

## Turkish Cypriot Community Association

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### Inspection report

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Date of inspection visit:  
12 July 2017  
17 July 2017

Date of publication:  
06 September 2017

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

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

The inspection took place on 12 and 17 July 2017. This was an announced inspection. We gave the provider 48 hours notice of the inspection as this is a domiciliary care agency and we wanted to ensure the manager was available in the office to meet with us. This service was last inspected on 11 and 17 May 2016 when we found the provider was in breach of four regulations, in relation to need for consent, safe care and treatment, good governance and staff supervision.

Turkish Cypriot Community Association is a domiciliary care service run by Turkish Cypriot Community Association. At the time of inspection, the service was providing personal care to 105 people with learning disabilities, dementia or mental health issues in their own homes. Most of the people who used the service and the staff spoke Turkish.

The service had a registered manager 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.

The service had made improvements since the last inspection but these were not sufficient in providing safe care and treatment and good governance.

The registered provider failed to notify us about two incidents and did not raise safeguarding alert with the local authority on one occasion. Risks associated to people's care were not reviewed following accidents and incidents, and actions agreed were not followed through. Accidents and incidents records were not reviewed by the management. Environmental risk assessments were completed, however risks assessments related to people's health conditions were not carried out. Risk assessments and care plans did not give sufficient information and instructions to staff on how to provide safe and personalised care. Medicines administration records (MAR) for people who were prompted with medicines management were not always completed. Care plans were not personalised and lacked information on people's likes and dislikes.

The data management and monitoring systems to assess the quality and safety of care delivery was ineffective. The registered provider was not auditing systems related to care delivery including daily care logs, MAR, care plans and risk assessments. Some staff references lacked additional paperwork to confirm they had been verified. People's mental capacity assessment records required supplementary information regarding their power of attorney.

People and their relatives told us they were happy with the service and found staff caring and kind. People were satisfied with staff's punctuality and found the service reliable and trustworthy, and were happy to recommend the service. The service provided continuity of care and that enabled positive relationships between staff and people using the service. Staff were matched to people with similar cultural backgrounds. People told us staff treated them with and dignity and respect. People were provided with companionship

services as and when required.

Staff told us they felt supported by the management and their suggestions were taken on board. Staff received regular supervision and annual appraisal. Induction and training records confirmed staff received mandatory and additional training to do their job effectively. Staff had a good understanding of their role in identifying signs of abuse and reporting any concerns of poor care, neglect and abuse. Staff sought people's permission before providing care and gave them choices.

People's nutrition and hydration needs were met. The service worked with health and care professionals in improving people's physical health.

The service sought formal feedback on the quality of care delivery from people and their relatives via annual feedback survey forms and called people quarterly to find out if there were any concerns.

We found the registered provider was not meeting legal requirements and there were overall two repeated breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach of Regulation 18 Registration Regulations 2009 notifications of other incidents. These were in relation to safe care and treatment and for systems and processes to improve the quality and safety of the services including accurate records.

You can see what action we told the provider to take at the back of the full version of the report.

## 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 not consistently safe. Risk assessments did not always include sufficient information on the management of the risks associated with people's health and care needs. The registered provider did not review risk assessments and followed up on action points following accidents and incidents, and failed to gain learning from the incidents to prevent further occurrences. The registered provider failed to notify us of two incidents as required to do so.

People told us they felt safe with staff and found them reliable. People told us they were happy with medicines support and staff's punctuality. The registered provider met infection control requirements.

**Requires Improvement** ●

### Is the service effective?

The service was effective. Staff understood people's health and care needs and people told us staff met those needs. Staff received sufficient training to do their job effectively. Staff told us they felt well supported by the management and records showed they received regular supervision. People's capacity to make decisions around their care and treatment was assessed by the service but relevant paperwork was not always in place.

People's nutrition and hydration needs were met. Staff supported people to access health and social services as and when required.

**Good** ●

### Is the service caring?

The service was caring. People told us staff were caring and kind, and received same staff on a day to day basis. People's cultural and religious needs were met by staff who were from similar backgrounds. The service ensured people's gender specific care needs were met and these were reflected in staff rotas and people's care plans.

People told us staff treated them with dignity and respected their privacy. Staff supported people to remain as independent as they could.

**Good** ●

### Is the service responsive?

The service was responsive. People told us staff provided personalised care and knew their likes and dislikes. People and their relatives were involved in care planning and the service conducted regular care reviews.

The service provided companionship and sitting service to people as and when requested. People were encouraged to raise concerns and complaints and the service maintained clear records of complaints.

### Is the service well-led?

The service was not consistently well-led. The service did not carry out audits and checks to monitor the quality of care delivery and mitigate care delivery risks. Care plans were not individualised and lacked information around people's likes and dislikes. Risk assessments did not detail sufficient information for staff to provide safe and personalised care. We found that the service did not maintain accurate care delivery logs and did not maintain medicines administration records for people that were prompted with medicines management.

People and their relatives told us they were happy with service and the management was approachable. Staff told us their opinions and suggestions were taken on board and felt well supported by the management.

Requires Improvement ●

# 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.

The inspection took place on 12 and 17 July 2017. This was an announced inspection. We gave the provider 48 hours' notice of the inspection as this is a domiciliary care agency and we wanted to ensure the manager was available in the office to meet with us.

The inspection was carried out by two adult social care inspectors and one 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. We phoned people using the service and their relatives to ask them their views on service quality.

Prior to our inspection, we reviewed information we held about the service, including previous reports and 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 contacted the local authority for their views of the quality of care delivered by the service. 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.

There were over 100 people receiving personal care support from the service, and 50 staff, at the time of our inspection. During our visit to the office we spoke with the registered manager, training manager and one care coordinator and looked at 16 people's care records including their care plans and care delivery records, six staff personnel files including recruitment, training and supervision records, and staff rosters. We also reviewed the service's safeguarding, accidents / incidents, complaints records and feedback surveys.

Following our inspection visit, we spoke with 11 people, four relatives, and six care staff. We reviewed the documents that were provided by the registered manager (on our request) after the inspection. These included reviewed medicines administration records for one person, policies and procedures and care records for five people.

## Is the service safe?

### Our findings

At our comprehensive inspection on 11 and 17 May 2016 we found that some people's risk assessments were incomplete and not regularly reviewed. People's medicines administration records (MAR) were not clear, had gaps in them and did not always include accurate medicines dosage. The service did not always maintain MAR for those people who were supported with medicines.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the inspection on 12 and 17 July 2017 we found the provider had made some improvements however these were not sufficient and the action plan they had written to meet shortfalls was not achieved and hence, the provider remained in breach of Regulation 12 described above.

People using the service and their relatives told us they felt safe with staff, trusted them and found them reliable. One person said, "I feel very safe with my carer." Another person told us, "I would not have them in the house if I did not feel safe with them. I think they are excellent." Relatives' comments included, "I trust them implicitly. I know everything is safe with them even if I am not around", "My sister is safe, there are no problems, she does not feel unsafe" and "There is a big element of trust there, I can pop out and trust leaving them with my [family member]."

Although people felt safe with staff, the registered provider did not follow safe practices and procedures in minimising risks associated with people's care and responding to accidents and incidents. We looked at accidents and incidents records and found they were not always fully completed and actions recorded were not always followed through. We found there were lack of systems to review accidents and incidents, and gain learning from them to prevent recurrences. We also found risks specific to people's care support were not always reviewed following accidents and incidents. For example, one person sustained a fall in November 2016 following being supported by a staff member in an unsafe manner without the required aids. This person was identified by the registered provider in August 2016 as being at high risk of falls due to the lack of aids available to provide personal care in a safe manner. However, the registered provider failed to put measures in place to minimise risks and thereby leading to the person having a fall. During this inspection, we found the registered provider had not reviewed this person's risk assessments or care plan following the fall and the staff continued supporting this person in an unsafe manner thereby putting them at risk of further falls and avoidable harm. Another person was reported by a staff member to have sustained a fall in February 2017 following being supported having a shower. Although there was an action point recorded in the accident log, the registered provider had not followed it up and did not review this person's risk assessment or care plan and failed to instruct staff on how to safely support this person to reduce the risk of falls.

We found there were detailed environment risk assessments in place; however people's risk assessments did not always include sufficient information on the management of the risks to people with on-going health conditions such as diabetes and the use of bed rails. And the corresponding care plan did not always



provide adequate instructions to staff on how to safely support people to minimise the risks identified associated to the people's care. For example, one person with type two diabetes was not risk assessed for those needs and there were no instructions provided to staff on what signs to look out for when the person's blood sugar levels increased or decreased and how to support them if that was to happen. This meant staff were not informed on the risks involved in supporting the person and how to minimise or mitigate those risks. Another person, who used a profiling bed with bed rails, did not have a bed rail risk assessment in place. The same person was at high risk of falls and had a history of falls but there was no detailed falls risk assessment in place. The person's care plan stated "Carer to wash, dress, groom, change incontinence pad. Carer to use and encourage use of aid and equipment" but did not provide staff with detailed information on how to safely support the person to avoid falls. We concluded the registered provider was failing to deliver care and treatment in a safe way to the people using their service.

The above evidence demonstrates the registered provider was not consistently assessing the risks associated with people's care needs and to their health and safety, and mitigating any such risks, failing to thoroughly investigate incidents by competent staff, taking action to remedy the situation and gaining learning from the incidents to prevent further occurrences and making sure improvements were made as a result is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider had failed to notify CQC on two occasions as required by law. One incident was when a staff member called police to force an entry to a person's house as the staff member was concerned when they did not answer the door. The person was found safe in the house. A second incident was of a person who made allegations of verbal and emotional abuse against a staff member. The registered provider carried out an investigation and during the investigation the person withdrew the allegations.

The above evidence demonstrates the registered provider was in a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Following the inspection the registered provider, submitted notifications for the above incidents in retrospect.

Staff were trained annually in safeguarding procedures. They told us they reported any signs of abuse to the office even if when they were not sure. Staff gave examples of various types of abuse and signs they would look out for such as bruises, marks, mood swings, change in behaviour. We looked at the safeguarding records; they detailed investigation meetings, outcomes and disciplinary actions. However, the registered provider had failed to notify to the local authority safeguarding adults' team of a person who made allegations of verbal and emotional abuse against a staff member.

People and their relatives were happy with staff's punctuality and told us if staff were running late then either the staff or the office informed them of it so they were not left waiting. People's comments included, "I have had help from them for a long time. I had help from another agency at one point and very quickly realised how good the Turkish Cypriot agency was in comparison. The girls [staff] arrive on time, do everything that needs to be done", "They come on time" and "Traffic is the only reason they are ever late and they will let us know." Staff told us they had sufficient travel time to attend care visits. The registered manager told us whilst allocating staff they considered geographical locations. We looked at staff rosters and confirmed staff had sufficient travel time in between care visits and were allocated as per the geographical locations.

People and their relatives told us they had never experienced missed care visits. The registered manager

told us the only reason for care visits cancellation was when people chose to cancel care visits. We found one case where the family had complained about missed care visits, this was being investigated by the local authority and the outcome was awaited. The registered provider's internal investigation outcome concluded that this was unsubstantiated. Records seen confirmed, the alleged staff member involved was taken off the rota from working with the person and a new staff member was allocated, the person and the family were happy with the change.

We reviewed staff recruitment files and there were necessary checks in place including Disclosure and Barring Service (DBS) criminal record and reference checks. However, not all reference checks contained supplementary information to confirm they were verified. All the staff files we looked at had application forms, interview notes and copies of identity checks.

People were happy with medicines support and told us they received medicines on time. Majority of people were either self-medicating or supported by their family. We looked at medicines administration records (MAR) and found no gaps in recording. We spoke with the registered manager about the format and the difficulty in following these. Following the inspection the registered manager sent an amended version of the MAR which was easy to follow. Staff told us they were trained in medicine administration and felt confident in providing medicines support. Staff had to complete competency assessment before being allowed to administer medicines. Records seen confirmed this.

Staff told us they received sufficient quantities of personal protective equipment including gloves and aprons to enable them to safely assist people with their personal care. People and relatives told us staff wore gloves and aprons when providing personal care.

## Is the service effective?

### Our findings

At our comprehensive inspection on 11 and 17 May 2016 we found the staff did not receive regular supervision and people's care records made no reference to their capacity and instructions to staff to know when to support people to make decisions.

This was a breach of Regulation 11 and Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the inspection on 12 and 17 July 2017 we found the provider followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 11 and Regulation 12 described above.

People and their relatives told us their health and care needs were met by staff who were well trained. People's comments included, "They look after me well", "They are very well trained, I have to have a hoist and other equipment and they know how to use it", "My carers are wonderful, in my opinion they are very well trained. They chat to me while they are helping me and they tell me about training courses they have been on", "I have two carers and they come in and out six times a day and they meet all my needs." Relatives comments included, "They are very good with her and professional" and "There is a family atmosphere when the carers come, they get her out of bed, wash her and make breakfast." Staff we spoke with demonstrated a very good understanding of people's individual health and care needs and abilities.

Staff told us they felt well supported by their line manager and were able to get help and assistance by their line manager or other office staff as and when required. Staff said they received regular training by an in-house trainer who was able to deliver training in English and Turkish languages which they found helpful. All new staff attended Care Certificate induction training and shadowed established staff before they started working with people. Staff also received additional training in areas such as medicines administration, challenging behaviour, dementia awareness. One staff member commented, "I have National Vocational Qualification in Health and Social Care level two and currently working on level three. I have all of my certificates, the manager arranges all of the training for us and we have Turkish translators for all the training. The training is of good quality. I have been doing this job for many years, I had an induction. New staff get an induction and they shadow me because I am experienced."

We looked at training, induction records and certificates and it confirmed staff received regular training. We spoke to the training manager who told us in order to ensure staff attended training courses they arranged sessions for smaller groups so that staff could still carry out scheduled care visits. We looked at the staff training matrix that demonstrated various trainings staff had been on and when refresher training was due. The training manager told us this enabled them to plan staff training effectively. We found not all office staff were trained in areas such as assessing risks although they carried out incidents investigation and part of that was to identify key risk issues and make recommendations. We asked the registered manager about this and they confirmed that risk assessment and management training would be provided to all the office staff.

We looked at staff supervision and appraisal records which confirmed staff received regular one-to-one supervision and yearly appraisal.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. We found that the service was working within the principles of the MCA.

Staff were informed by the service on people's capacity to make decisions, how and when to support them to make decisions. Staff were given information on who to contact on people's behalf should they lack capacity to make a decision regarding their care and treatment. Records seen confirmed this. However, some mental capacity assessment records lacked supplementary information. The registered manager told us that they would follow it up immediately and update the records accordingly.

People and their relatives told us staff gave them choices and always asked their permission before supporting them. One relative said, "They do ask her permission while doing things for my mother but it is part of their conversation so you barely notice it happening." One staff member commented, "I always ask people before helping."

People and their relatives spoke highly about staff support around their nutrition and hydration needs. They told us staff were aware of their food preferences, culturally specific dietary needs and supported them well with their needs. People's comments included, "I am a vegan and I like my food prepared in a particular way, they listen to exactly how I want it done and do it just as I ask. They could not be better" and "I am diabetic, she cooks me Turkish food. I tell her what I want to eat and she does it for me, whatever I want." One relative told us, "They [staff] help me with her breakfast – she likes something different every day and they are always happy to do it."

People told us staff supported them to access health and social services as and when required. The service made referrals to health and social care professionals as per people's request however, they did not always keep records of these referrals.

## Is the service caring?

### Our findings

People and their relatives told us staff were very caring, helpful and kind, and they saw them as their family members. They gave various examples demonstrating staff's kind and caring approach. People's comments included, "They talk to me throughout the tasks they help me with to make sure I am alright with what they are doing", "I call them my angels, they are perfect – like family", "Without a doubt they are caring" and "It is a personalised service, very, very caring." One relative commented, "The care workers we have, have become like family. We share birthdays and special occasions together. They have a positive attitude towards care, a generosity of spirit, so kind. I am very happy with the help they give us." Another relative told us, "The girls [staff] are friendly and supportive, they look after my mother and they chat to me as well and the agency ring frequently to check everything is okay. I am very happy with the service."

People and their relatives told us they received the same group of staff to support them. They said when two staff worked together on a double up care visit they always had one regular staff member with a new staff member, so that they were not left with two strangers coming to support them. Some people had the same staff supporting them for over five years. People's comments included, "And they are the same carers. It is consistent" and "It is nearly always the same girl but they tell me if it is going to be someone different. It is very, very good." One relative said, "We are blessed with the way they [staff] treat her. It is the same people [staff] coming every time." We looked at staff rosters and it confirmed people received same staff team on day to day basis. Staff told us supporting same people had facilitated special bonds and positive relationships with people which enabled them to provide personalised care.

During the process of creating care plans, the management engaged with people and their relatives to know more about people's background history, wishes, preferences, dislikes and aspirations. However, we found these were not recorded in people's care plans.

We saw care plans made reference to people's religion, ethnicity, and cultural backgrounds. Staff were provided with sufficient information on people's cultural beliefs and practices to enable them to provide person-centred care. The registered provider actively matched staff with people from similar cultural backgrounds and interests to ensure people's individual needs were met. One relative commented, "The carer that we have is from the same ethnic origin as my mother and speaks her language...they communicate most of the time in her mother tongue. She refers to her as 'big sister' and there is a clear bond between them." One person told us, "The girls are the same culture as me and they understand me and my needs." Another person said, "They speak my language and they understand my customs, they respect Ramadan."

People's gender specific care needs were met, and this was recorded in people's care plans to ensure those needs were met. People told us their gender preference requests were met. One person said, "And they [staff] are female, that is what I wanted."

People and their relatives told us staff treated them with dignity and respect. One person said, "They are very kind to me and show me the utmost respect." A relative commented staff treated their mother with

"great respect" and provided "dignified care". People were supported to remain as independent as possible. One person told us, "Nothing seems too much trouble for them [staff], they [staff] notice everything and if something needs doing they ask me if I want them to do it for me. That is nice because it means I am in control of what happens."

Staff told us they treated people and their family members with dignity and respect. They told us they "Always gave people choices", "Asked people what they would like", "Never rushed them" and "Listened to them patiently."

## Is the service responsive?

### Our findings

People and their relatives told us the service was responsive and staff provided personalised care. People said they led their care planning and their relatives were involved in the process. They further said their care was reviewed regularly and if they needed to change care visit times or increase or decrease care visits the service acted promptly. One person told us, "They review my care every few months." Another said, "I have a care plan in the book...The office rings me often to check whether everything is okay and I have their phone number so I can call them whenever I need to. They are very friendly, very close." Relatives' comments included, "Her care is reviewed roughly every four months" and "I helped with the setting up of the care plan for my mother. The agency is very accommodating. Her care is divided between the family and the agency and they are flexible in that they are there when we are not so she is never alone."

Staff demonstrated a good understanding of people's likes and dislikes. They told us working with some people for a longer period of time had enabled them to get to know their needs, wishes and preferences. We looked at people's care plans; they were not individualised and lacked people's background information and their life story. People's care plans detailed people's ethnic background, religious needs, medical and health history, gender care preference, communication, nutrition and hydration needs. However, there was not sufficient information and instructions to staff on how to support people to provide personalised care. For example, one care plan under nutrition and hydration needs mentioned agreed outcome as "to maintain a health and nutritional diet, alongside meeting her cultural needs" however, under "how can you be supported?" all that was mentioned was "family prepares meal, gluten free, lactose free and food to be cut up." This meant staff were not provided with detailed information on how to support this person. We asked the registered manager about this and they told us they recognised that care plans needed to be more personalised.

The service provided companionship and a sitting service to people as and when requested. People told us they were happy with that support. For example, staff supported people with shopping, going to cafes and walking. One relative said, "They take her out as well, they always have a happy face."

The service encouraged people and their relatives on an on-going basis via quarterly telephone calls and care reviews to raise concerns, issues and complaints. People and their relatives told us they were happy with the service and had never had to complain. People's comments included, "The manager told me that if I have any problems I should phone straight away. But I have no complaints and have never had to make a complaint", "If I had any complaints I would tell the manager, I would call the manager but I do not have any problems or complaints" and "Up until now there are no issues whatsoever, they [staff] do it with a smile on their faces." One relative said, "I have never had to make a complaint but if I needed to I would call the company and I am sure it would be acted on straight away." Another relative commented, "We are very pleased with the care they are providing. We have absolutely nothing to complain about." We looked at complaints records and found since the last inspection there had been three complaints, the records were detailed, included correspondence and outcomes. The service produced an annual complaints report and it demonstrated all three complaints were resolved in line with the provider's policies and procedures.

## Is the service well-led?

### Our findings

At our comprehensive inspection on 11 and 17 May 2016 we found the service did not carry out quarterly spot checks as per the provider's policy, no analysis of the audits were carried out, were not seeking feedback from the staff and there was no system of learning from the feedback to improve the services. The service did not have robust systems to assess, monitor and improve the quality and safety of the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the inspection on 12 and 17 July 2017 we found the provider had made some improvements however these were not sufficient and the action plan they had written to meet shortfalls was not achieved and hence, the provider remained in breach of Regulation 17 described above.

The service was not carrying out regular audits to ensure the quality of the service. During and following the inspection we were not provided with any audits of the care plans, risk assessments, daily care logs, MAR and staff personnel files.

Staff were asked by the management to bring completed daily care logs and medicines administration records (MAR) to the office so that these could be audited by the office team. However, these were not being done consistently. For example, when we asked the registered manager to provide us with the daily care logs for a person, who had a fall in November 2016, the registered manager told us they could not find any daily care logs for this person and that they were still at the person's home. These daily care logs were not provided to us following the inspection despite our request to provide them. The daily care logs we saw were still being written in Turkish language and were not translated into English language for them to be accessible by the health and care professionals. However, not all staff that supported people and those staff that audited notes were able to read fluently in Turkish. With the help of a staff member who translated daily care logs for us we found staff did not always write time of care delivery and these lacked information on how people were being supported. The registered provider was not maintaining MAR for people who were being prompted with medicines management.

Care records for people using the service were not always accurate and updated. Although risk assessments and care plans were reviewed yearly, we found they were not being reviewed and updated when people's needs changed. Risk assessments and care plans did not include detailed information for staff on how to provide safe and personalised care. We also found some discrepancies in the information in care plans and risk assessments of the same people. For example, a person who was receiving 24 hours care, their care plan and risk assessment contained conflicting information in relation to medicines management. The risk assessment stated staff were to administer medicines however, the care plan stated the person was self-medicating and staff to prompt. The same person's care plan stated they had pressure sore and one of the agreed outcomes under personal care was "to reposition where necessary to limit pressure sore" but did not give any instructions to staff on how to support the person. We checked with the registered manager on how this person was being supported with pressure sore management, after consulting the staff member who



worked with the person they told us, the person's pressure sore had healed over a month ago. The person's care plan and risk assessment had not been reviewed since the person's needs had changed and hence, staff were not being provided with up-to-date information. We found accident and incident records were not always completed and reviewed and signed off by the registered manager or a staff member who was competent in the area. Risk assessments associated to people's on-going health condition and care needs were not being completed for example diabetes and use of bed rails.

We found a number of gaps in records. People's care plans were not personalised and were task oriented. We found people's likes, dislikes, background history and life story were not included in their care plans. Mental capacity assessment records for people who did not have capacity to give consent to their care and treatment lacked supplementary information regarding their power of attorney. Some staff references did not have sufficient documents to demonstrate they had been verified.

Spot checks where senior staff visited people's homes with their permission to check on the staff member without the staff member knowing in advance were not carried out quarterly. The registered manager told us they visited people's homes once a year when they reviewed their care plans and risk assessments.

The service overall lacked efficient record keeping, data management systems and process to assess, monitor and improve the quality of care service delivery, and accurate, complete and contemporaneous records.

We concluded the above was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager provided us with an improvement action plan that included action points to be completed in the next three months for all the issues identified during this inspection.

The registered provider sought formal feedback from people using the service and their relatives once a year via survey questionnaires. We looked at the completed questionnaires which showed people were happy with the service and there were no concerns or issues. We looked at completed quarterly telephone feedback forms that were carried out by the office staff and they were all positive and demonstrated people were happy with the staff support. People's comments included, "I have had forms to fill in and they ring me too to check whether everything is alright" and "I have received a feedback form which I filled in and returned but yes everything is fine."

The service had a registered manager in post. Everyone knew who the registered manager was and how to reach him. People and their relatives told us the registered manager was approachable and returned their calls and messages in a timely manner. People's comments included, "I have contact with the manager and I have spoken to him frequently. I also know the office staff, they are always there at the end of the phone and very helpful" and "I know the manager, we talk perhaps once a fortnight on the phone, he rings to check how things are. They are nice people and I am very happy with them." One relative said, "Although I have never seen the manager I know who he is. The office staff are very approachable if you need anything."

People and their relatives told us they were happy with the service and would recommend it to others. Their comments included, "I think the service is very satisfactory", "They are the best agency. I had another agency at one time and I quickly realised how good the care from this agency is. They are perfect for me" and "They always go above and beyond. I would recommend them to anyone."

All staff told us they enjoyed working with the registered provider and found the management helpful. Staff comments included, "Yeah, I enjoy my job. My manager is [name of the registered manager] and he is good, for any problem with my job I go to [name of the registered manager], and he listens to me", "I like working here. [Name of the registered manager] is very good and helps us" and "My manager is friendly, helpful and listens to me."

People and staff told us they were able to voice their opinions and wishes comfortably confirming the service had an open and encouraging culture. Staff told us their suggestions were listened to and taken on board by the registered manager.

The registered manager told us they were considering purchasing an electronic monitoring system in the next six months to help monitor care visits and completion of documentation related quality and safety of care daily including daily care logs and MAR. They further said the registered provider had hired services from an independent audit team who would carry out independent audits of the service and its systems and processes to ensure they were complying with the regulations.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The registered person failed to notify the Commission of any abuse or allegation of abuse in relation to a service user, and any incident which is report to, or investigated by, the police.  Registration Regulation 18(1)(2)(e)(f)

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care of people was not provided in a consistently safe way. The registered persons failed to ensure that care of people was provided in a safe way.</p> <p>This included failure to:</p> <ul style="list-style-type: none"><li>* assessing the risks to the health and safety of service users of receiving the care or treatment;</li><li>* doing all that is reasonably practicable to mitigate any such risks;</li></ul> <p>Regulation 12(1)(2)(a)(b)</p>

### The enforcement action we took:

A warning notice was sent to the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered persons failed to effectively operate systems to:</p> <ul style="list-style-type: none"><li>* assess, monitor and improve the quality and safety of the services provided;</li><li>* assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others;</li><li>* accurately and completely maintain records in respect of each service user, and evaluate and improve their practice in respect of the processing of the information;</li><li>* maintain securely such other records as are necessary in relation to persons employed in the carrying on of the regulated activity;</li><li>* evaluate and improve their practice in respect of the processing of the information in relation to the above points</li></ul> <p>Regulation 17(1)(2)(a)(b)(c)(d)(f)</p>

**The enforcement action we took:**

A warning notice was sent to the provider.