust governance processes in place?

The quality monitoring processes were reviewed to ensure that complaints and any incidents were routinely monitored as part of the monthly checks in line with Regulation 20 of Nursing Agencies Regulations (Northern Ireland) 2005. It was identified that these reports did not contain accurate information or have a full and robust analysis of the agency. The reports did not provide evidence that all key stakeholders were consulted regarding the quality of service. The monitoring reports had inaccurate actions plans and referred to a Quality Improvement Plan (QIP) issued by the RQIA; however RQIA had not issued a QIP to the agency. The staff recruitment records reviewed by the monitoring officer related to domiciliary care workers and not the nurses being supplied by the nursing agency. The monitoring officer did not review any accident or incident records in the agency. It was identified that any required actions or improvements were not being recorded therefore there was a failure to drive any improvements forward. None of the reports reviewed were signed by the Responsible Individual therefore RQIA were not assured that there was any governance and oversight by the Responsible Individual of the agency. These shortfalls were discussed with the Responsible Individual during the meeting on 24 May 2022; actions to address these deficits are included in the FTC notice issued under Regulation 20 of The Nursing Agency Regulations (Northern Ireland) 2005.

It was noted that a number of complaints had been made to the agency. The records retained were not robust and they did not include all the information expected, including the actual detail of the complaint received, actions taken or the outcome of the investigation. An area for improvement was identified in this regard.

The agency did not have any records of adult safeguarding referrals, despite RQIA being aware that one safeguarding referral had been made to the Northern Health and Social Care Trust (NHSCT). The records reviewed did not have any written information regarding the incident or any correspondence with the trust. The agency is required to attend any strategy meeting arranged and retain a copy of the minutes of such meeting. The agency did not have an appropriate system in place to monitor safeguarding referrals. These shortfalls were discussed with the Responsible Individual during the meeting on 24 May 2022; actions to address these deficits are included in the FTC notice issued under Regulation 18 of The Nursing Agency Regulations (Northern Ireland) 2005.

The agency's arrangements for undertaking staff supervision was reviewed and identified that there was no formalised recording of supervisions undertaken with staff. An area for improvement has been identified in this regard.

The alphabetical list of staff employed by the agency was not up to date. It was noted that some nurses were not on the list maintained by the agency and some nurses who had left their post remained on the list. It was further noted that the agency did not have an accurate list of the active service users. An area for improvement has been identified in this regard.

This inaccurate staff list impacted on the monitoring of the staffs' registration with the NMC. There was no evidence that the Responsible Individual either monitored staffs' registrations or kept a detailed record of the renewal or revalidation dates. An area for improvement has been identified in this regard.

The content of the adult safeguarding training provided to staff was reviewed. It was identified that the training provided was not in accordance with regional guidance in Northern Ireland. These shortfalls were discussed with the Responsible Individual during the meeting on 24 May 2022; actions to address these deficits are included in the FTC notice issued under Regulation 14 of The Nursing Agency Regulations (Northern Ireland) 2005.

It was established during discussions with the Responsible Individual that the agency had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).

The management arrangements were discussed. The recruitment of a permanent manager was under way. Once received, RQIA will review the application for registration in this regard.

## 6.0 Quality Improvement Plan/Areas for Improvement

Five areas for improvement have been identified where action is required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005 and the Nursing Agencies Minimum Standards, 2008.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	4	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Acknowledge Ngwena, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

## Quality Improvement Plan

### Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005

**Area for improvement 1**

**Ref:** Regulation 19(1)(4)(5)(6)

**Stated:** First time

**To be completed by:** Immediately from the date of inspection and ongoing

The registered person shall establish a procedure (“the complaints procedure”) for considering complaints made to the registered person by a service user or a person acting on behalf of the service user.

The registered person shall ensure that every complaint made under the complaints procedure is fully investigated.

The registered person shall, within the period of 28 days beginning on and including the date on which the complaint is made, or such shorter period as may be reasonable in the circumstances, inform the person who made the complaint of the action (if any) that is to be taken in response.

The registered person shall maintain a record of each complaint, including details of the investigation made, the outcome and any action taken in consequence and the requirements of regulation 18 shall apply to that record.

Ref: 5.2.2

**Response by registered person detailing the actions taken:**

All complaints will be taken seriously and recorded. The client who raised the complaints will be contacted within 24 hours to acknowledge and apologise. The staff will be contacted as well immediately, ask the staff to narrate the problems and will be requested to send a written report which will be forwarded to the home manager within 2 to 5 working days. The investigations will continue until the client is satisfied and will come to the conclusion this process will take between 14 to 28 days if necessary. While the investigation is taking place the clients will keep updated. The staff will be suspendedThe staff will meet the manager for supervision as a way of identifying the problem to avoid recurrence of the same problem. An appraisal will be done on this particular staff. During the supervision the manager will identify the need for further trainings. The manager will make a follow up to the home managers regarding this particular staff if the staff is not doing the same problem wherever he or she goes. The manager will be doing some sport checks regularly where she will be visiting the nursing homes to meet the home managers and check on our staff while they are on duty. All staff will be supported by offering trainings. Proper inductions when they start their employment will be given.

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14(2)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection and ongoing</p>	<p>The registered person shall ensure that each employee of the agency – (a)receives appropriate supervision;</p> <p>Ref: 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All staff will be having 3 supervisions per year, so far all staff have completed the first form of supervision and we are working on the second form of supervisions for every staff registered with us. The last one will be the appraisal before the end of year. Through these supervisions the staff will feel supported and if there is any problem the manager will be able to identify the problem and resolve it immediately.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 18(a) Schedule 4.3 and 4.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection and ongoing</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, are available at all times for inspection and that they are – (a)kept up to date, in good order and in a secure manner; and</p> <p>An alphabetical index of service users, including the full name, address and telephone number of each of them and any serial numbers assigned to them. An alphabetical index of nurses supplied or available for supply by the agency, including any serial numbers assigned to them.</p> <p>Ref: 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All active service users are filed in alphabetical orders with their numbers and email addresses on paper form and electronically as well and this will be updated daily according to the changes we might receive for example new clients contacting us for staff or change of contact numbers and emails addresses of home managers.</p> <p>All registered staff with the agency are filed in alphabetical order with their contact numbers and emails on paper form and electronically. All new staff members joining the agency their details will be added to the contact data base immediately. Emails are sent once a month to encourage staff to update us if they are any changes on their contact numbers or home addresses, so that the office will update their folders and contact list.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 7(3)(c) Schedule 2.8</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 2.</p> <p>In respect of a manager to whom regulation 9(2) applies or a nurse to whom regulation 12(3) applies, confirmation of current</p>

<p><b>To be completed by:</b> Immediately from the date of inspection and ongoing</p>	<p>registration with the Nursing and Midwifery Council, including details of the Parts of the register in which the nurse is registered.</p> <p>This relates to the responsible individual maintaining records of a check of the nurses' registration with the NMC.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> The agency has registered with NMC for a Caller Code to check all nurses on monthly basis as a way of checking if they are any restrictions on their practice. Also we requested all nurses to send us their revalidation dates with NMC, the same as Health Care Assistants their NISCC register is checked and printed out every month to see if they are any restrictions on their practice as well. No new staff will be allowed to work before they are registered with NISCC and their AccessNI checks will be done before commencing their employment.</p>
<p><b>Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 6.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection and ongoing</p>	<p>The training needs of individual agency staff for their roles and responsibilities (including infection control) are identified, and arrangements are in place to meet them.</p> <p>This relates to Dysphagia training.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> The agency has changed the online training company and switch to another company which provides an intense form of online trainings including infection control. Also staff has been given information on donning and doffing in order to avoid spread of infection, this information was sent through their emails and WhatsApp platforms.</p> <p>The acting manager attended Dysphagia Train the Trainer course on the 30th of May 2022, which was organised by Southern Trust District nurses team, so now she is the champion on this. On the 7th of June 2022, carers and nurses attended dysphagia training in the office and she delivered the dysphagia training successfully and also on the same date staff attended CPAP training which was delivered by the Trainer from Air Liquide company. The agency is going to organise more training courses as a way of equipping our staff with knowledge to deliver quality care to various clients.</p>

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Authority

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