

Camden Chinese Community Centre

Camden Chinese Community Centre

Inspection report

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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?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

We carried out this announced inspection of on 21 November 2017.

The Camden Chinese Community Centre (Housebound Project) provided home care to thirty people from the Chinese community.

The support was provided for older people, people who have mental health difficulties and people with a physical disability. Care staff employed by the service spoke Cantonese and a number of southern Chinese dialects.

The service had a registered manager in place. 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.

The service provided traditional support based on trust between staff and the management team. However, they were not fully operating as required by the Regulations. There were areas of the service delivery that required immediate improvement to ensure the service provided high quality of care that was in line with most current standards of good practice.

The service did not have their own risk assessments and risk management plans in place to provide staff with detailed information about the people they were providing care to. There was a risk people could receive support that was not safe.

The service did not draw up plans of care together with people who used the service. Available care plans did not contain full information about how people would like to receive the support, their likes, dislikes and personal preferences.

There were enough staff deployed to support people, however, relatives told us care visits had not always taken place as scheduled as care staff had not been given enough time to transfer between visits.

There were many positive aspects about the service. We found that the overall care and support provided was of a good standard and people were happy with it. This included the continuity of care provided by staff many of whom had worked for the service for many years. They took pride in supporting people.

The service helped to protect people from abuse. Staff were aware of the principles of safeguarding adults and they knew what to do if they thought a person could be at risk of harm from others. The service's safe recruitment procedures ensured that only suitable staff were supporting people. Staff followed the service's procedures to ensure medicines were managed correctly and that people were safe from the avoidable risk of infection.

Staff received regular training as well as managerial and peer support. They spoke positively about the support provided and they thought it enabled them to work with people effectively. People using the service and family members confirmed the staff were sufficiently trained and had the knowledge to care for people.

The service supported people predominately from the Chinese community. However, they were aiming to care for people from other ethnic groups, and they were in the process of recruiting appropriate staff to enable this.

People were supported to receive sufficient food and drink of their choice and have a diet that met their individual needs.

Staff supported people to have access to external health professionals when people's needs had changed or when their health deteriorated.

Staff asked people for their consent before providing care. People who did not have the capacity were supported by staff to make decisions about their care that were safe, unrestrictive and in line with their human rights.

People received care from staff that were kind, patient and proactive in supporting them. People were usually visited by the same staff, who knew them well and who were matched with people based on certain attributes such as personal background and Chinese dialect spoken. This helped people to create friendly and meaningful relationships with staff who cared for them. Staff respected people's privacy and dignity at all times and ensured people were comfortable when receiving personal care.

Staff supported people to stay in touch with Chinese culture as well as following their interests and doing things they liked to do. People were helped to access various community services that otherwise would not be easily available to them due to their frail health and limited ability to communicate in English.

People using the service and some care staff had limited ability to communicate in English. However, the service had systems in place to ensure effective communication between people, staff and external health and social care professionals. These included translation support when required as well as all respective documents being produced in more than one language to ensure they were accessible to English and Chinese speaking individuals.

People were asked for feedback about the care and support provided by the service. This was done through monthly satisfaction questionnaires completed by people and a yearly Service Users Consultation Event taking place at the service. The service had a complaints procedure, however, no formal complaints had been raised by people or their relatives since our last inspection in October 2015. Additionally, the registered manager or a member of the management team had conducted quality monitoring visits to observe staff practice and discuss various aspects of care provided to people.

The service received positive feedback from external health and social care professionals who praised staff for their commitment to supporting people, caring attitude and professionalism when providing care to people who used the service.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 always safe because there were no risk assessments and risk management plans formulated by the service to guide staff on how to support people safely.

There were enough staff deployed to support people, however, visits had not always taken place at the agreed time and length as staff had not been given enough time to transfer between consecutive visits.

Staff understood the principles of safeguarding adults and they knew what to do if they thought somebody was at risk of harm from others. Appropriate recruitment procedure ensured people were safe from unsuitable staff.

Staff followed the service's policies and procedures regarding medicines administration and infection control and these were managed safely.

Requires Improvement 

Is the service effective?

The service was effective. Staff knew people well and they knew how to support people according to their care needs.

Staff received appropriate support from the registered manager to help them to care for people effectively.

The service was inclusive and willing to support people across different cultures and backgrounds.

People were supported to have enough food and drink, to maintain their good health and have access to external health professionals when required.

The service worked within principles of the Mental Capacity Act 2005 and the care and support were provided in the best interest of people and where possible with their consent

Good 

Is the service caring?

The service was caring. People received care from staff who were kind and patient and took pride in looking after people who used

Good 

the service.

The service had matched staff and people taking into consideration their personal background and people said the same care staff usually supported them.

Staff encouraged people to make decisions about their care and supported them when they felt distressed or in pain.

People's privacy and dignity was respected and staff ensured people felt comfortable when receiving personal care.

Is the service responsive?

The service was not always responsive. The service did not formulated own care plans for people. Available care plans did not have full information on people's likes and dislikes, changes to people's care needs and how they would like to receive their care.

Staff supported people in accessing their local community and doing things they liked to do. People were also supported to stay informed about most current political and cultural affair within Chinese culture.

There was a complaint policy available to people and their relatives if they wished to make a complaint about the support provided by the service.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led because it needed modernisation to ensure current standards of good practice were met.

Staff were supported by the registered manager and they spoke positively about the support they received.

Staff worked well with external health and social care professionals who gave positive feedback about care provided by the service to people who used it.

The service had support systems in place and those staff and people who had limited ability to speak English were enabled to communicate with external services effectively.

People were asked about their feedback on the support they received from the service.

Requires Improvement ●

The registered manager had a monitoring system in place to ensure care was assessed and audited and people's needs were met.

Camden Chinese Community Centre

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 checked 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 21 November 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we wanted to make sure someone was available.

This inspection was carried out by one adult social care inspector and one Expert by Experience. An Expert by Experience (ExE) is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we gathered information from the Provider Information Return (PIR). 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.

Prior to our visit we carried out telephone interviews with people who used the service. The majority of people were not able to communicate with us over the phone due to their frail health. One person was happy to talk to us and they gave us feedback on the support they received from the service. Seven people asked that we spoke to their family members who were happy to give their feedback on behalf of people.

During our visit, we spoke with the members of the management team including the owner of the service, the registered manager and the administrator who was also a front line worker.

We looked at records including five people's care records, recruitment, training and supervision records for

six staff members, and other documents relating to the management of the service.

Following the inspection, we contacted further four staff members and two external health and social care professionals who gave us feedback on their partnership relationship with the service.

Is the service safe?

Our findings

Feedback from one person and family members around how safe they felt with care staff from the Camden Chinese Community Centre was generally positive. The majority of family members we spoke with said they their relatives were safe with the staff who supported them. Some of the comments included, "Yeah, they know her for quite a long time" and "Yes absolutely [my relative is safe], carers get regular updates and training." One relative told us that one care staff performed their tasks very fast and therefore they were not as careful in completing them, as other carers.

However, despite the generally positive feedback we found that not every aspect of the service was safe. We looked at the risk assessment arrangements. Each care file had a completed risk assessment checklist. This form related to an environmental risk in people's homes and these were in a tick box format, which provided little detail, did not reflect identified risks to people's health and wellbeing and did not provide staff with information on how to mitigate these risks. We saw that some documents in people's files, such as, care plans provided by a referrer and a document called "care service review" included acknowledgment of some identified risks, however, they were general and had not provided staff with guidelines of how to mitigate these risks.

We saw that the service did not write their own risk assessments and management plans when risks to health and wellbeing of people who used the service were identified. These meant there were no comprehensive risk assessments in place and staff supporting people were not provided with comprehensive information on all identified risks to health and wellbeing of people who use the service. For example, a referrer's care plan for one person stated that they were at risk of pressure ulcers if personal care was not adequate. However, there was no risk assessment and management plan in place telling staff on how to provide personal care so the risk of developing a pressure ulcer was minimised. A referrers care plan for another person stated that the person required support with personal care, such as, washing and dressing, and that the person was at risk of falls. Again, there was no falls risk assessment and management plan available to guide staff of how to support the person so the risk of falls was minimised. I another example, the referrer's plan stated staff were required to support a person in all transfers in and out of bed and to the commode, however, there was no moving and handling risk assessment and manage plan in place to guide staff on how to do it safely. The lack of respective risk assessment and risk management plans giving staff guidelines on how to manage and mitigate identified risks to people's health and wellbeing potentially placed people and staff at risk of harm.

We spoke about this with care staff who told us that they were supporting people in a safe way as they knew them very well and they were aware of all the risks related to people's care. Staff gave us examples confirming this was the case. For instance, one staff member told us that one person needed the support of two care staff when moving in order to reduce the risk of falling. Additionally staff reported that they were in constant communication with respective health and social care professionals who advised them on how to support people safely. External health and care professionals confirmed this. They said staff knew how to support people safely and to ensure that no harm was done to people.

Although all this positive feedback, the lack of suitable risk assessments and risk management plans could potentially put people at risk. We were not reassured that all of the staff supporting people had the same level of information on identified risks and that all people were supported to the same level and were protected from harm.

The above is evidence of a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had system in place to report any accidents and incidents and care staff were required to report any such happenings to the office as soon as they occurred. The registered manager told us that there were no accidents and incidents since our last inspection in October 2015. They said if any accidents or incidents occurred, they would be discussed with care staff in a team meeting to prevent the accident or incident from happening again in the future. Staff we spoke with confirmed that they had not witnessed any accidents and incidents, however if they occurred they would contact the office immediately to report it. Prior and during our inspection, no incidents or accidents had been reported to us by people or their family members and we did not see any evidence to suggest that accidents and incidents took place but had not been recorded.

There were sufficient staff deployed to support people's needs. The majority of relatives we spoke with told us that staff were generally on time and they had never missed a call. However, we were also told that at times staff were arriving before scheduled visiting times or they were rushing their duties to complete visits in much shorter time than agreed. We reviewed the most recent staff rotas and we saw that staff visits were often scheduled back to back and staff were asked to finish one call and start another at the same time. This meant staff did not have enough time to travel between visits or to have a short break without arriving late for the next agreed visiting time. We were told by one relative that this was inconvenient and also caused a concern of the person who used the service. We spoke about this issue during our inspection with the registered manager who said they would look at current visit schedules to ensure staff had enough time between calls.

Staff knew how to protect people from abuse. Staff we spoke with were able to describe what action they would need to take if they had any safeguarding concerns. The service had a safeguarding policy in place and the subject of safeguarding was discussed in staff supervision and team meetings. Additionally, evidence showed that this matter was discussed during annual service review meetings with people who used the service. At the time of our inspection there were no safeguarding concerns related to the service.

The provider had safe recruitment procedures in place to ensure only suitable staff were supporting people. Personnel files for staff appointed since our previous inspection demonstrated this. The checks carried out by the provider included, staff background checks, current immigration status, criminal records, employment history and verification of references. The provider did not permit anyone to work with people until all of these checks had been undertaken and verified. We also saw that the registered manager maintained a criminal record checks tracker to ensure that all staff had their checks up to date and they were safe to work with people.

The majority of people using the service were managing their own medicines. Staff administered medicines from a blister pack to those who needed the support. All of the staff we spoke with demonstrated good knowledge on how to manage people's medicines and what to do if they were unclear about any aspect of people's medicines management. One staff member told us, "We have everything recorded and I always check what medicine the person should take. If I am not sure and the person cannot tell me I contact the doctor to get clarification." The provider had a medicines administration policy in place and staff followed it when managing people's medicines. We looked at examples of Medicines Administration Records (MARs)

and we saw that they were completed as required. This included information on people's medicines and any allergies people might have.

The service had appropriate policies and procedures in place to ensure infection control when supporting people. Evidence showed that all staff had received infection control training and during conversations with staff, it was clear they knew how to ensure people were protected from avoidable infection. Staff were also provided with appropriate personal protection equipment (PPE), such as gloves, to ensure effective infection control management. The registered manager also informed us that staff worked closely with other professionals, such as general practitioners (GPs) and district nurses to ensure more frail and prone to infection people were protected from the risk of infection.

Is the service effective?

Our findings

People were supported by staff who knew them well and knew how to meet their needs effectively. People and family members thought staff were trained and had skills to care for people. Some of their comments included, "Yes they know me" and "Yes, they have been told what to do and they have training."

Evidence showed that staff received appropriate training to support people and meet their needs. New staff undertook an induction that consisted of the training the provider considered mandatory. They were also required to shadow their more experienced colleagues before working with people unsupervised. The registered manager told us that new staff were required to complete The Care Certificate. The Care Certificate is a set of standards that health and social care staff follow when carrying out their professional duties. It should be completed within six months of commencement of their employment at the service. Other staff received yearly refresher training that was provided by an external training provider. This ensured continuous review of staff skills and knowledge needed to support people they cared for. The training included, safeguarding adults, food safety, moving and handling people, infection control and managing challenging behaviour. Evidence showed that all the staff had completed their mandatory training.

Staff also received support from the registered manager in the form of regular one to one meetings, spot checks and team meetings. Records showed that topics discussed in individual supervisions and team meetings included, care needs of people who used the service, staff training needs, different aspects of service provision and discussions on good caring practice. Staff told us they enjoyed both type of meetings which they found informative and supportive.

The majority staff were Chinese, however, the provider told us in the submitted Providers Information Return (PIR) document that they had recently made decision to expand their service and recruited staff from a slightly wider background so they could provide service to wider south east Asia clientele. This meant the service was inclusive and was keen on providing support to people who needed it and were from outside the Chinese community.

Staff supported people with food and drink. They provided people with culturally suitable meals of people's choice. People and their relatives confirmed that staff supported them in having a balanced and nutritious diet and they were happy with the support they received. People told us "Carers do my food sometimes" and "Carers cook for me and do the washing up." The service used medicine administration records (MARs) to record people's meal preferences and special dietary requirements. This meant, staff had information on possible allergies and medical issues that could have affected people's diet. This was an unusual practice as dietary requirements are commonly recorded in people's care plans. We spoke about this with the registered manager who agreed that this information would be included in people's care plans that would be implemented by the service.

People were supported to maintain good health and had access to external health professionals when required. People and their relatives told us staff supported them in contacting a doctor or other health professionals to help them maintain good health. Some of the comments included, "Carers look after me."

Carers sometimes call the doctor" and "Yes, [staff] contact the doctor." Family members also added that staff had always informed them when their relatives were unwell and needed to see a health professional. This was an important aspect of the support provided to people as many of them were not able to communicate in English. Staff supported people to enable them to receive appropriate medical care.

External health professionals we spoke with gave an example of a person agreeing to receive medical support as a result of staff supporting them. Staff accompanied the person at every appointment and this enabled the person to communicate with health professionals as well as help the person to relax and concentrate on improving their health. This resulted in an improvement to the person's health. In another example, staff told us how they frequently accompanied people to their regular health appointments. A staff member told us, "A person needed a podiatrist. There was a very long waiting list for a home visit so we decided to take the person to the podiatrist. So they did not have to wait." Another example we were told how staff supported a person to a specialist appointment at the hospital that they could not attend on their own. The registered manager told us, "We had to make special arrangements but we did it and the person was helped."

The service offered regular, six weekly, weight and blood pressure checks, which were carried out by two volunteering retired nurses. These checks helped people to spot early signs of declining health and take appropriate action to ensure possible health issues were addressed promptly. Evidence showed that relevant referrals were made to ensure people received the support they needed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the 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.

We found that the service worked within the principles of the MCA. We saw that when people did not have the capacity to make decisions staff had taken appropriate action to ensure that people received care and support that was in line with the MCA and their human rights. People's care files included relevant documentation stating who had the legal rights to make decisions on people's behalf and we saw that staff were working with those representatives to ensure care was provided in people's best interest.

Staff told us that they always asked people for their consent before providing care and they always respected their decisions guiding them at times to ensure the decisions people made were safe to them but not restrictive.

Is the service caring?

Our findings

One person using the service and family members spoke positively about staff working at the service. Some of their comment included, "Yes, they are nice people." "Yes, they are very nice. Very patient" and Yes, they have been looking after her very well, cleaning, washing, easy jobs." External health professionals described staff as kind and caring and willing to help people. They said, "Staff are absolutely brilliant. They are proactive in supporting people. Clients trust the staff" and "They are very caring, reliable, consistent and they support people with everything." During our conversations with the management team and the care staff, it was evident that staff took pride in looking after people who used the service and it was important to meet their needs and make them feel happy and content. The registered manager told us, "We are taking great pride in looking after our elderly. It is important to us that they are well." A staff member said, "I always put a smile on my face when I support people. I try to make all my clients happy and safe."

Staff knew people's needs and preferences well because they supported them for many years. The service matched people and staff based on certain attributes, such as, their cultural and personal background, a Chinese dialect spoken and area in China where they came from. The registered manager told us, "It is important that we consider people's backgrounds when we allocate staff. When people have things in common it is easier to build trust and meaningful relationships." The registered manager also told us, and staff rotas confirmed, as much as possible, the same care staff supported people. This ensured consistency and continuity of care and enabled building and strengthening a friendly but professional relationship. A family member confirmed how appropriate staff allocation had a positive impact on their relative. They told us, "[My relative] needs a Chinese carer who speaks Cantonese. It's very important to have that. My [relative] is very traditional in their thinking and likes his Chinese food. Carers cook Chinese food for him."

Staff supported people to ensure they understood the care that was provided to them and that they could use various services available to them in the community. The majority of people using the service did not communicate in English and staff supported them with translation when needed. People were encouraged to be independent and attend their appointments as much as they could on their own. However, if people had any difficulties with communication staff were always on the other end of the phone ready to help to translate and enable people to complete their appointments. When needed staff accompanied people to their appointments. We asked people and their family members if staff communicated with people in the way people could understand. A family member told us, ""Yes, that's the whole point. Staff befriends clients, it is much better [than using English speaking staff]. Staff can really get to know what a client needs."

The service supported people to have access to information available to help and support in the community. There was an allocated staff member who was responsible for helping people in accessing such information and dealing with any issues related to housing, welfare benefits and other important matters. One health professional we spoke with told us how they observed people being supported with various aspects of their life. They told us, "The service has various teams to support people with different things. An advice worker is usually present when we visit the person; they have conversations with the person and work together on how to support the person better."

Staff supported people in making day to day decisions about their care. People and their family members told us that staff talked to them and discussed how people liked things to be done. They told us, "They do whatever my [relative] asks", "Yes. I think [they ask my relative what they need]. I think they communicate well with him" and "Yes, they are. They understand my mum. They are patient with her." A staff member told us, "I prepare clothes and food for the person I support, but she can always change and choose what she would like and to wear or eat."

Staff supported people when they felt distressed or in pain. A person using the service told us, "Yeah. If I am in pain, they will tell me to see a doctor due to my medical conditions". A relative told us, "[Staff] will make an assessment to call the doctor, ambulance or me."

Staff respected people's privacy when providing personal care. People and their family members told us staff sought people's consent before providing personal care. Staff told us it was important to them to ensure people knew what staff were doing and that they felt comfortable with it. One staff member told us, "I have to explain everything I do and I need to ask for people's permission so they feel comfortable" and "When providing personal care, I always ensure that the room is warm so it is nice for the person. I also use a towel to cover them so the person is not exposed."

Is the service responsive?

Our findings

At our previous inspection in October 2015, we found the service was not always responsive. We found a breach of Regulation because the quality of people's care plans was inconsistent as different formats were used and they were not always reviewed regularly by the provider. At this inspection we found that the provider had not adequately addressed this issue and were still not compliant with the Regulations.

Following our inspection in December 2015, the registered manager submitted an action plan stating that all people's care plans would be reviewed by the service. This was in order to engage people in the care planning process and to get "an up to date insight to the "service users" individual needs and aspirations". We saw that the provider had implemented a new service care review form, which was completed yearly with people and was used to review various matters related to a person. The care service reviews we viewed consisted of a summary of people's issues, their physical and psychological wellbeing, current medicines, impact of current needs, any safeguarding issues, summary of risks arising and the summary of key-problems. The reviews were carried out yearly and the majority of reviews we looked at were completed at the beginning of 2017. Due to the changing nature of matters discussed, as described above, we could not say if they were current and up to date.

During this inspection, we found that the service had not drawn up their own care plans. Instead, the service had used care plans that were written and reviewed by a referring social worker. We spoke about this with the registered manager and the administrator who confirmed that these care plans were translated into Chinese and used by staff when working with people.

Because the service had not have their own care plans any changes to people's needs identified during service care review and a social worker's review were not transferred and incorporated into one holistic, most current, bespoke care plans. This meant there was no one comprehensive document guiding staffs on how to support each person effectively and according to their most current needs and preferences.

This was evidence of a continuous breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the registered manager provided us with a copy of a suggested care plan template that they said they would like to use to plan people's care in the future.

Further discussions with the registered manager and staff supporting people indicated that they had a good knowledge of people's needs and preferences and they had taken prompt and appropriate action when people's needs had changed. People and their relatives told us that they were consulted about their care at the beginning of the care provided by the service, however, they were not always aware of their respective care plans. All but one family member told us staff knew their relatives needs and personal histories well as they supported them for many years and if new staff attended they would be briefed by the registered manager prior to their first visit. They would also be introduced to the person by the regular staff.

Staff supported people in accessing the community and doing things they liked to do. Camden Chinese Community Centre provided help and support to people from the Chinese community. We saw that the service offered many opportunities for people to ensure they stayed connected with their culture and in the way it was important to them. The service had a communal and social space available at the centre where people could come to socialise, have a meal and take part in a variety of social, cultural and wellbeing activities. These included cooking classes, various European language lessons and dance exercise and classes. We were told that all members were encouraged to attend. The service supported people in attending the centre by providing regular transport and staff assistance to ensure people could partake in activities they liked or do other things they enjoyed. A person using the service told us how staff supported them to do regular shopping. A family member told us how their relative attended the centre twice a week to participate in different events. We were also told about another person, who was a wheelchair user, who were supported by staff to attend regular weekly exercise sessions at the centre. We were told that this was important to them as they were empowered to do things they could not easily access without staff support.

Where people were unable to leave their home due to their frail health, staff supported them in staying in touch with Chinese culture by helping to get access to Chinese TV, read Chinese papers or simply chat about current affairs. We were also told about a "cultural stimulation project" where staff had been visiting a person in a care home to talk to them in Chinese and discuss various current political, social and cultural affairs. This was important for the person as staff visits helped the person to stay in touch with their culture and the language they spoke.

One person using the service confirmed staff fully supported them in meeting their cultural needs. Family members told us, "Absolutely, staff help to meet my relatives cultural needs" and "Staff speak the same language and this is helpful and they can communicate."

The service had a complaint policy and it was available to people. A person using the service and family members told us they knew how to make a complaint, however they never had to do it. One person who was not fully happy with the support provided told us they knew how to raise concerns, however, they had not made any complaints just yet. The registered manager informed us that the service had not received any complaints since our last inspection.

Is the service well-led?

Our findings

At the time of our inspection, the service had a registered manager. The registered manager had appropriate training and experience to manage the regulated activity.

We observed that the service provided traditional support based on trust between staff and the management team. However, we found that the service had not fully operated as required by the Regulations. Therefore, the service required modernisation to adhere to most current standards of good practice. The provider needed to develop the service to include a clear vision and a credible strategy to provide high quality person centred care at all times. For example, the provider needed to ensure that each person has an individualised risk assessment and management plan and bespoke, person centred care plan. We found that these areas of the service required immediate improvement. We spoke about this with the registered manager and they agreed that appropriate action would be taken to address these matters.

Staff spoke positively about the support they received from the management team and their colleagues. The majority of staff had worked at the service for many years and they said they enjoyed supporting people who used it. A staff member told us, "Yes I get support from my manager. The team is also very helpful. We are always in contact with each other and we have other professionals supporting us." A second staff member said, "I try to make all people I look after happy."

There were many positive aspects about the service. We found that overall the care and support provided were of a good standard and people were happy with it. This included the continuity of care provided by staff who worked for the service for a very long time. External health and social care professionals we spoke with gave us very positive feedback about the support provided by the service. They told us the service had enabled professional support to the elderly members of the Chinese community who were otherwise hard to reach due to the existing language barrier. They said the support offered by the staff was always to a high and professional standard. One professional told us, "This is a very different service and the feedback we get from other professionals is always very good. They always go the extra mile to support people."

The service had systems in place to ensure that care staff who had limited ability to communicate in English were supported and that care provided to people was not affected. We saw that all relevant documentation was bilingual, translated in to English and Chinese so staff understood what was expected from them. The registered manager and other staff members who could communicate in English well were also providing the language interpretation support to ensure that communication with respective professionals was prompt and clear. Records showed, and staff we spoke with confirmed they were supported appropriately to communicate with external service when needed.

People using the service were asked about their feedback on the support they received. The service had carried out regular satisfaction questionnaires to ensure people received good quality of care and support. Additionally, the service had carried out a yearly Service Users Consultation Event where people using the service were invited to share their feedback on the support they received. The last event took place on July 2017 and we saw that the initial analysis of the outcomes indicated the vast majority of people using the

service were very happy with the support they received.

The registered manager or a member of the management team had monitored care and support provided via home visits to people who used the service. The visits included the discussion about the service and care provided as well as observations of staff practice when supporting people. People and their family members all confirmed that they knew the registered manager and the majority of our interviewees said in their opinion the service was well led. Two relatives told us that improvement were needed with relation to call scheduling to ensure staff had enough time to provide the agreed care.

The service had appropriate, up to date policies and procedures in place which were available to staff to guide on various areas of their work. The policies we viewed included, infection control, equal opportunity and code of practice and medicines management. We saw that policies were reviewed regularly and were up to date.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person did not carry out, collaboratively with the relevant person, an assessment of and review of the needs and preferences for care and treatment of the service user to ensure services are appropriate and meet their individual needs.</p> <p>Regulation 9 (3) (a) (b) (f)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure care was provided in a safe way for service users because, they did not do all that was reasonably practical to assess and mitigate risks to care and treatment of people who used the service.</p> <p>Regulation 12 (2) (a) (b)</p>