Turkish Cypriot Community Association

# Turkish Cypriot Community Association

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Requires Improvement |

# Summary of findings

## Overall summary

This inspection took place on 27 and 28 June 2018 and was announced. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection. The service's last comprehensive inspection was on 12 and 17 July 2017, where we found the service to be in breach of regulations in relation to safe care and treatment and good governance. We served the provider with Warning Notices where we specified actions that the provider was required to take. At our focused inspection on 9 November 2017, we found that the provider was still in breach in regard to safe care and treatment and good governance.

Following the last inspection, we met with the provider to confirm what they would do and by when to improve the key questions Safe and Well-led to at least good. At the inspection on 27 and 28 June 2018, we found that the provider had made improvements.

Turkish Cypriot Community Association is a domiciliary care service that provides personal care to older people living in their own houses and flats in the community. Not everyone using Turkish Cypriot Community Association receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of inspection, the service was providing personal care to 87 people with physical disabilities and older people in their own homes.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us staff were reliable and felt safe with them. Staff were provided with information on risks to people's healthcare needs and how to minimise those risks to ensure their and people's safety. The provider employed suitable and sufficient numbers of staff to meet people's needs safely. People were supported with their medicines needs by staff who were trained in medication administration. Staff followed appropriate infection control procedures to prevent cross contamination and avoid risk of spread of infection. The provider maintained appropriate accidents and incidents records and shared learning outcomes with the staff team to minimise future occurrences.

The provider assessed people's needs at the time of referral and informed staff on how to provide individualised care. Staff were provided with sufficient induction, regular training and supervision to meet people's needs effectively. People were happy with the nutrition and hydration support. The provider supported people where requested to access healthcare services to maintain good health. People told us staff asked them before supporting them and staff knew people's right to choose and encouraged them make decisions.

People and their relatives told us staff were caring and treated them with dignity and respect. Staff were trained in equality and diversity, and treated people as individuals. People were supported to remain independent and their confidentiality was maintained. The provider delivered a cultural specific service and ensured staff were matched with people with similar language and cultural backgrounds. People were supported by the same staff team that ensured continuity of care.

Staff knew people's likes, dislikes and background history. People told us they received personalised care. The provider had updated people's care plans to make them more person-centred. People and their relatives knew how to raise concerns. People were supported with end of life care needs but these were not always clearly reflected in their care plans. We have made a recommendation in relation to end of life care staff training.

The provider had made improvements since the last inspection and had a better oversight of the management of the service. However, there were still areas including care plans, medication administration record charts (MAR) and MAR audits where the provider was making improvements to ensure consistency. The provider had improvement plans including organisational restructure to increase office capacity to sustain the improvements. The provider worked with local authorities to improve the quality of care delivery.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

People told us they felt safe with staff. Risks to people were identified, assessed and measures were put in place to mitigate the risks. Staff knew how to safeguard people against avoidable harm and abuse.

People told us staff arrived on time and were satisfied with the timekeeping. Staff were trained in medication and people told us they were happy with the medicines support.

The provider had processes to record and learn from accidents and incidents. Staff delivered care in line with the provider's infection control procedures.

### Is the service effective?

Good

The service was effective.

The provider assessed people's needs before they started delivering care. People told us their individual healthcare needs were met by staff who received regular training and supervision.

People's nutrition and hydration needs were met. Staff supported people to make healthcare appointments where requested and followed the professionals' recommendations to provide effective care.

The provider met the principles of Mental Capacity Act 2005.

### Is the service caring?

Good

The service was caring.

People told us staff were kind and caring. Staff were matched with people based on their cultural and language similarities. People were supported by the same staff team. People told us their privacy was respected and staff treated them with dignity.

Staff met people's religious, cultural and gender preference needs and these were recorded in people's care plans. The

provider worked with and supported lesbian, gay, bisexual and transgender people. Staff were trained in equality and diversity. The provider followed appropriate procedures to maintain people's confidentiality.

## Is the service responsive?

Good

The service was responsive.

People were supported by staff who knew people's likes and dislikes. The care plans were personalised and gave information on how people would like to be supported. People and their relatives were involved in the care reviews.

Staff supported people to access community venues and participate in activities where requested.

People and their relatives knew how to raise concerns. The provider responded to people's concerns and complaints in a timely manner.

People were supported with end of life care support but their care plans did not always reflect their end of life needs.

## Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider had made improvements in their recordkeeping systems and monitoring and evaluation processes. There were some areas of care delivery that the management was in the process of improving to ensure consistency.

Staff and a local authority told us they had seen improvements since the last inspection and the service was well managed.

People, their relatives and staff told us the management was approachable. Staff told us they felt supported and listened to. The provider sought feedback from people and their relatives to improve the care delivery.

# Turkish Cypriot Community Association

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 and 28 June 2018 and was announced. We gave the service 48 hours' notice of the inspection visit to ensure there was somebody at the location to facilitate our inspection.

The inspection was carried out by two inspectors who visited the provider's office and an expert-by-experience who made phone calls to people and their relatives to gain their feedback on using the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection, we reviewed information we held about the service, including notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We looked at the information sent to us by the provider in the Provider Information Return, this is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received feedback from two local authorities that commission care packages to the service.

During the inspection visit, we spoke to the registered manager, the chief executive officer, the training officer, two care coordinators and five care staff. We reviewed 10 people's care plans, risk assessments and care delivery records, six staff's recruitment, training and supervision records, and records related to the management of the service. Following the inspection, we spoke to two people who used the service and six relatives. We reviewed documents provided to us after the inspection including new management structure, survey results, reviewed care plans, risk assessments, and a local authority's monitoring visit notes.

Good

# Is the service safe?

## Our findings

At our last comprehensive inspection on 12 and 17 July 2017 we found that the provider had not consistently assessed and mitigated the risks associated with people's health, care and mobility needs, and accidents and incidents were not investigated. The service was in breach of Regulation 12. During this inspection we checked to determine whether the required improvements had been made. We found the service had made sufficient improvements thereby meeting the regulation.

The provider identified, assessed and mitigated risks associated to people's health, care and mobility needs. People's risk assessments included internal and external environment, mobility, personal care, nutrition and hydration, medication and social care. People with risks specific to their health and medical conditions had risk assessments and guidelines in that area for example, with diabetes, falls, choking, asthma, and pressure sores. Since the last inspection the provider had reviewed and updated most people's risk assessments to ensure they provided sufficient information to staff to meet people's individual needs safely. For example, a person with limited mobility who used mobility aids to move about independently indoors was correctly identified at risk of falls. This person's risk assessment stated the person used "a walking stick and a walking frame" to move around their home and there were instructions for staff "to ensure that the environment is free from clutter and that there are no trip hazards." The person's risk assessment also included falls awareness guidance that instructed staff to be aware of the cause of falls, the consequences of falls and how to prevent falls such as "to ensure pathways are clear, allow time to mobilise, do not rush the person, ensure clothing and footwear does not affect the mobility, and in the event of fall "staff to not to attempt to lift the person, to follow first aid training procedures, and report and record any misses or actual falls to the office immediately."

Staff we spoke to demonstrated a good understanding of the risks to people they supported and the procedures they followed to mitigate those risks. For example, a staff member said they supported a person to access the community via using a wheelchair. The staff member said, "Make sure [person who used the service] was strapped in at all times. Take the bus, help [person who used the service] onto the bus" and make sure nothing or no one bumps into the person. Another staff member told us they supported a person who was at risk of pressure sores and they made sure the person consumed sufficient liquids and moisturised their skin. They further said, "Check [person who used the service] skin for bed sores or redness and reposition her throughout the day." The staff member further said if they noticed any redness they would alert the office so that the GP could be contacted promptly.

The provider had processes to record accidents and incidents and records showed these were appropriately completed. Staff were aware of their responsibilities in reporting incidents and immediate actions they needed to take. A relative said, "The carer [staff member] found her [person who used the service] on the floor in the morning. They [staff] pressed the safe and sound system and the ambulance was called. The ambulance was called quite promptly." The provider also maintained records of any follow up actions, and learning outcomes were discussed during the staff meetings and one to one supervision sessions. Records confirmed this.

People and their relatives told us the service was safe and that they felt safe with staff. One person told us, "They [the management] ask if I am feeling safe and important." Relatives' comments included, "The carer [staff member] makes me feel it is a safe service. And I know they [staff member] are checked as well" and "Yeah, I do [feel my relative is safe]. I can relax in knowledge that they are being taken care of. I was there once or twice, for me it is that the carers [staff] genuinely care."

People and the relatives told us staff generally arrived on time and would be informed if the staff were running late. A person said, "Yeah [staff] on time. [Punctuality] is okay, it is fine for me." Relatives' comments included, "Yes she [staff member] does [advise if running late]. Maybe a few times she is late but she texts me", "She [staff member] is always on time. We have had the same carer [staff member] for a few years" and "Yes, they arrive on time. We have not had to be told if they are late because that has not happened so far." Staff mainly worked with the same people and staff rotas showed they were allocated with the same care visit times on a monthly basis. Staff rotas confirmed this. Staff we spoke to told us having the same rota enabled them to plan their travel time to ensure they arrived at people's homes on time. Staff allocated on double up calls where two staff were required to support the person were aware that they should not provide care without the second staff member for the person and their own safety. A staff member said, "I cannot go alone on double ups for their [people who used the service] safety and mine." The provider had introduced a new electronic monitoring system to monitor care visit times and whether staff stayed throughout the duration and records confirmed this.

Staff we spoke to were aware of safeguarding procedures and knew the types and signs of abuse and the action they needed to take if they suspected abuse or poor care. A staff member commented, "[Safeguarding] is about keeping people safe. If I am seeing something wrong with my client [person who used the service], first I am asking what has happened, I record in the book and call my manager." Another staff member said, "If see anything wrong, contact the office. Outside the office go to the police, ambulance, social services." All staff received annual refresher training in safeguarding and whistleblowing, records confirmed this. Staff told us they would follow the whistleblowing procedure if they felt people's safety was at risk. This demonstrated the provider followed appropriate procedures to ensure people were protected against harm and abuse.

People were supported with medicines and the support required was clearly detailed in their care plans and medication risk assessments. People and their relatives told us they were happy with medicines support. A person commented, "I take my medication myself. It comes from a blister pack. She [staff member] just gives it to me." Relatives' comments included, "They [staff] give her [person who used the service] medication. No concerns", "Yes, they [staff] manage it quite well" and "She [staff member] uses a dossett box. She [staff member] knows how to give the medication." People's medication administration record (MAR) charts detailed known allergies, names and dosage of medicines, and timing of medicines administration and codes when medicines were refused or not taken. People's MAR charts showed that staff mostly recorded medicines appropriately. The management identified issues during MAR charts audits and called in staff for refresher training. Staff received medication training and their competency assessed before they administered medicines and received annual refresher training. Records confirmed this.

Staff were trained in infection control and were given sufficient personal protective equipment to avoid spread of infection. Staff comments included, "Get gloves, apron, uniform, mask and shoe covers" and "They [the management] give to me gloves and aprons all the time."

Good

# Is the service effective?

## Our findings

People and their relatives told us staff met their individualised healthcare needs. One person said the staff knew their needs and abilities and supported them with their needs. A relative commented, "Yes. The lady [staff member] who comes is very kind, she washes her [person who used the service], dresses her, feeds her. She does very well."

People's needs were assessed at the time of referral. The care coordinators and senior staff would visit people at their homes or in the hospital to gather information on their healthcare and medical needs and abilities, and the support they required to lead healthy lives. The provider met with the family and healthcare professionals where required to gain a better understanding of people's needs and abilities. This information was then used to create people's care plans. The management told us the needs assessment was crucial as it also enabled them to plan staff allocations.

Staff we spoke to told us they found training helpful and enabled them to provide effective care. One staff member said, "I receive regular training and the training is good." Another staff member commented, "If I need anything [training] they give it to me. Today or tomorrow have some training. Sometimes face to face, group or online training." The provider had an internal qualified trainer that provided training to staff in English and other preferred languages to ensure staff understood information and the standards of care expected of them. All new staff undergo three days induction training that covered policies and procedures, role and responsibilities, and health and safety. This was followed by the provider's mandatory training including safeguarding, moving and handling, medication and infection control. Following the successful completion of both training courses new staff were required to shadow existing staff before they could provide care on their own. Records confirmed this. A newly recruited and trained staff member said, "Shadow[ing] - yes I did a long shadow[ing], it was really good. The office asked are you ready [to support people on your own]?" Staff also received additional training in health and mobility conditions relevant to the person they were supporting such as diabetes, pressure sores, dementia, percutaneous endoscopic gastrostomy (PEG). PEG is a tube that is inserted into people's stomach who are unable to receive nutrition and medication orally. A staff member said they received training in PEG feed and "refresher training in PEG feed" to ensure they still understood the correct procedures to support the person effectively. The provider's training matrix showed staff received regular training and were booked on to annual refresher training.

Staff supervision and appraisal records demonstrated staff received regular supervision and appraisal. Staff told us they found supervision sessions and yearly appraisal helpful. A staff member commented, "Firstly, the appraisal process, [has] given me support to do my role better, asked me what training and development I would need to meet my job requirements. I do receive regular supervisions, last one was in March 2018, conducted by [the chief executive officer]. I find them useful as if I have any concerns I am able [to] air them. Yes, I do feel listened to." Staff told us they worked well as a team and supported each other to meet people's individual needs. This showed the provider followed robust procedures to ensure staff received regular training, support and supervision to deliver effective care.

People were supported with their nutrition and hydration needs and told us their needs were met. One

person said, "With breakfast she changes it, one day egg, one day toast and she asks me what I want." A relative said, "She [person who used the service] always gets food and things like that." People's dietary needs and food likes and dislikes were recorded in their care plans. Staff we spoke to demonstrated a good understanding of people's dietary needs and preferences. One staff member said, "She [the person who used the service] likes her Turkish tea. Sometimes she likes fish for breakfast and other times eggs, cheese, toast and juice." This showed people's individual dietary needs and preferences were met by staff who were knowledgeable about people's needs.

The provider supported people when requested to make healthcare appointments and liaise with healthcare professionals to deliver effective care. People and relatives we spoke to confirmed this. A relative said, "In fact I was there a few days ago to meet the occupational therapist, physiotherapist and the carer [staff member]. They occupational therapist and physio [therapist] are giving my [person who used the service] some exercises to do to make her more mobile and the carer [staff member] seemed genuinely interested and so that's something a little extra they are doing." People's care files had records of healthcare professionals' appointments and correspondence in relation to people's needs. The provider kept clear records of healthcare professionals' recommendations and ensured staff followed them to support people with their individualised needs. Records confirmed this. For example, a person at risk of pressure sores required repositioning on each care visit, the person's care plan and their daily care records showed staff repositioned them at each care visit.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People told us staff gave them choices, asked their permission and encouraged and supported them to make decisions. One person said, "Yeah always [gives choices]. That is why I am very happy because she asks me everything." Relatives said staff asked consent before providing care.

Staff we spoke to knew their responsibilities in promoting people's right to choice and asked their permission before supporting them. Their comments included, "I ask her [person who used the service] what she wants for breakfast. I cannot make decisions for them", "I ask what would you like to eat or drink today, what would you like to wear today? If they want to wear a jumper on a hot day, I explain the weather is hot (not able to wear jumper) and they understand" and "His or her [person who used the service] life. [I] offer them choices what they want. I am there for them [and] not for me."

The provider maintained mental capacity assessments for people who lacked capacity, with cognitive impairment and showed signs of confusion. The assessments described whether people could make decisions regarding their care and treatment, and where they could not make decisions, the details of their power of attorney. People's care files had signed consent to care and treatment, and to share information forms.

Good

# Is the service caring?

## Our findings

People and their relatives told us staff were kind, caring and helpful. One person said, "She [staff member] is very helpful. They [staff] are nice." Relatives' comments included, "The lady [staff member] who comes Is very kind. She is very helpful", "Yes, staff are, approachable and helpful" and "Yeah, they are very friendly staff."

The service provided cultural specific care and prioritised matching staff to people who spoke the same language and had an understanding of people's cultural needs. A person told us the staff member who supported them spoke the same language which made the communication easier. One relative said, "The fact they [staff] are [specific language] speakers helps enormously." Another relative commented, "Yes. Because we are the same culture and they can communicate and they have a chat [in the same language]." Most staff we spoke to told us they could speak the same language as the person they supported and found it enabled them to gain people's trust and form positive relationships.

The provider asked people for their gender preference care needs and these were recorded in people's care plans. Records confirmed this. People's religious beliefs and cultural needs were recorded in their care plans and staff knew how to meet those needs. For example, some people could not eat certain meat due to religious needs, a person was supported with their daily prayers. Staff told us they respected people's religion, their religious and cultural wishes.

People told us they were supported by the same staff team. The provider told us continuity of care was important to them as it promoted caring relationships and ensured the same staff team were allocated to people. Staff rotas, daily care notes and people's care plans confirmed people were supported by the same staff team. A person commented, "My carer always the same woman. Sometimes when she has holidays they replace with other carers and I know them." Relatives comments included, "Yep. Just the same person [staff member] that attends. We have only ever had one person [staff member] and we like the continuity of the staff member. She treats her [person who used the service] with care" and "Most of the time we get the same carer [staff member]. One is the main carer and looks after her [person who used the service] 80-90% of the time."

Staff were trained in equality and diversity and knew people had equal rights. Staff told us they were aware of people's diverse needs and treated people as individuals. A staff member commented, "Not everybody has the same [preferences]. The food the way they want is different." People told us they were treated with dignity and their privacy respected. One person said, "She [staff member] is very careful about [my] privacy." All relatives said staff treated their family members with respect and dignity. Staff spoke about people in a respectful and caring way and gave examples of how they maintained people's dignity. Their comments included, "Privacy is so important for clients [people who used the service]. For example, in bath, I go outside then he [person who used the service] calls me when ready", "I wait till she [person who used the service] is ready, encourage her, but never force her" and "A client [person who used the service] who had vomited, I wiped them around their mouth, removed their clothes and changed their beddings."

The provider promoted people from different backgrounds, communities including lesbian, gay, bisexual and transgender (LGBT) people to use their service. The registered manager told us, "There would be no difference in our support to people with different backgrounds, sexuality, sexual orientation and religious beliefs as it is about meeting peoples care needs. We have LGBT carers [staff] and service users [people who used the service]." Staff told us they would support LGBT people with their individual needs. One staff member said, "It is human rights, people's sexuality."

People's sensitive information was stored securely and only accessed by relevant staff. Staff were trained in the provider's confidentiality policy and procedures and demonstrated a good understanding. Their comments included, "Maintain privacy of people's information [and] do not discuss with other people outside [the service]" and "Confidentiality means [we] cannot talk about people [who used the service] with any other person. Any problems talk to my manager. I do not talk about clients [people who used the service] on the street or to my relatives." This showed staff followed correct procedures to ensure people's confidentiality was maintained.

Good

# Is the service responsive?

## Our findings

People told us staff knew their likes and dislikes. A person said, "My carer knows what I like." People and relatives told us the service was flexible and managed their requests well. One person said that when they had GP visits the provider would send a staff member to support them as they were unable to open the door by themselves. A relative commented, "Yes. They [the management] are quite prompt [in responding], they [staff] look after her."

Relatives told us the staff and the management were efficient in contacting them to raise any concerns or to update them on people who used the service's health. Their comments included, "The fact that if anything is wrong that they will be on the phone to me. I think last week I got a phone call from the carer at night saying my [person who used the service] was a bit [unwell] so I went over to check. So, if something is wrong they will let me know", "The carers certainly do, and the company. Last time she [person who used the service] was in hospital I got some phone calls asking how she was and what was happening" and "She [staff member] always calls me and tells me about my [person who used the service]." This showed the provider promptly responded to people's requests and updated the family where necessary of the changes in people's healthcare needs.

People's care plans gave information on their likes and dislikes, background, health and medical history, family relationships, medical professionals contact details, care visit times and how people would like to be supported. For example, one person's care plan stated they liked "to cook traditional [culturally specific] food, to watch [culturally specific] TV, to eat chicken and chips, and lot of fruits, is an early riser, usually around 6am, does not like it when people are loud, does not eat pork due to religious reasons." Another person's care plan stated they liked "listening to [culturally specific] music, being taken out, used to like gardening, has an allotment, likes to go and visit and instruct what to plant in his allotment, likes sitting in the kitchen and watching his grandchildren play."

Since the last inspection, the provider had reviewed the majority of people's care plans to make them more personalised. The care plans that were reviewed now gave instructions on how to provide person-centred care. For example, a person's care plan stated that they liked "to be independent" and "were able to brush his teeth and wash his face and upper body parts". The care plan further informed staff to remember that the person liked his independence and "to encourage [his independence] during all personal care tasks and help ONLY when needed." For another person living with dementia, their care plan had detailed guidelines on how to support the person. For example under how to communicate it stated, "speak slowly, not too loud, using a low-pitched voice, face the person when you are speaking to them." This showed the provider gave staff detailed instructions on how to meet people's needs to deliver personalised care. We asked the management about the care plans that needed to be updated to the new personalised format. The registered manager told us they were in the process and should have updated them all by the end of August 2018.

Staff demonstrated a good understanding of people's likes and dislikes and gave examples of how they liked to be supported. A staff member said, "I have a client [person who used the service] where I have to

encourage him to drink more water. I say water is so important, please drink some more water." Another staff member commented that the person they supported liked going out "She likes going to [shops' names] in [area name], I take her there." Staff told us they found people's care plans helpful and were briefed by the office staff before they started working with people. One staff member said, "The office gives you all the information about the patient [person who used the service]. Tell you if they can communicate, speaking or no speaking. What they like in the evening, what they want to drink in the morning. They give me all the details about the patient [person who used the service]."

People's care plans were reviewed on an annual basis and as and when their needs changed. The provider involved people and their relatives where necessary in care reviews. A person said, "Yes, I know my care plan. They [the management] increased my time for [an] extra half an hour." A relative commented, "Yeah, I am going this Wednesday [for the care plan review]." Records showed people's care plans were reviewed annually or earlier if their needs had changed.

People where requested were provided with companionship and a sitting service, supported with accessing communities and activities. A relative commented, "They [staff] take her [person who used the service] to the shopping centre and town and swimming." People's daily records showed most staff recorded in detail how they supported people. The provider had introduced a pictorial daily care sheet where staff ticked the care tasks they had carried out, this was used by the staff whose first language was not English and they struggled to write details of the support they had provided. Records confirmed this.

The provider's complaint policy was accessible. People and their relatives were encouraged to raise concerns and had office contact details to use when they wanted to make a complaint. Most of them told us they had no concerns and had not made complaints. A relative commented, "Yeah [the office staff team] is very nice. Yeah, I think they [office staff] are approachable enough to raise any concerns." Another relative said, "Not at all [concerns]. I think the service is excellent." Since the last inspection in November 2017. The complaint records detailed the actions that had been taken such as "contacted the complainant to gather more information, contacted their next of kin and offered to change the staff member, raised a safeguarding alert with the local authority and with the CQC." This showed the provider followed their complaints policy and procedure to address people's complaints in a timely manner.

The provider told us they supported people with end of life care needs. We found where people had disclosed their end of life care wishes these were recorded in their care plans. For example, some care plans recorded whether people had a signed Do Not Attempt Cardiopulmonary Resuscitation, where it was located in their homes, funeral wishes, palliative care support team and hospices details. Although, staff knew how to support people with their end of life care needs they were not trained in that area. We asked the management about this and they told us they would arrange a training for staff in end of life care.

We recommend that the provider seek guidance and advice from a reputable source, in relation to staff training in end of life care.

Requires Improvement

# Is the service well-led?

## Our findings

At our last comprehensive inspection on 12 and 17 July 2017 we found that the provider lacked effective systems to assess, monitor and evaluate records and information related to people using the service, staff recruitment and the management of the service and was in breach of Regulation 17. During this inspection we checked to determine whether the required improvements had been made. We found the service had made sufficient improvements thereby meeting the regulation.

At this inspection, the provider demonstrated the improvements they had already made and the ones they were in the process of completing to ensure consistency. For example, the provider had introduced a new format of personalised care plan and risk assessment and although, the changes had been made to most of the people's care plans and risk assessments, there were still some in the process of being updated. The management was aware of this and reassured us with their action plan that the rest of the care plans and risk assessments would be updated by the end of August 2018.

The provider had introduced systems to audit people's daily care logs and medication administration charts. We found that the office staff who audited these records mostly identified issues and wrote comments and action points on the records. However, we found there were some audited documents where the office staff had forgotten to record the discussion points. During the inspection the provider produced a separate audit sheet. They told us they would start using this for audit purposes so that they would not forget to record the action points. Records confirmed this.

The registered manager conducted weekly informal meetings to discuss any concerns and changes in people's needs. A staff member said, "We have informal meetings every Monday, discuss any concerns or issues raised over the weekend." Another staff member commented, "We have carers meeting, when I come for lessons [training], afterwards [we] have meetings." A third staff member told us, "We have office staff meetings once a month chaired by [the registered manager]. Recently the [chief executive officer] chaired one as he needed to cover GDPR [general data protection regulation]. Anything new introduced is covered such as the [electronic monitoring system], any significant events such as safeguarding." Records confirmed this.

Since the last inspection, the provider had started carrying out quarterly unannounced spot checks where the office staff visited people's places with their permission but without care staff knowing. At the spot visits the provider checked whether staff arrived on time, treated people with dignity and respect, provided care as per the agreed care plan and followed infection control procedures. Records confirmed this. The provider also conducted quarterly telephone monitoring calls where they sought people and their relatives' feedback over the phone and asked if they had any concerns. Records confirmed this.

People and their relatives were asked for their feedback quarterly via telephone monitoring and annually via feedback questionnaires. A person commented, "Yeah they do. The office always calls me sometimes two or three times in the week and they ask me questions, if I am happy or unhappy." One relative commented, "The office sometimes phone us up to ask how everything is, if there is any problems." Another relative said,

"Yeah, a few times they call me and ask me if I am happy and everything. Once they came to check everything before they start." Records confirmed this. Following the inspection, the provider sent us the outcomes and analysis of the feedback received in January 2018 and it was all positive. Some quotes from the feedback included "My family and I are very lucky to have such good people [staff] looking after my [person who used the service]" and "Helping me to read my letters, some application forms to fill for me." The provider's action plan following the feedback analysis showed they had taken people's feedback on board and developed action points to improve people's care experience such as "develop feedback questionnaires in people's native languages" and "continue to carry out regular telephone monitoring and unannounced spot checks." The provider also requested feedback from the external stakeholders including healthcare professionals. However, they had not received any responses. Records showed the provider had sent out the feedback questionnaires.

Following the inspection, the chief executive officer emailed us the organisational restructure plans to be introduced in October 2018 to increase the office capacity to support the existing team to sustain the improvements achieved so far. We were reassured by the organisational restructure plans and the registered manager told us the service would benefit from the increased capacity. The chief executive officer told us they have introduced another level of quality assurance where all care plans and risk assessments that were produced and updated would be checked and signed off by the training manager who was also an experienced care manager.

Staff we spoke to told us they had seen improvements since the last inspection. A staff member commented, "Our communication especially with the social services has improved, we have put systems in place where any issues arise we ring the alarm bells to the relevant parties. The recordkeeping of referrals that we started keeping have been very helpful as they are easy to track and there is an audit trail. The documentation overall has improved." Another staff member commented, "We have introduced better systems and processes to capture people's needs and risks, giving more and more information to staff on how to support people." This showed that the provider had made improvements to the overall systems and processes of the management of the care delivery and ensured better oversight of the service.

People and their relatives told us the management was approachable and the service was well led. A person said, "His [registered manager] mobile phone and I have got that. Out of office hours I can call and reach them." Relatives' comments included, "Yeah. They [the management] always get back to me and are polite on the phone" and "Yeah, they [the management] are. Yes, the office staff too. When I call they always call back or answer me." Everyone we spoke to told us they would recommend the service.

Staff told us they felt supported by the registered manager and enjoyed working with the provider. Their comments included, "[The registered manager] is very supportive I can contact him even when I am on out of hours call" and "The manager is very helpful, any problem they help. I am happy in this company, I love my work and staff are very friendly." Staff told us they felt listened to, were asked for their opinions and their suggestions were taken on board. A staff member said, "I suggested significant events format and it was taken on board and actioned straight away. I am proud of the fact that we have a lot of teamwork, we support each other, makes the job and the role much easier."

The registered manager told us they worked closely with day centres and advisory services. For example, a person required support with financial matters and the provider liaised with the advisory service to ensure the person received appropriate support. Records confirmed this. The provider worked with local authorities to improve the quality of the service to improve people's lives. Following the inspection, the provider sent us notes from one of the local authorities recent monitoring visit that showed the provider had made improvements.