

Turkish Cypriot Community Association

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an announced comprehensive inspection of this service on 12 and 17 July 2017, at which time we found breaches of two Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the provider not consistently assessing the risks associated with people's health, care and mobility needs, and not mitigating any such risks. The provider did not thoroughly investigate incidents, take actions in a timely manner to remedy the situation or gain any learning from the incidents to prevent further occurrences and ensure improvements were made. The provider did not regularly conduct audits of records and information related to people using the service, the management of the service and staff recruitment. We found the provider was also in breach of Care Quality Commission (Registration) Regulations 2009 by failing to notify us of safeguarding and police incidents. We served the provider with Warning Notices where we specified actions that the provider was required to take by a set date.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook a focused inspection on the 9 November 2017 to check that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Turkish Cypriot Community Association' on our website at www.cqc.org.uk.

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 103 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.

At our focused inspection on 9 November 2017, we found that the provider had not followed their plan based on our Warning Notices which was to be completed by 31 October 2017. We found that the provider had not addressed the breaches of the Regulations 12 and Regulation 17.

The provider had not reviewed and updated risk assessments and care plans for all people using their service. The risks assessments that were updated did not consistently provide information on mitigating factors to ensure people received safe care. People's care plans and consent to care forms were still not being signed. People's daily care logs and medicine administration records were now routinely brought in the office. However, there were no records of audits of people's daily care logs.

Staff recruitment checks were now carried out in line with the provider's recruitment policy. The provider had improved systems around responding to accidents and incidents, safeguarding and health and care professional records.

Full information about CQC's regulatory response to any concerns found during inspections is added to the

back of the full version of the reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had not been taken to improve the safety of the service.

Risks to people were not always assessed and people's risk assessments and the corresponding care plans did not include information for staff on how to minimise risks to provide safe care. The provider had introduced new medicines administration record charts but we found some gaps.

Safeguarding records were appropriately maintained and the provider had implemented new systems around responding to accidents and incidents.

Requires Improvement ●

Is the service well-led?

We found that action had not been taken to improve how the service was managed.

There were gaps in people's care plans and risk assessments. People's care plans and consent to care forms were not always signed by people or their authorised representatives. People's daily care logs were still being written in Turkish and the pictorial daily care logs were not being completed. There was no evidence of audits of people's daily care logs.

People's medicines administration record charts were now being audited. The provider was now carrying out spot checks to observe how staff provided care.

Requires Improvement ●

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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 was 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.

We undertook a focused inspection of Turkish Cypriot Community Association on 9 November 2017. This was an announced inspection. We gave the provider 48 hours' notice of the inspection visit as this is a domiciliary care agency and we needed to be sure that the manager would be in the office to meet with us.

This inspection was carried out to check that improvements required after our comprehensive inspection 12 and 17 July 2017 had been made. We inspected the service against two of the five questions we ask about services: is the service safe and is the service well-led. This is because the service was not meeting legal requirements and we served the provider with Warning Notices in relation to these questions.

The inspection was undertaken by two inspectors. Before our inspection we reviewed the information we held about the service, this included the Warning Notices we served against the provider and the provider's action plan, which set out the action they would take to meet legal requirements.

During the visit to the service we spoke with the registered manager, a training manager, a care coordinator and the administrator. At the visit we looked at 15 people's care plans and risk assessments, new medicines administration record (MAR) charts and daily care logs, six staff recruitment records, complaints, safeguarding, accidents and incidents records. Following the inspection the provider sent us MAR chart audits.

Is the service safe?

Our findings

At our comprehensive inspection on 12 and 17 July 2017 we found the provider did not always assess risks involved in providing care and support to people, and did not provide information to staff on how to minimise risks to ensure people received safe care. People's corresponding care plans did not always include information on the management of the risks to people with on-going conditions. The provider did not follow safe practices in responding to people's accidents and incidents, did not maintain accurate accident and incident records, actions recorded were not followed up and no learning was gained to make improvements. These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection on 9 November 2017 we found the provider had not fully followed their action plan. They had made improvements but these were not sufficient and they remained in breach of Regulation 12.

We looked at people's care plans and risk assessments to identify if risks associated with their care, health, safety and mobility had been assessed and whether management plans were put in place to minimise those risks. Out of 14 people's risk assessments, we found nine people's risk assessments had not been reviewed and updated. We found five people's risk assessments had been updated but they did not give information on the mitigating factors and the corresponding care plans did not provide information on how staff were to minimise risks to provide safe care. This meant people were still at risk of avoidable harm. For example, the care plans and risk assessments for two people with diabetes did not provide information and instructions to staff on how to safely manage their health condition - such as what signs to look out for which may indicate high or low blood sugar levels, and what support to provide when staff noticed any signs. Another person's care plan stated they had a history of falls however, their care plan and risk assessments did not identify them as being at risk of falls and did not indicate any measures to minimise this risk. This meant staff were not provided with sufficient information to provide care in a safe manner and people were being exposed to risk of harm.

We looked at people's medicines administration record (MAR) charts and found the provider had introduced new MAR charts that were easy for staff to follow and record information on; and these were in place for all the people requiring support with medicines management including administration and prompting. However, we found these were not fully completed. People's allergy information was not included and there were several gaps in the MAR charts. For example, one person's MAR chart for one prescribed medicine was blank and there were no MAR for the prescribed medicine for October 2017.

These issues were a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke to the registered manager and the staff member who carried out risk assessments regarding insufficient information in people's risk assessments and they told us they were in the process of reviewing and updating all the risk assessments and those should be completed by end of this year. We raised the

gaps in MAR charts with the management and they told us the implementation of new MAR charts was work in progress and that staff were being trained and reminded on an ongoing basis how to accurately complete MAR charts.

We looked at the safeguarding records since the last inspection, and found the records were appropriately maintained. There had been no accidents and incidents since the last inspection. We looked at the accidents and incidents folder and found the provider had implemented processes to ensure the forms were reviewed by the registered manager and follow up actions were recorded.

Is the service well-led?

Our findings

At our comprehensive inspection on 12 and 17 July 2017 we found the provider did not carry out audits to ensure the safety and quality of the service, the governance systems in place were not effective in identifying issues and improvement areas, and addressing them in a timely manner. We found gaps in people's care plans, risk assessments, daily care logs and staff recruitment records which had not been identified. People's care plans were not personalised, and the care plans along with people's consent to care and treatment forms were not always signed by people using the service or their representatives. The provider was not carrying out spot checks where office staff visit people's homes with their permission to check on the care staff without the care staff knowing in advance. The provider did not maintain accurate records of people's accidents, actions taken and follow ups including discussions with health and care professionals. These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection on 9 November 2017 we found the provider had not fully followed their action plan and remained in breach of Regulation 17.

We looked at people's care plans and out of 14 we found two care plans that had neither been reviewed nor updated. The ones that had been updated gave information on people's likes, dislikes and preferences. Out of 14 care plans, we found five had not been signed by people or their authorised representatives and found four people's care plans did not have signed consent to care and treatment forms. Nine people's care plans were without appropriate risk assessments. We found gaps in people's MAR charts. The provider had introduced a system where the office staff reminded care staff to routinely bring into the office people's daily care logs and MAR charts. However, during the inspection we were not provided with audits of people's daily care logs and MAR charts. Following the inspection the registered manager sent us MAR chart audits that showed gaps in MAR charts had been identified and staff retrained in how to complete them. The registered manager told us although they audited people's daily care logs they did not record that anywhere. People's daily care logs were still being completed in Turkish and were not translated into English for them to be accessible by the health and care professionals in times of emergencies or care reviews. The pictorial daily care log that was to be introduced following our last inspection as confirmed by the provider had still not been implemented.

These issues were a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the last inspection the provider had started to carry out unannounced spot checks to observe care staff whilst supporting people to ensure they were providing care as per the agreed care plan. We looked at the spot check records and found no issues had been identified and people were happy with the care and support. The provider had developed a folder where they maintained clear and accurate records of any health and care professionals discussions, referrals made and follow ups. We looked at the records and found detailed audit trail of the follow ups. We looked at staff recruitment records and confirmed that reference checks were now being carried out in line with the provider's recruitment policy.

