

# Inspection Report

19 August 2021



## Top Class Healthcare

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

[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Top Class Healthcare Ltd	<b>Registered Manager:</b> Mrs Acknowledge Ngwena
<b>Responsible Individual:</b> Mrs Acknowledge Ngwena	<b>Date registered:</b> 12 March 2019
<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 with nine care workers providing care to 20 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.	

## 2.0 Inspection summary

An unannounced inspection took place on 19 August 2021, between 10.00am and 1.15pm by the care inspectors.

RQIA received information on 24 June 2021 from the SHSCT which raised concerns in relation to the administration of medication, manual handling, providing uncommissioned care, timings of calls and failure to follow care plans. The SHSCT issued a Performance Notice against Top Class Healthcare and requested that a remedial action plan be submitted to them by the responsible individual. In response to this information RQIA decided to undertake an inspection.

The inspection also focused on the Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints, Deprivation of Liberty Safeguards (DoLS), restrictive practice, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service user's homes. There were good governance and management oversight systems in place. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff.

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.

The inspection focused on:

- contacting the service users, their relatives, SHSCT representatives and staff to obtain their views of the service.
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

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

### 4.0 What people told us about the service

We spoke with four service users and four staff members. No questionnaires were received. In addition we received feedback from HSCT representatives. No staff responses were received via the electronic survey.

Service users' comments

- "The carers are very good and professional'."
- "I am well looked after."
- "The girls give me a shower every week and I am happy."
- "The manager phones me at times to check if everything is ok."

Staff comments

- "I am happy working for Top Class because I get all the support I need and the staff in the office are very good"
- "We are one big family."
- "Top Class Healthcare office staff respect everyone and I'm happy to work for them and they are also very approachable."
- "Working for Top Class is fantastic; I can work flexible hours."

HSCT representatives' comments:

- "The family are happy to continue with Top Class Health, no concerns have been raised."
- "So far no problems have been received."
- "Everything seems to be running smoothly."

## 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 Top Class Healthcare was undertaken on 30 October 2020 by care inspectors. A Quality Improvement Plan was issued. This was approved by the care inspector and will be validated during this inspection.

Areas for improvement from the last inspection on 30 October 2020		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 13 (4) Schedule 3  <b>Stated:</b> First time	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available to him in respect of each of the matters specified in Schedule 3.  This relates to gaps in employment being explained and interviews notes to be retained in the staff files.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A sample of staff recruitment files were reviewed and were deemed compliant with this regulation. All gaps in employment were explained and interview notes were contained in the files.	
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 14(a)  <b>Stated:</b> First time	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 so as to ensure the safety and well-being of service users.  This relates to information being disseminated to all care workers in relation to the PHA guidelines regarding PPE and training sessions/spot checks being undertaken to ensure their competency. It also relates to care workers adhering to the care plans for service users and not undertake tasks not specified on the care plans.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> We were satisfied that this regulation was met after reviewing service users' care plans, staff training and the monitoring of staff.</p>	
<p><b>Area for Improvement 3</b> <b>Ref:</b> Regulation 5(1) <b>Stated:</b> First time</p>	<p>The registered person shall ensure the statement of purpose is reviewed and includes the information listed in schedule 1 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.</p> <p><b>Action taken as confirmed during the inspection:</b> The statement of purpose was reviewed and is now compliant with this regulation.</p>	<b>Met</b>
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>		<b>Validation of compliance</b>
<p><b>Area for Improvement 1</b> <b>Ref:</b> Standard 2.2 <b>Stated:</b> First time</p>	<p>The registered person shall ensure the service user's guide is reviewed and includes the information listed in standard 2.2 of the Domiciliary Care Agencies Minimum Standards.</p> <p><b>Action taken as confirmed during the inspection:</b> The service user's guide was reviewed and is now compliant with this standard.</p>	<b>Met</b>
<p><b>Area for improvement 2</b> <b>Ref:</b> Standard 14.1 <b>Stated:</b> First time</p>	<p>The registered person shall ensure the adult safeguarding policy and procedure is reviewed and is in accordance with regional policies and procedures.</p> <p><b>Action taken as confirmed during the inspection:</b> This was reviewed and is now in accordance with regional policies and procedures.</p>	<b>Met</b>

## 5.2 Inspection findings

### 5.2.1 Are there systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC).

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

It was noted that staff are required to complete classroom based adult safeguarding training during their induction programme and annual updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency has a system for retaining a record of referrals made to the SHSCT in relation to adult safeguarding. Records viewed and discussions with the person in charge indicated that no adult safeguarding referrals had been made since the last inspection.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided. The agency has provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

Staff have undertaken DoLS Level Two training appropriate to their job roles. It was discussed with the manager that no service users are subject to DoLS.

Staff demonstrated that they have an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

### **5.2.2 Are their robust systems in place for staff recruitment?**

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and engage with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The manager told us that the agency does not use volunteers or voluntary workers.

### 5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The discussions with the manager, staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the domiciliary care agency. There was evidence that staff had completed training in relation to dysphagia and has made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff were also implementing the specific recommendations of SALT to ensure the care received in the service user's home was safe and effective.

### 5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service user's relatives, staff and SHSCT representatives. The reports included details of the review of service user care records, missed or late calls, accident/incidents, safeguarding matters, complaints, staff recruitment, training, and staffing arrangements.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that two complaints had been received since the last inspection. It was noted that complaints had been managed in accordance with the agency's policy and procedures and to the satisfaction of the complainant.

Staff described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

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

## 6.0 Conclusion

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team.

## 7.0 Quality Improvement Plan/Areas for Improvement

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Acknowledge Ngwena, Responsible Individual, as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews

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