

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Turkish Cypriot Community Association

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0SD

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Turkish Cypriot Homecare
Registered Manager	Mr. Nurhan Mustafa
Overview of the service	The Turkish Cypriot Community Association is a domiciliary care agency run by Turkish Cypriot Homecare. The service provides care for people in their own homes. Most of the people who use the service and the staff speak Turkish.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	9
Requirements relating to workers	10
Assessing and monitoring the quality of service provision	11
About CQC Inspections	12
How we define our judgements	13
Glossary of terms we use in this report	15
Contact us	17

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 1 November 2013, talked with people who use the service and talked with carers and / or family members.

What people told us and what we found

All the people who used the service and their relatives who we spoke with were positive about the service. They told us that staff were "caring" and "respectful". People who used the service indicated that they were satisfied with their care. One person told us that they were "very happy [with the service]" and that staff were "always on time". People told us staff were never in a hurry and always completed the tasks. Another person told us that staff "listened" to what they said. This indicated that people were listened to and their needs were met.

Care plans and risk assessments were completed and regularly reviewed. We noted that people who used the service and their representatives were involved in the review of care plans.

People felt that staff listened to them. A person told us staff were "trustworthy". We noted that staff knew how to make sure that people were protected from abuse. We noted that there was an effective recruitment system in place. The provider stated that a refresher adult safeguarding training was planned for staff.

There was a system in place to monitor the quality of the service. This ensured that people's views about the quality of the service were sought. However, the provider may wish to note that quality assurance work undertaken in July 2013 had not been fully completed.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We spoke to people who used the service and their relatives. All people we spoke with stated that they were involved in their care plan and that they had met with staff from the agency and had discussed their needs. They told us that they knew the details of the tasks staff had to undertake in the allocated time in order to meet people's needs. One person said "[staff] complete the tasks and I am happy {with the care and support}"].

People told us that staff explained the details of their care plan to them. We noted that all the staff employed at the agency spoke the same language as the people who used the service and were also aware of people's cultural and spiritual needs. This ensured that staff were able to communicate effectively and met people's needs.

We spoke to five members of staff and noted that they had been employed by the agency and had worked with the people for many years. Staff were able to describe how they would ensure people's needs were met without infringing their rights. A member of staff gave us an example of their practice and stated that they would always talk to people about what they were going to do and wait for their consent before giving them personal care.

We looked at nine people's care plans. The care co-ordinator had signed all of the care plans but not all people or relatives of the people had signed and dated the care plans. People told us staff met with them when the care plan reviews were completed. However, the provider may wish to note that some people who used the service or their representatives had not signed the care plans to confirm that they were involved and agreed to them.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

The agency provided a service to people who lived in four different boroughs. We randomly selected and looked at nine people's files. We also discussed the referral procedure with the manager. We noted that people's initial assessments and care plans had been completed by social workers and sent to the agency. The agency then met with people and completed its own assessment and care plans. People's assessment and care plans contained detailed information about their needs and how people needed to be supported. Detailed information about the time and days of support for people was also written in each of the files we checked. People we spoke with told us that they knew what time staff should arrive and leave.

All the people we spoke with indicated that they were satisfied with their care. One person told us that they were "very happy [with the service]" and that staff were "always on time". People told us staff were never in a hurry and always completed the tasks. Another person told us that staff "listened" to what they said. This indicated that people were listened to and their needs were met.

People who used the service and staff we spoke to told us that, in most cases the same member of staff supported the same people for a long time. A relative of a person who used the service told us that the same care worker had been coming for many years and that they were happy with them. This indicated that there was continuity of care for people who used the service. It also meant that staff knew the needs of people and how to provide appropriate support.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Risk assessments were developed and reviewed by the care co-ordinator once every three months. The manager told us most of the people who used the service lived either with relatives or in sheltered accommodation and that there were arrangements in place to deal with emergencies. The manager also told us that there was an on-call system for staff or people who used the service to contact if there were emergencies. The manager informed us that the agency had a good working relationship

with the local authorities. They said, for example, if people's needs changed, they could contact a care manager from the local authority and make changes to the person's care in order to meet their needs. This indicated that changes to people's needs were identified and met.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

All the people we spoke with told us that staff were caring and respectful. One person told us staff were "trustworthy". Another person who used the service said they always felt "safe" with the staff. All the relatives of the people we spoke with told us that they felt confident that people were safe when being supported by staff.

Most of the staff members we spoke with told us that they had attended training on adult safeguarding. However, one member of staff said they did not remember attending this training. When we asked what action they would take if they were concerned that a person who used the service was at risk of abuse, they were able to tell us that they would report to their manager. They were also able to tell us the areas people could be vulnerable to abuse by listing aspects such as financial, emotional, physical and sexual abuse. We checked five staff files and saw certificates confirming that they had attended adult safeguarding training. We noted that this was provided internally by the manager. The manager told us that he was arranging external refresher adult safeguarding training for all staff.

The manager confirmed that each staff member employed by the agency had a criminal record bureau (CRB) or a disclosure and barring service (DBS) check. We noted that there was a robust recruitment process in place to ensure that the people who used the service were supported by staff who were appropriately vetted. We saw a completed application form and two written references in each of the files we checked. This indicated that the provider had effective recruitment procedures in order to ensure that no unsuitable person was employed to provide personal care to people who used the service.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

The manager told us that no new member of staff has been employed since the last inspection. He said there were fifty staff who worked full-time and part-time. All the staff we spoke with stated that they have worked for the agency for many years. People who used the service and their relatives told us that they were satisfied with the quality of care and support the staff provided. One person who used the service said: "[Care worker] is friendly; I have no concerns."

There were effective recruitment and selection processes in place. We looked at five staff files and saw that application forms, written references, identity checks such as a copy of passport or bank statements and criminal record bureau (CRB) and disclosure and barring service (DBS) checks have been received. Staff and the manager told us that there was an induction programme for all new staff. We noted staff employed at the agency had knowledge of the culture and languages of the people who used the service. This ensured that people's needs were met.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We were informed that management contacted people by telephone to ask them about the quality of service they had received. The manager told us that the agency carried out regular spot checks to ensure that staff provided care and support as planned in their care package. People who used the service and staff confirmed that spot checks had taken place. We also saw written evidence that the spot checks had taken place and people who used the service had been asked of their opinion about the quality of the service.

People who used the service and their relatives spoke positively about the service. One person said: "[I am] quite happy. Good communication". All the people we spoke with told us that they knew how to complain but they had not complained as there were no reasons to complain.

We saw that the agency had a system for monitoring reporting various aspects of the service including incidents and accidents. An example of a monthly monitoring form which was completed and sent to a local authority was available for inspection. There was also a quality assurance system which allowed people to complete a questionnaire and return it to the service. We noted that in most cases people were supported by staff to complete the questionnaires. We also noted that the completed questionnaires were yet to be collated so there was no report or action plan to address any issues. The provider may wish to note that some of the quality assurance questionnaires were completed by staff which meant that the response recorded may not necessarily be a true reflection of people's views about the quality of the service. The provider may also wish to note that the quality assurance exercise undertaken in July 2013 had not been fully completed as there was no report or action plan.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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