

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?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Outstanding ☆

# Summary of findings

## Overall summary

This report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the COVID-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

### About the service

Turkish Cypriot Community Association is a domiciliary care agency providing care to people in their own homes. At the time of inspection, they were providing personal care to 70 people.

### People's experience of using this service and what we found

The service was extremely proactive in supporting people they cared for and also within the wider community. They were creative and worked extensively with other organisations to benefit people and their staff. The service was particularly proactive during the COVID-19 pandemic to ensure that people they cared for were supported and safe. The service had won various awards for their work during this time and they demonstrated exceptional leadership and initiative.

The service was also very driven in supporting their staff and had developed resources to them with their health and wellbeing. Staff spoke very highly about working for the service and staff turnover was extremely low.

People told us staff were exceptionally caring and respectful. Staff had a good understanding of how to support people in a way that promoted their privacy, dignity and independence. The service worked to meet people's needs in relation to equality and diversity and people told us they had regular carers who knew them well.

People told us they were involved in making decisions about their care and that they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

The provider had systems in place to protect people from abuse and people told us they felt safe. Risk assessments were in place to help minimise risks people faced. Infection control measures were in operation. There were enough staff employed to support people and checks were carried out on staff to verify they were suitable to work in the care sector. Steps were taken to learn lessons if things went wrong.

Systems were in place for monitoring and reviewing the quality of care and support provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection.

The last rating for this service was good (published 25 July 2018).

#### Why we inspected

This was a planned pilot virtual inspection. The report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the COVID-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider. The pilot inspection considered the key questions of safe and well-led and provide a rating for those key questions. Only parts of the effective, caring and responsive key questions were considered, and therefore the ratings for these key questions are those awarded at the last inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to effective.

Inspected but not rated

### Is the service caring?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to caring.

Inspected but not rated

### Is the service responsive?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to responsive.

Inspected but not rated

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

# Turkish Cypriot Community Association

## **Detailed findings**

### Background to this inspection

#### The inspection

As part of a pilot into virtual inspections of domiciliary and extra-care housing services, the Care Quality Commission conducted an inspection of this provider on 16, 17, 18, 19 November 2020. The inspection was carried out with the consent of the provider and was part of a pilot to gather information to inform CQC whether it might be possible to conduct inspections in a different way in the future. We completed this inspection using virtual methods and online tools such as electronic file sharing, video calls and phone calls to gather the information we rely on to form a judgement on the care and support provided. At no time did we visit the provider's or location's office as we usually would when conducting an inspection.

#### Inspection team

The inspection was carried out by an inspector, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The provider was aware we would be inspecting between October and the end of November as they had agreed to participate in the pilot. Inspection activity started on the 16 November 2020 and ended on the 19 November 2020.

### What we did before the inspection

Before our inspection we reviewed the information we held about the service which included statutory notifications we had received in the last 12 months and the Provider Information Return (PIR). The PIR is a form we ask the provider to complete which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make.

### During the inspection

We spoke with three people who used the service and 29 relatives. We spoke with the registered manager, CEO, six care workers and two external professionals.

We reviewed a range of records including nine care plans and risk assessments, as well as five staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service, including policies and procedures, quality audits and spot checks.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at medicine records and updated policies.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good.

At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. Comments included, "If I need help to transfer to the wheelchair they help me, I feel safe in my environment." and "She is definitely safe, the carer treats her like her own Mum."
- Systems were in place to protect people from the risk of abuse. There was a safeguarding adult's policy in place. The policy made clear the service had a responsibility to report any allegations of abuse to the local authority and the Care Quality Commission.
- All staff had undertaken training about safeguarding and understood their responsibility to report any allegations of abuse. One care worker told us "If I ever had any concerns, first I would make a note in the folder and record it and I would let the manager know. If the office was closed I would call the out of hours number."

Assessing risk, safety monitoring and management

- The risks to people's safety and wellbeing had been assessed and planned for. Staff had assessed risks relating to people's mental and physical health, mobility, skin integrity, nutrition, hydration and risk of falling. They had also assessed people's home environment and the equipment being used, such as mobility aids. The assessments were clear and appropriately detailed, they gave guidance for care workers about how to reduce risks and they were regularly reviewed and updated.
- Care plans included information for care workers on how to look for signs of increased risk and how they should respond to this. This meant care workers were able to help keep people safe and put in place extra measures when they identified concerns such as a person becoming mentally unwell, changes in physical health or changes in appetite.

Staffing and recruitment

- There were enough care workers to keep people safe and meet their needs. People told us they were assigned the same regular care workers and they were able to make choices about the care workers who supported them. They said most visits took place on time, and they were informed if they were running late. A relative told us, "[Relative] has got used to the same carer, they always let me know if she is going to be away. They provide someone as good, they try to match up someone who can accommodate her needs".
- The provider carried out robust checks on all staff before they commenced working at the service. These included employment references, proof of identification and criminal record checks.

Using medicines safely

- There were systems in place to manage medicines safely. Care workers received appropriate medicines

training and followed a medicines policy that reflected national guidance.

- People's needs were assessed for the support they required to take their medicines safely.
- Care workers completed medicines administration records (MAR) when they supported people to take their medicines. Managers checked that MAR's had been completed correctly and discussed any discrepancies with care workers for them to learn from.
- The service had links with healthcare professionals for additional support if needed.

#### Preventing and controlling infection

- People and their relatives told us that care workers adhered to infection control and prevention practices. One person told us, "We talk about infection control, when they arrive they ring the bell to give me chance to put on my mask". A relative said, "They always put on their protective clothing at the door".
- There was enough PPE (personal protective equipment) for all staff and people using the service confirmed their care worker wore gloves, aprons, shoe covers and masks when providing care. One care worker told us, "We've had plenty of PPE. They always phone and ask if I have enough of everything."
- The provider had systems for preventing and controlling infection. Procedures had been updated and new procedures had been introduced since the start of the COVID-19 pandemic. These were shared with staff and were discussed during team and individual meetings.

#### Learning lessons when things go wrong

- There were processes for learning from things that went wrong and making improvements to the service. These included investigation and analysis of all accidents, incidents, complaints and safeguarding alerts. The management team discussed adverse events and made sure they shared appropriate information with all staff so they could be learnt from and improvements made.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Ensuring consent to care and treatment in line with law and guidance

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- We checked if the service was working within the principles of the MCA. If a person lacked capacity this was recorded in their care records and we were given examples of where the service worked with healthcare professionals and family when a decision about care was required in the person's best interests.
- People had signed their care plans and consent forms to agree to the care they received in line with their assessed needs.
- Staff understood the importance of supporting people to make choices and were able to explain how they did this. One care worker told us, "I always obtain consent. We can't force people to do anything." People confirmed they were able to make decisions about their care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they were well treated and supported. They had good relationships with the care workers who supported them. Some of their comments included, "The staff are caring, they have a good relationship with [relative]. It's the kind way they talk to her, their body language" and "My aunt is always happy to see her carer, they have a good relationship, a caring relationship. The carer is trustworthy. It is difficult to find the right carer but my aunt has."
- Care workers understood the importance of promoting people's privacy, dignity and independence. One care worker told us, "Yes, I will help and promote independence." One person told us, "[Care worker] is good at her job, we work together."
- Care workers demonstrated awareness of equality and diversity. One care worker told us, "I treat everyone equally."

Supporting people to express their views and be involved in making decisions about their care

- People were able to express their views and be involved in decision making. People and their relatives where appropriate, were involved in the initial assessment of their care needs and the subsequent development and review of care plans. People told us staff asked them what they wanted and what was important to them. This was reflected in care plans.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had been involved in developing care plans so that they reflected what was important to them. The registered manager met with people and their families to discuss their needs, and records showed care plans had been signed by the person or their representative. A relative told us, "My mother has vascular dementia. They asked the family questions. They asked what she likes. It was important to the family to have a Turkish carer, her English is not good so someone who speaks Turkish is very important."
- People and their relatives told us the manager took time to match people with care workers who shared similar characteristics or interests to enhance the development of relationships. One family member explained, "They interact well with Dad, speak Turkish with him, understand his culture."
- Care plans were personalised and detailed and set out people's needs, including information about how to meet them. Care plans covered needs related to mobility, personal care, relationships, religion, culture, medicines and eating and drinking as well as detail about people's life history.
- Care plans were subject to regular review and records confirmed this. This meant they were able to reflect people's needs as they changed over time.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans. For example, one person had visual impairment and their care plan stated, "Carer to remember [person using the service] has eyesight loss in left eye. Make sure service user can see you...face to face, especially when communicating."
- The provider made sure that information that was shared with people who used the service was appropriate to their needs, for example documents were translated into Turkish when necessary and the provider's telephone line options were given in both English and Turkish.

End of life care and support

- The service was not actively supporting anyone at the end of their life at the time of inspection, however end of life training was provided to all staff and care plans were updated to reflect people's wishes in relation to this where relevant. One care worker explained, "I received end of life training. It's important to respect [people's] wishes and feelings."

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection this key question was rated as Requires Improvement. This was because the provider was still in the process of updating care plans to reflect a new format they had implemented, and there were some audited documents where the office staff had forgotten to record certain discussion points. At this inspection, we found that these issues had been resolved and this key question had now improved to Outstanding.

We found that the provider was now exceptionally Well Led. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There were high levels of satisfaction across all staff. Care workers shared their positive experience of working at the service and staff turnover was very low. Comments included "Worked here more than 15 years. I love working for [provider] and my clients. If I ever have any issues I can speak to the manager. They always help me" and "I've worked at [agency] for about 10 years. It's a lovely company to work for."
- People, relatives and care workers were very keen to share their positive view of the registered manager. One care worker told us, "I've been at [provider] more than 20 years. The registered manager is fantastic. He is an angel. He listens and always finds the solution to anything. He treats everyone equally." A relative told us, "The manager, I can't rave enough, it is difficult to find a care agency that give us such peace of mind. [Registered manager] is polite, caring, sorts things out immediately."
- Low staff turnover meant that people had the same care worker for long periods of time and both care worker and people using the service knew each other well. This meant there was consistency in care.
- The provider promoted equality and inclusion within its workforce. The registered manager explained, "We are registered with the Equalities Register. In order to be registered with them we need to meet their checklist requirements." They also told us, "We support any staff or service users that identify as LGBT (lesbian, gay, bisexual and transgender) and we work with a local authority voluntary group around promoting awareness of LGBT in our community."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Throughout the inspection, we found the provider to be open and honest. They were transparent when things went wrong and we saw examples of how lessons were learnt. For example team meeting records showed discussions with staff when any issues were raised and these were discussed as learning points.
- The registered manager was knowledgeable about their regulatory requirements. For example, they were aware of what they had a duty to notify the Care Quality Commission about, and the service operated within the conditions of registration imposed upon it by the regulator.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and CEO all worked closely to ensure the quality of care provided remained consistently high. For example we saw that spot checks were carried out regularly to check whether people were happy with their care and whether standards were being met. We saw examples of spot checks which looked at care worker punctuality, hygiene practices, equipment checks, communication and record keeping and these were all positive.
- Staff told us there was excellent communication within the service and information was disseminated throughout following clinical, management, team leader and staff team meetings.
- There was an exceptionally visible, cohesive and capable leadership and management team at the service. The registered manager was supported by the CEO, who was active within the service. People, their families and staff told us they saw the CEO and registered manager often and knew who they were.
- Staff spoke about the strong leadership of the service, which included all managers.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We saw evidence of how the provider went above and beyond to ensure staff wellbeing was supported. For example, they had introduced the 'Workforce Health Project' to support staff with maintaining their health and wellbeing. The CEO of the service told us, "It was created to make people healthier and happier within their working environment and supporting Turkish speaking employees...in order to reduce the amount of time away from work due to ill-health. This is done via access to bi-lingual, culturally sensitive information. For example, cycling to work schemes, promotion of hydration at work, smoking cessation."
- The CEO explained how the project had benefited staff and gave us examples of how staff absence was reduced since its introduction and that staff had reported that they felt holistically supported in their work.
- As a result of the COVID-19 pandemic, the service took an extremely proactive approach to support people who used the service and the wider community. They launched the 'Turkish Cypriot COVID 19 Initiative' which launched a week before the national lockdown in March 2020 along with a further 11 charities from the community. The CEO told us, "The initiative with over 60 volunteers, carries out daily food runs, weekly shopping help, cooked meals, pharmacy collection, emergency help line, advice line, care support, guidance, support with COVID19 tests for front line staff and support to hospitals." We saw examples of this work through the service's social media platforms and YouTube footage.
- The service had a luncheon club that operated from the office premises to provide social interaction for people who used the service. People played board games, Turkish beverages and food were provided and Turkish television programmes were shown. This had to be paused as a result of the COVID-19 pandemic so instead a telephone befriending service was set up to support people who were having to isolate or shield. The registered manager explained "Volunteers were matched with an at-risk individual to provide them with comfort, support and a friendly voice to turn to in times of struggle. Among [the volunteers] are qualified therapists, helping to mitigate the inevitable mental health issues which many are experiencing throughout the evolving pandemic; loneliness, fear, anxiety."
- A representative from Healthwatch Haringey gave us feedback on their interactions with the provider and their work during the pandemic, "They have been very willing and proactive partners and very impressive in their commitment to work with us to supplement their already impressive range of activities." In addition, a Councillor from the same authority told us, "From my observation the organisation makes great efforts to support people and they go the extra mile. What I think is most impressive, is the positive and caring ethos of the organisation which is so apparent under [CEO's] leadership."
- The service carried out annual surveys which followed our key lines of enquiry to ensure they were embedded and integral to the monitoring of quality.
- The 2020 annual staff survey results reflected the very positive relationship between the care staff and leadership team. Staff reported being proud to work for the service and understood how their work

contributed to the provider's values and goals. Comments included "Great staff and team doing very valuable work."

- In addition, the 2020 service user and relative's survey reflected the high quality of care that was being provided. Comments included "My grandmother is really happy with her care. She has a really close relationship with her and treats her like family" and "Very happy, the carer speaks Turkish, is kind and patient."

#### Continuous learning and improving care

- There was a leadership culture which both nurtured and empowered staff and a commitment to their training and development. The provider had placed real emphasis on the importance of this by investing in training for all staff. The registered manager told us, "We pay for our staff to do the NVQ (National Vocational Qualification) training. We are involved with the UK Homecare Association and SCIE (Social Care Institute of Excellence). They provide free training and we always use their guidance about best practice."
- In addition, the provider worked with ESOL (English for Speakers of Other Languages) which is aimed at non-native English speakers, looking to take up a new language or validate their skills. The registered manager explained, "We do always want to help improve our carer's English-speaking skills."
- The registered manager monitored the quality of service provided. A comprehensive programme of audits was conducted regularly to monitor and assess procedures through spot checks and telephone checks, an annual survey and general conversations with people and their relatives.

#### Working in partnership with others

- The provider was exceptionally committed to building strong links with the local community and were very keen on sharing their work with us.
- People benefitted from the provider's affiliation with other organisations. The registered manager explained, "During Covid there were a lot of people who couldn't go out so we partnered with 'Edible London' who grow organic produce and they've been given land from the council to grow food and distribute to vulnerable people. They distributed to us and we had a group of 15 DBS checked volunteers and we created packs of food with necessities. We are still doing this."
- The service had been nominated for and had won various awards for their commitment to supporting people who used the service and people in the community. They were recently awarded a 'Community Impact Award' by The Bridge Renewal Trust who are a community-based charity. In addition, two members of staff were recently nominated for a 'SHE Award' for their work during the COVID-19 pandemic. The SHE Awards recognises and celebrates the achievements of women. The service had also been awarded, by two local authorities they worked closely with for going above and beyond their everyday lives to support the community and we saw evidence of this.
- The registered manager and CEO explained that they had recently been approved a grant from a local authority to further their support for people using their service and within the community. The grant offered people smart TV boxes allowing them to access culturally relevant television programming, smart phones with pre-programmed support group numbers, a six-month subscription to a mobile network to support anyone who was isolated.
- The provider usually organised a Turkish Cypriot festival in the summer which brings the community together with food and live performances. People who use the service and their relatives attend in large numbers. However, as a result of the COVID-19 pandemic the festival was made accessible online instead. The registered manager explained, "We made our festival available online this year, which usually takes place in the summer. We had people cooking, arts, up and coming musicians and comedy. Our service users logged in and watched it and we sent them the link through WhatsApp to both service users and their relatives."