



Unannounced Whistleblowing Inspection Report 30 October 2020



Top Class Healthcare

Type of Service: Domiciliary Care Agency
Address: 1 Castle Street, Portadown, Co. Down, BT62 1BA
Tel No: 028 4176 1100
Inspector: Corrie Visser and Jim McBride

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Top Class Healthcare is a domiciliary care agency providing care to seven individuals within their own homes within the Southern Health and Social Care Trust (SHSCT) area. The agency currently has 11 care workers providing the care to service users. Services provided include personal care, meal provision and night sits. All packages of care are commissioned by the SHSCT.

3.0 Service details

Organisation/Registered Provider: Top Class Healthcare Ltd Responsible Individual: Acknowledge Ngwena	Registered Manager: Acknowledge Ngwena
Person in charge at the time of inspection: Acknowledge Ngwena	Date manager registered: 12 March 2019

4.0 Inspection summary

An unannounced inspection took place on 30 October 2020 from 10.00 to 12.30 hours.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

RQIA received whistleblowing information from two separate sources in relation to recruitment of staff, interviews being undertaken by individuals who do not have the appropriate training, inappropriate training of staff, staff not wearing uniforms, administrative assistants being required to undertake care calls, staff working consecutive days without a break and misuse of personal protective equipment (PPE). Information also included that the agency was taking on too many packages of care without sufficient staff to provide the care. We also received information from the SHSCT in relation to the monitoring/spot checks of staff which raised concerns into the use of PPE and the lack of the staffs' knowledge.

It is not the remit of RQIA to investigate whistleblowing concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the agency.

On the day of inspection, the concerns from the whistleblowers could not be substantiated however there were deficits found in relation to gaps in recruitment and the responsible individual could not provide us with information regarding PPE which was disseminated to staff members. This was further followed up following the inspection and two care workers were contacted and the issue of PPE was discussed and both confirmed they had received information on the donning and doffing processes as well as safe disposal of PPE. Relatives of service users also confirmed that staff always wore their PPE during care calls and they were grateful that the care workers were keeping their relatives safe during the pandemic.

The QIP from the previous inspection was not reviewed in its entirety as this inspection focused on the whistle blowers' information submitted to RQIA. The QIP will be carried over to a future inspection of the service.

RQIA will continue to monitor and review the quality of service provided by the agency and may carry out further inspections to assess compliance with the regulations and minimum standards.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*3	**2

*One regulation was not reviewed during this inspection and is carried forward to the next inspection.

**Two standards were not reviewed during this inspection and are carried forward to the next inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Ms Acknowledge Ngwena, responsible individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 25 August 2020

The previous QIP has not been completed by the responsible individual therefore has not been approved by the care inspector.

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 25 August 2020.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the information received by RQIA from the whistle blowers
- previous inspection report and Quality Improvement Plan (QIP)
- all correspondence or information received by RQIA since the previous inspection

Two areas for improvement identified at the last care inspection were reviewed during this inspection and were deemed as met.

Three areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

Two areas for improvement were identified at this inspection.

The findings of the inspection were provided to the responsible individual at the conclusion of the inspection.

6.0 The inspection

This was an unannounced on-site inspection.

6.1 Review of areas for improvement from the last care inspection dated 25 August 2020

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 23(1) Stated: First time To be completed by: Immediately from the date of inspection	The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.	Met
	Action taken as confirmed during the inspection: The responsible individual has been submitting these reports to us on a monthly basis since 11 June 2020. The quality of the reports has improved and they are continuing to be reviewed. The agency is compliant with this regulation.	
Area for improvement 2 Ref: Regulation 5 (1) Stated: First time To be completed by: Upon return of completed Quality Improvement Plan	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.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 2.2 Stated: First time To be completed by: Upon return of completed Quality Improvement Plan	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.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 2 Ref: Standard 14.1 Stated: First time To be completed by: Upon return of completed Quality Improvement Plan	The registered person shall ensure the adult safeguarding policy and procedure is reviewed and is in accordance with regional policies and procedures.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 3 Ref: Standard 14.2 Stated: First time To be completed by: Upon return of completed Quality Improvement Plan	The registered person shall ensure there are written procedures for safeguarding children and young people, consistent regional policies and procedures.	Met
	Action taken as confirmed during the inspection: The responsible individual submitted the safeguarding children and young people policy and procedure to us prior to the inspection which is consistent with regional policies and procedures.	

6.2 Inspection findings

RQIA received whistleblowing information from two separate sources in relation to recruitment of staff, interviews being undertaken by individuals who do not have the appropriate training, inappropriate training of staff, staff not wearing uniforms, administrative assistants being required to undertake care calls, staff working consecutive days without a break and misuse of personal protective equipment (PPE). Information also included that the agency was taking on too many packages of care without sufficient staff to provide the care. We also received

information from the SHSCT in relation to the monitoring/spot checks of staff which raised concerns into the use of PPE and the lack of the staffs' knowledge.

We reviewed seven full recruitment records for recently recruited staff and noted that all pre-employment checks had been undertaken by the agency prior to the care workers commencing employment which included Access NI checks and appropriate references were sought for each individual. There were gaps of employment in one recruitment file and no interview notes were evident in another recruitment file. An area for improvement was made in this regard.

We could not find any evidence to substantiate the claim that the staff members were interviewed by the named whistleblower. It was noted that interviews were undertaken by employees who had completed the training or were awaiting the training. This was discussed with the responsible individual. It was suggested on the day of inspection for the Business Development Manager to complete the appropriate training and undertake all interviews with the responsible individual.

In relation to the allegation that staff do not wear uniforms, this is not a requirement and in Regulation 13 Schedule 2, it states that care workers must have proof of identity, including a recent photograph. There is no requirement that staff have to wear uniforms however we have noted during previous consultations with service users and their next of kin that staff members wear a uniform during care calls.

The whistleblower also claimed that staff are not trained adequately to provide the care to service users and raised a concern as to the safety of service users. Upon reviewing the staff files, we noted that staff had undertaken an extensive range of training including:

- basic life support
- manual handling practical
- safeguarding adults
- manual handling of people awareness
- dementia awareness
- challenging behaviour
- COSHH
- infection control
- medication awareness
- fire safety
- health and safety
- emergency first aid

We also were made aware that care workers are required to undertake calls to service users. This was discussed with the responsible individual who advised that all administrative staff are trained so that care can be delivered in the event of an emergency. This is also the knowledge of us and it would be common practice for office staff to be trained in this regard. It was acknowledged that an administrative worker undertook care calls by way of shadowing as part of their training.

The responsible individual was unable to provide us with evidence in relation to the information provided to care workers throughout the Covid-19 pandemic. Supplies of PPE was discussed on the day of inspection and assurances were provided that the agency had sufficient supply. PPE is being obtained directly from the agency's supplier and the SHSCT are also providing

equipment. The SHSCT undertook monitoring/spot checks on staff during their care calls and concerns were raised that they were not wearing visors and lacked knowledge in relation to the PHA guidelines regarding the donning and doffing processes and safe disposal of PPE. It was also noted that a care worker was not adhering to the care plan for the service user in relation to medication. This was discussed with the responsible individual and it was reported that no tasks which are not specified on the care plan are to be carried out. We requested for the responsible individual to undertake spot checks on the care workers following the inspection. It was reported that the care workers were very punctual, smart, in their uniforms and had their ID badges. They treated the service users with full respect and dignity. The responsible individual noted that two care workers were not confident on the doffing procedures as per the PHA guidelines and further training and advice was provided. The responsible individual decided to undertake a group supervision with all care workers in relation to donning and doffing which included a video. All care workers then practiced the processes which included the safe disposal of PPE by way of double bagging it and putting the date and time of the disposal on the bag. The responsible individual reported that after this session, all care workers were deemed to be compliant with the PHA guidelines and had full knowledge and understanding. The responsible individual also reported that this process will be undertaken with every new care worker by way of their induction. An area for improvement has been made in this regard.

Following the inspection we contacted two care workers, two service users' relatives and one service user.

Comments from a service user included:

- "I am happy with the care I am getting."

Comments from service users' relatives included:

- "I am happy enough."
- "One girl at the beginning did not wear any gloves but she hasn't been back. Everyone else is 100%."
- "The carers are wearing a visor, gloves, mask and an apron when they are here."
- "They are friendly and respectful."
- "I am quite happy."
- "The girls are wearing aprons, masks, gloves and visors and are washing their hands."
- "I am very happy with Top Class."
- "The girls are lovely."
- "They come on time."
- "I can't complain."
- "They look after my relative very well."

Comments from care workers included:

- "I have done a lot of training online including infection control and personal hygiene."
- "Initially I was not aware of the PHA guidelines but I am now."
- "I got phone calls from my manager about PPE."
- "I feel we get a sufficient amount of PPE for our calls."
- "I really do love working for them."
- "There is always someone at the end of the phone if I need to speak to anyone."
- "We received guidance in relation to the pandemic about a month ago."

- “I have completed a lot of training including first aid and manual handling.”
- “I have received information from management about donning and doffing PPE and the importance of hand washing.”
- “We are given masks, gloves, aprons and visors.”
- “I love what I am doing.”
- “I wear a visor for every call.”
- “I feel comfortable and confident in my job.”
- “I really like it.”
- “If I have any problems I can ring Acknowledge.”
- “I am aware of the 72 hour rule and to double bag my used PPE.”
- “I shadowed the manager when I started and she showed me how to use PPE appropriately.”

On the day of inspection, we were unable to fully substantiate the whistleblowers’ concern received by RQIA.

	Regulations	Standards
Total number of areas for improvement	3	2

7.0 Quality improvement plan

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 within the QIP are addressed within the specified timescales.

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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (4) Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection and ongoing</p>	<p>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.</p> <p>This relates to gaps in employment being explained and interviews notes to be retained in the staff files.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The manager is going to do a proper recruitment of staff, where full employment history is going to be requested with no unexplained employment gaps, 2 references are going to be requested before they start their employment - employment reference and character reference, no work will be started before we receive their AccessNI and NISCC registered.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection and ongoing</p>	<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 so as to ensure the safety and well-being of service users.</p> <p>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.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All domiciliary care staff were taught the importance of proper donning and doffing as PHA guidelines. The trust sent us the PPE donning and doffing video to watch and the manager used this video to train domiciliary care staff. The manager called them to the office and watched the video with them and then demonstration practice took place in the office to make sure that all the staff they know the proper way of donning and doffing of PPE. The manager is carrying out field sport checks to see if the carers are putting on PPE properly and desposing PPE the correct way. This process of sport checks is ongoing with the manager. All domiciliary care staff are aware of the 72 hour rule and to double bag the used PPE.</p>

	Also domiciliary care staff were told by the manager that they must follow the care plan prepared by the Trust Social Workers, any work which is not commissioned by the social services care staff must not take those task into practice, If the family wants the care staff to do extra tasks outside our care plan, the manager must be informed so that she will contact the social workers to review the care plan and discuss with the family.
Area for improvement 3 Ref: Regulation 5(1) Stated: First time To be completed by: Upon return of completed Quality Improvement Plan	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. Ref: 6.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 2.2 Stated: First time To be completed by: Upon return of completed Quality Improvement Plan	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. Ref: 6.1 Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 2 Ref: Standard 14.1 Stated: First time To be completed by: Upon return of completed Quality Improvement Plan	The registered person shall ensure the adult safeguarding policy and procedure is reviewed and is in accordance with regional policies and procedures. Ref: 6.1 Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.

Please ensure this document is completed in full and returned via Web Portal



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