

# Inspection Report

24 March 2022



## Top Class Healthcare

Type of service: Domiciliary Care Agency  
Address: 1 Castle Street, Portadown, Co. Down, BT62 1BA  
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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
<b>Responsible Individual:</b> Mrs Acknowledge Ngwena	<b>Date registered:</b> Withdrawn
<b>Person in charge at the time of inspection:</b> Mrs Acknowledge Ngwena	
<b>Brief description of the accommodation/how the service operates:</b>  Top Class Healthcare is a domiciliary care agency which provides care to 21 individuals within their own homes within the Southern Health and Social Care Trust (SHSCT) area. Services provided include personal care, meal provision and night sits. All packages of care are commissioned by the SHSCT. The agency employs 11 care staff and one recruitment assistant.	

## 2.0 Inspection summary

RQIA received whistle-blowing information from three staff members on 3 and 7 March 2022. In addition, the SHSCT shared concerns with RQIA on 10 March 2022 regarding the operation of the agency. As a result, an unannounced inspection was undertaken on 24 March 2022 between 11.10 a.m. and 5.50 p.m. by the care inspector.

On the day of inspection, the concerns from the whistle-blowers were substantiated. Further concerns were noted in relation to the responsible individual's knowledge in respect of her obligations to ensure safeguarding concerns are reported to the relevant bodies. RQIA was concerned that service users were not protected from harm and were not having safe, effective and compassionate care delivered to them.

Based on the evidence, RQIA made the decision to issue a Notice of Proposal to cancel the registration of Top Class Healthcare Limited, for which Mrs Acknowledge Ngwena is the Responsible Individual. The Notice of Proposal was issued on 11 April 2022, under Article 18 of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, (the 2003 Order).

### 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.

The inspection focused on:

- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of the services being provided by the agency. This included service user/relative questionnaires and an electronic questionnaire for staff.

### 4.0 What people told us about the service

No responses were received from staff by way of the electronic questionnaire and no service user/relative questionnaires were returned. RQIA made a decision not to contact service users, their relatives/representatives or staff directly to obtain feedback as an extensive monitoring exercise was being undertaken by the SHSCT. The details of feedback provided to the SHSCT were shared with RQIA and were considered whilst deciding the next steps for this agency.

### 5.0 The inspection

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

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

#### 5.2 Inspection findings

#### **Fitness of the Registered Provider**

An inspection was undertaken to Top Class Healthcare on 24 March 2022. As a result of information received from SHSCT information was sought to ensure the Trust protection plan put in place by the SHSCT on 11 March 2022 was being adhered to. The responsible individual was asked if she had entered service users' homes for the purposes of delivering direct care after the 11 March 2022, the date on which the responsible individual had agreed, both verbally and in writing to RQIA and the SHSCT, that she would not personally deliver such care. The responsible individual stated that she had not done so.

It was later established that the responsible individual, who is a Registered Nurse, had, in fact, delivered direct care to service users; this was in breach of the protection plan directed by the SHSCT that the responsible individual should desist from delivering care to or from having contact with any SHSCT service users. This calls into question the integrity and good character of the responsible individual. As a consequence, RQIA has significant concerns regarding the fitness of the responsible individual to carry on an agency.

### **Registered person – general requirements and training**

During the inspection concerns were raised regarding the governance, management and oversight of the agency. The responsible individual did not have satisfactory oversight as to the care calls being undertaken by staff. A staffing rota was not available for review and it was not clear as to which staff were to attend service users' homes. Some service users had not had the agreed care delivered to them; these were missed calls or late calls. These issues were neither identified nor addressed by the responsible individual by way of a robust and comprehensive programme of monitoring.

There was further concern in relation to the safeguarding allegations made against the responsible individual and the breach of the agreed protection plan by the responsible individual.

### **Conduct of agency**

During the inspection the responsible individual stated that there had not been any accidents, incidents or safeguarding investigations since the previous inspection on 19 August 2021. RQIA had been made aware by the SHSCT of a number of ongoing safeguarding investigations. RQIA had not been notified of any incidents within this timeframe. In addition, the investigations being undertaken by the SHSCT by way of scoping exercises and the monitoring of a care run had raised significant concerns regarding the safety of service users.

Daily logs had not been returned to the office in a timely way. There was a significant delay in the auditing of the logs, therefore any concerns identified could not be followed up in a timely manner. The lack of safe systems has the potential to place service users at risk of harm.

### **Arrangements for the provision of prescribed services**

The SHSCT shared with RQIA that they had conducted a monitoring exercise and identified issues with the timing of back to bed calls, medication management and missed calls.

The daily logs for one service user were not available for review, despite the package of care having commenced in September 2021. Inspection of the daily logs of other service users identified that there had been a significant number of missed calls, with one service user having 13 missed calls. There was also evidence that calls were being delivered significantly earlier than agreed within the care plan; this led to the care being declined by the service user. There was also no evidence of competency assessments on the administration of medication for staff.

The inspection found that the care calls being undertaken were not in compliance with the care plan commissioned by the SHSCT.

Due to the responsible individual breaching the protection plan, significant concerns were raised as to the responsible individual's knowledge of her obligations in respect of adult safeguarding protocols.

## **Staffing**

During the inspection it could not be evidenced that the responsible individual had ensured new staff were recruited using a robust and safe recruitment process, and had received appropriately structured induction, training and supervision. A review of the records of new staff identified that they had not been provided with a three day induction period; the records of shadowing a suitably qualified and experienced person identified that some were not appropriately signed, hence there was inadequate evidence that these processes had been completed. There was also a concern in relation to the number of care workers employed by the agency and that there may not be enough staff to provide safe care to the 21 people in receipt of services at that time. This information was evidenced by the intelligence provided from the SHSCT.

## **Provision of information to service users**

During the inspection, no evidence could be produced that there was a staff rota. Instead, there was a system whereby text messages were sent to individual care workers at short notice with the names of the service users who they were to visit. RQIA was not assured that this was a reliable or consistent system which would ensure that the delivered care was in line with that commissioned by the SHSCT. This also evidenced that the name of the care worker was not supplied to service users in advance of their care calls.

## **Records**

It was found that the agency did not have an accurate and up to date list of service users. The list of service users had not been revised after service users had ceased to be provided with care services. It was also concerning that three current service users were not noted on the list and were only added by the responsible individual when this was brought to her attention by the inspector.

## **Assessment of quality of services**

A review of the quality monitoring reports identified that these did not contain accurate information or have a full and robust analysis of the operation of the agency. The reports did not provide evidence that all key stakeholders were consulted regarding the quality of service. Feedback from a service user contained in the report raised concerns relating to a missed call, late calls and a call being done by a single carer when two care staff were required to ensure the safety of the service user. The monitoring report did not reflect these areas for concern, nor was there evidence that the concern had prompted the service user's daily logs to be checked or any further remedial action undertaken.

Due to the evidence, RQIA was concerned that there was a lack of regard for service users' safety, dignity and their human rights in relation to respect for their home life.

Following the inspection, RQIA held a meeting on 25 March 2022 and decision was made to convene an intention meeting to serve a Notice of Proposal to cancel the registration of Top Class Healthcare Ltd for which Acknowledge is the responsible individual. This meeting was held on 6 April 2022 and RQIA did not receive the necessary assurance required, therefore the Notice of Proposal was issued on 11 April 2022.

## 6.0 Quality Improvement Plan (QIP)/Areas for Improvement

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Acknowledge Ngwena, responsible individual, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards, this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified in the QIP are addressed within the specified timescale.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises, RQIA would apply standards current at the time of that application.

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	8	0

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 8 (3)(a)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from the date of inspection	<p>The registered provider must ensure that the responsible individual is of integrity and good character.</p> <p>Ref: 5.2</p> <p><b>Response by registered person detailing the actions taken:</b>            She will approach every task with respect and dignity to staff and service users in a professional way.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 11 (1)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from the date of inspection	<p>The registered provider shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</p> <p>Ref: 5.2</p> <p><b>Response by registered person detailing the actions taken:</b>            Detailed Statement of Purpose has been reviewed is available upon request.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 14(a)(b)(c)(d)(e)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from the date of inspection	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <ul style="list-style-type: none"> <li>(a) so as to ensure the safety and well-being of service users;</li> <li>(b) so as to safeguard service users against abuse or neglect;</li> <li>(c) so as to promote the independence of service users;</li> <li>(d) so as to ensure the safety and security of service users' property, including their homes;</li> <li>(e) in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them.</li> </ul> <p>Ref: 5.2</p> <p><b>Response by registered person detailing the actions taken:</b>            Safe recruitment process is being done, checking all employment gaps and cross checking with the candidate to explain if there is any gap. Obtaining good professional references from the most recent employers and a character references not from family members or life-long friend. Also reasons for leaving the previous job will be obtained in order to make sure that the candidate has got good report to go into service users' homes to deliver personal care.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 15(2)(a)(b)(c)(4)(5)(a)(b)(c)(6)(a)(b)(c)(7)(8)(9)(10)(11)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection</p>	<p>The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall—</p> <p>(a) be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users;</p> <p>(b) specify the service user's needs in respect of which prescribed services are to be provided;</p> <p>(c) specify how those needs are to be met by the provision of prescribed services.</p> <p>(4) The registered person shall, so far as is practicable, ensure that the prescribed services which the agency arranges to be provided to any service user meets the service user's needs specified in the service user plan prepared in respect of him.</p> <p>(5) The registered person shall, for the purpose of providing prescribed services to service users, so far as is practicable—</p> <p>(a) ascertain and take into account the service user's, and where appropriate their carer's, wishes and feelings;</p> <p>(b) provide the service user, and where appropriate their carer, with comprehensive information and suitable choices as to the prescribed services that may be provided to them; and</p> <p>(c) encourage and enable the service user, and where appropriate their carer, to make informed decisions with respect to such prescribed services.</p> <p>(6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall—</p> <p>(a) specify the procedure to be followed after an allegation of abuse, neglect or other harm has been made;</p> <p>(b) specify the circumstances in which a domiciliary care worker may administer or assist in the administration of the service user's medication, or any other tasks relating to the service user's health care, and the procedures to be adopted in such circumstances;</p> <p>(c) include arrangements to assist the service user with mobility in his home, where required; and</p> <p>(7) The registered person shall make arrangements for the recording, handling, safe keeping, safe administration and disposal of medicines used in the course of the provision of prescribed services to service users.</p> <p>(8) The registered person shall make suitable arrangements, including training, to ensure that domiciliary care workers operate a safe system of working, including in relation to lifting and moving service users and the operation of any special equipment.</p> <p>(9) The registered person shall make arrangements, by training or by other measures, to prevent service users being harmed or</p>
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	<p>suffering abuse or neglect or being placed at risk of harm, abuse or neglect.</p> <p>(10) The registered person shall ensure that no service user is subject to physical restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</p> <p>(11) On any occasion on which a service user is subject to physical restraint by a person who works as a domiciliary care worker for the purposes of the agency, the registered person shall record the circumstances, including the nature of the restraint.</p> <p>Ref: 5.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Before the service commences, the manager will contact the service user and their representatives for an appointment and the risk assessment will be carried out by the manager. The service user or representative will be informed the carers who will be coming to visit them according to the care plan received from the trust. The carer will be given full details of the service user's needs and the care plan will be available and will be kept in the service user's house for the carers to read it on every visit so that they will be aware of the service user's needs and all the procedures will be followed up accordingly. In this service user's folder, the care plan, risk assessment, Service Users' Guide, Complaints Policy and other documents will be well filed and the service user will be free to read them. If a complaint arises the service user will be in a position to know where to report. The assigned carers will be well experienced and trained to manage this service user. All staff will be encouraged to approach the service users with full respect and dignity. Any misconduct will be dealt with by the manager and any form of abuse will be reported to the relevant department and the involved staff will be suspended until the investigation is complete and the outcome will be discussed with the staff . All staff are not allowed to commence their employment before they complete all their mandatory trainings which include Moving and Handling practical sessions and Basic Life Support. Medication training will be given to all staff and they will be assessed by the manager to see if they are competent enough, and certificates of their competence will be available in the office. Their competence will be reviewed regularly, to make sure that the medication is being given safely. The manager will be carrying out some spot checks regularly to make sure that the service is being delivered safely. Also the manager will be meeting the service users to discuss any concerns they might have with the carers. Weekly staff meetings will be taking place so that staff will air out their problems which they might encounter in the field and the managers will discuss with the staff any complaints</p>

	<p>coming from the service users and their families and will solve them immediately. The complaints or incidents will be well documented in the complaints and incident files and report them to the social workers or RQIA if needed to raise awareness to them. After the physiotherapists assessed the service user's mobility the carers will follow the guidelines given by the physiorapists to meet the service user's mobility needs safely.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 16(1)(a)(b)(i)(ii)(c)(2)(a)(3)(4)(5)(a)(b)(i)(ii)(iii)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection</p>	<p>Where an agency is acting otherwise than as an employment agency, the registered person shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, ensure that—</p> <p>(a) there is at all times an appropriate number of suitably skilled and experienced persons employed for the purposes of the agency;</p> <p>(b) appropriate information and advice are provided to persons employed for the purposes of the agency, and are made available to them at their request, in respect of—</p> <p>(i) service users and their needs in respect of prescribed services; and</p> <p>(ii) the provision of prescribed services to service users;</p> <p>(c) suitable assistance and where necessary, appropriate equipment, is provided to persons working for the purposes of the agency, and is made available to them at their request, in respect of the provision of prescribed services to service users;</p> <p>(2) The registered person shall ensure that each employee of the agency—</p> <p>(a) receives training and appraisal which are appropriate to the work he is to perform;</p> <p>(3) The registered person shall take such steps as may be necessary to address any aspect of the performance of a domiciliary care worker which is found to be unsatisfactory.</p> <p>(4) The registered person shall ensure that each employee receives appropriate supervision.</p> <p>(5) Where an agency is acting otherwise than as an employment agency, the registered person shall ensure that—</p> <p>(a) a new domiciliary care worker (“the new worker”) is provided with appropriately structured induction training lasting a minimum of three full working days; and</p> <p>(b) during that induction training—</p> <p>(i) the new worker is not supplied to a service user unless accompanied by another domiciliary care worker who is a suitably qualified and competent person;</p> <p>(ii) a member of staff (“the staff member”) who is suitably qualified and experienced, is appointed to supervise the new worker;</p> <p>(iii) the staff member (or another suitably qualified and competent person if the staff member is unavailable) will always be available to be consulted while the new worker is on duty;</p>

	<p>Ref: 5.2</p> <p><b>Response by registered person detailing the actions taken:</b>                  The agency is running ongoing recruitment process of care staff to make sure that enough experienced staff will be always available for the service users. Care staff will be fully inducted before they start working with any service users, 3 days of office induction where staff will be given enough time to read company policies, sign their contracts, job descriptions, collect their uniforms, ID badge, staff handbooks etc. After that they will start their 3 days of shadowing shifts with the Care Co ordinators or Supervisors, when they are competent enough they will sign their shadowing forms and the Care Co-ordinator will sign them off and they will be free to work following their Mobile App Careplanner rotas. Any information they need will be available in the office upon request, Service users' care plans will be available in the office and at the service users' houses for the care staff to read and understand the needs of the service users they will be looking after. Things such as PPE will be always available for the staff to use. If some of the service users are using special equipment such as hoists, sara stedy or sliding sheets, asigned staff will be checked if they are confident to use these equipments and always 2 staff will be attending to these service users as per their care plan from the trust. The manager will carry out some supervisions and appraisals on staff, by doing that any training needs or problems will be identified and addressed by the senior staff members such as Care Co-ordinators or supervisors. Senior staff member will be carrying out some spot checks to make sure that staff are working well with the service users with full respect and dignity.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 18(1)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b>                  Immediately from the date of inspection</p>	<p>The registered person shall ensure that before a domiciliary care worker is supplied to a service user, the service user is informed of—</p> <p>(a) the name of the domiciliary care worker to be supplied, and the means of contacting him;</p> <p>Ref: 5.2</p> <p><b>Response by registered person detailing the actions taken:</b>                  The manager will meet the service users and their families and take the risk assessments, the asigned care staff will be introduced to the service user. The contact number of the carer will given to the service user in case the carer might be delayed due to traffic or anything and the same as the carer will know the address and the contact numbers of the service user or the next of kin in case they might want to contact the carer. The time will be shown on the Mobile App Careplanner.</p>

<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 21(1)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are—</p> <p>(a) kept up to date, in good order and in a secure manner;</p> <p>Ref: 5.2</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Regulation 23(1)(2)(a)(b)(i)(ii)(4)(5)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection</p>	<p><b>Response by registered person detailing the actions taken:</b> Service users' daily notes will be recorded clearly and bring them to the office for auditing and file them properly in good order every month, these notes will be available when required the authorities anytime. These notes will be kept for 8 years in a secure manner.</p> <p>(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency—</p> <p>(a) arranges the provision of good quality services for service users;</p> <p>(b) takes the views of service users and their representatives into account in deciding—</p> <p>(i) what services to offer to them, and</p> <p>(ii) the manner in which such services are to be provided; and</p> <p>(4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>Ref: 5.2</p> <p><b>Response by registered person detailing the actions taken:</b> The manager will appoint an independent officer to come and audit the service offered by the agency to the service user, the auditing will be done monthly. The person will be contacting the service users, their relatives, staff and social workers to see if they are any problems and report back to the manager and the Responsible Individual and also document on the montly monitoring report. Service users and staff feedbacks will be used as a way of improving the services being offered by the agency. Regular staff meetings will be organised so that care staff will air out their views and the management will be ready to solve these problems immediately. The manager will organise field visitations and spot checks, any findings will be addressed immediately by the manager. The manager will organise service users and their relatives meetings regularly and any complaints</p>

	<p>will be addressed immediately in order to maintain good working relationships with the service users and their families. Above all confidentiality and safety of the service users and their relatives will be maintained without fail.</p>
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Authority

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