

# Chinese Association Of Tower Hamlets Chinese HomeCare Specialists

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 8 and 9 August 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the people we needed to speak with would be available. At our previous inspection on the 26 and 27 January 2016 we found the provider was in breach of regulations relating to the notification of incidents. We also made three recommendations in relation to staff training, consent and medicines records.

After the comprehensive inspection, the provider sent in an action plan and told us what they would do to meet legal requirements in relation to notifiable incidents. We carried out this inspection to check that they had followed their plan and to confirm that they now met legal requirements. During this inspection we found that improvements had been made.

Chinese Homecare Specialists is a domiciliary care agency which provides personal care and support to people in their own homes. At the time of our visit the service was providing support to 22 people in the London Boroughs of Tower Hamlets, Lewisham, Hackney, Southwark, Newham and Islington. The majority of people who used the service and the care workers who supported them used Cantonese as their first language. All of the people using the service were funded by the local authority.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service and their relatives told us they felt safe using the service and care workers understood how to protect people from abuse. Staff were confident that any concerns would be investigated and dealt with. Safeguarding training had been reviewed since the previous inspection and all staff had a good understanding of how to identify and report any concerns.

People's risks were managed and care plans contained appropriate risk assessments which were updated regularly when people's needs changed. The provider had a robust recruitment process and staff had the necessary checks to ensure they were suitable to work with people using the service. People had regular care workers to ensure they received consistent levels of care.

People who required support with their medicines received them safely and all staff had completed training in the safe handling and administration of medicines, which was also discussed during supervision to refresh care workers knowledge and understanding.

The provider had updated their training programme which took into account the recommendations highlighted at the last inspection. A new training programme was in place where training would be refreshed, along with it being discussed at regular supervision sessions. Interpreters and language support

was provided for care workers to ensure they fully understood the training undertaken.

Care workers received an induction training programme to support them in meeting people's needs effectively and were always introduced to people before starting work with them. They shadowed more experienced staff before they started to deliver personal care independently and received regular supervision from management. They told us they felt supported and were happy with the supervision they received and the content of the training available.

Staff understood the principles of the Mental Capacity Act 2005 (MCA). Care workers respected people's decisions and gained people's consent before they carried out care tasks. The provider was aware of what to do and who to contact if they had concerns that people lacked capacity to make certain decisions. The provider had carried out reviews to make sure people had consented to their care.

Care workers were aware of people's dietary needs and food preferences and supported people if this was part of their care package. Care workers told us they communicated with the office if they had any concerns about people's health and we saw evidence of this in the daily communication log. We saw people were supported to maintain their health and well-being through access to health and social care professionals, such as GPs, occupational therapists and social services.

People were actively involved in decisions about their care and support, in accordance with their wishes. People and their relatives told us that advocacy support and interpreting services from the provider had an incredibly positive impact on them and was an important part of the service they received. The provider made efforts to make people aware of the support that was available to them when they were reaching the end of their life.

People told us that staff were kind and compassionate, respected their privacy and dignity and promoted their independence. There was evidence that language and cultural requirements were considered when carrying out the assessments and allocating care workers to people using the service.

People were involved in planning how they were cared for and supported. An initial assessment was completed from which care plans and risk assessments were developed. Care was personalised to meet people's individual needs and preferences and was reviewed if there were any significant changes, with health and social care professionals being updated on people's current conditions.

People and their relatives knew how to make a complaint and felt comfortable contacting the registered manager if they had any concerns. There were surveys in place to allow people and their relatives the opportunity to feedback about the care and treatment they received. These documents were provided in both English and Chinese.

People using the service and their relatives told us that the service was well managed and they had recommended the service to other people in the community. Staff spoke highly of the support they received to carry out their responsibilities.

There were processes in place to monitor the quality of the service provided and to understand the experiences of people who used the service. This was achieved through regular communication with people and care workers, supervision and a programme of other checks and audits, including telephone monitoring and spot checks.

The registered manager was aware of their responsibilities in relation to their registration requirements and

notifiable incidents, and learning had taken place since the previous inspection.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Risk assessments were in place to identify the areas of risk and to reduce the likelihood of people coming to harm. Guidance was available for staff from health care professionals to support them in their roles.

Staff had a good understanding of how to recognise and report any signs of abuse and protect people from harm. Staff were very confident any concerns brought up would be acted upon straight away.

The provider took appropriate steps to ensure robust staff recruitment procedures were followed and there were sufficient staff to meet people's needs.

People were supported with their medicines by staff who had received appropriate training. Staff were aware of what to do if they had any concerns about people receiving their medicines safely.

Good ●

### Is the service effective?

The service was effective.

A new training programme had been implemented to ensure staff refreshed their skills and experience on a regular basis. Care workers received regular supervision to discuss important issues and provide support to meet people's needs.

The provider understood the legal requirements of the Mental Capacity Act 2005 (MCA) and staff liaised with the relevant health and social care professionals if they had concerns about people's capacity.

Staff were aware of people's health and well-being and responded if their needs changed. People were supported to access health and social care professionals, such as GPs, social workers and occupational therapists.

People were supported to have a balanced diet if this was

Good ●

required. People told us that care workers were aware of their specific cultural preferences and offered them choices at mealtimes.

### Is the service caring?

The service was outstandingly caring.

People using the service and their relatives told us they were extremely happy with the care and support they received. Care workers were consistent, knew the people they worked with very well and treated them with respect and kindness.

People were actively involved in decisions about their care and support, in accordance with their wishes. People and their relatives told us that advocacy support and interpreting services from the provider had an incredibly positive impact on them.

Care workers promoted people's independence, understood their culture, respected their dignity and maintained their privacy.

The provider made efforts to make people aware of the support that was available to them when they were reaching the end of their life.

**Outstanding** 

### Is the service responsive?

The service was responsive.

Care records were discussed and designed to meet people's individual needs and staff knew how people liked to be supported.

There was evidence that people's cultural needs were met, as people could communicate with staff in their own language and information was easily accessible and available in English and Chinese.

People and their relatives knew how to make a complaint and said they would feel comfortable doing so if they needed to. The service gave people and their relatives the opportunity to give feedback about the care and support they received.

**Good** 

### Is the service well-led?

The service was well-led.

There was visible leadership from the registered manager who

**Good** 

understood their responsibilities and had worked in the Chinese community for over 22 years, which gave people and the staff team confidence in the service.

People using the service and their relatives told us that the service was well managed and had recommended the service to other people in the community. Staff spoke highly of the support they received to carry out their responsibilities.

There were quality monitoring systems, audits and meetings in place to monitor the quality of the service and identify any concerns. Any concerns identified were followed up appropriately.

# Chinese HomeCare Specialists

## **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 8 and 9 August 2017 and was announced. We gave the provider 48 hours' notice of our inspection as we needed to be sure that the people we needed to speak with would be available.

The inspection team consisted of one inspector and a Cantonese interpreter who was responsible for contacting people who used the service and their relatives after the inspection to find out about their experiences of using the service. A Cantonese interpreter was required because the majority of people using the service and care workers could not communicate as effectively in English as it was not their first language.

Before the inspection we reviewed the information the Care Quality Commission (CQC) held about the service. This included notifications of significant incidents reported to the CQC and the report for the last inspection that took place on the 26 and 27 January 2016, which showed the service was rated as 'Requires Improvement'. We contacted the local authority for the borough they were registered in and used their comments to support our planning of the inspection. The provider also submitted a provider information return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

We spoke with nine people using the service, seven relatives and 12 staff members including the registered manager, the quality assurance manager, the administrator, a general assistant/support worker and eight care workers. We looked at four people's care plans, four staff recruitment files, staff training files, staff

supervision records and audits and records related to the management of the service.

Following the inspection we spoke with three health and social care professionals who had worked with people using the service for their views.

## Is the service safe?

### Our findings

All the people we spoke with told us they felt safe when they were receiving their care. Comments included, "I am happy with the service. All the care workers are reliable and trustworthy", "The service is safe. They help me manage my conditions and they have to help me with everything. I have no concerns about any kind of abuse" and "The manager sends carers that know me, so it makes me feel safe when I know them. He always tells me who is coming." Relatives we spoke with confirmed that they had no concerns. One relative said, "It is safe yes, I know [my family member] feels safe when they take them outside." Another relative told us that they felt reassured when their family member was out in the community with their care workers.

At our previous inspection in January 2016 we found the provider did not refresh training in safeguarding or management of medicines once staff had completed it during their induction. We recommended that they seek advice from a reputable source about how often this training was carried out to ensure care workers skills and knowledge remained up to date to enable them to keep people safe. At this inspection we found that improvements had been made.

We found that the provider had reviewed their training programme and made sure that all staff received refresher training in safeguarding after the inspection, with the aim to review it every two years. In between this period, the registered manager told us that it was discussed at regular supervision sessions so staff were always reminded about the importance of safeguarding in their role as a care worker. Comments from care workers included, "Safeguarding is always discussed as a matter of priority" and "Safeguarding is always discussed and we are told to keep a record of everything and report it to the manager." Staff had a good understanding of safeguarding and were able to explain the kinds of abuse people could be at risk of, what could be the signs of this abuse and what they would do if they thought somebody was at risk. One care worker told us about their experience of raising concerns and had felt relieved when they brought it up with the registered manager. They added, "They reacted straight away and kept me updated and reassured, it really helped me. They always tell us to report any concerns straight away and I'm very confident it will be dealt with."

There were appropriate medicines policies and procedures in place to ensure people received their medicines safely. Since the last inspection, the provider made sure all staff had received refresher training in medicines and we saw that medicines awareness was discussed in supervision sessions with staff. Some people were supported with their medicines and their care plans contained information about their medicines. New medicines risk assessments had been introduced since the last inspection which included the name of the medicines and how the person's medicines were dispensed, who was responsible for supporting people with them and the reason they were taken. It also recorded whether people were able to take their own medicines which demonstrated that the provider took into account people's ability to self-administer medicines and recorded the level of support they required.

Since the last inspection, the provider had introduced Medicine Administration Record (MAR) sheets for people who were supported with their medicines, which were available in both English and Chinese. Care workers we spoke with knew how to record and sign in people's MAR sheets if they supported them with

their medicines. We saw that the provider liaised closely with relatives who supported their family members with their medicines. One relative was responsible for administering medicines but was supported by a care worker twice a week during a sitting service. We saw that the provider updated medicines records if they changed and staff had completed MAR sheets accurately. The quality assurance manager told us that they were returned to the office each month to be checked. One relative said, "I'm really happy with how they support us with the medicines."

The four staff files that we looked through were consistent and showed that the provider had robust recruitment procedures in place. All Disclosure and Barring Service (DBS) checks for staff had been completed in the last three years. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working in care services. We also saw that the provider had asked for updated documents and verified them to complete the renewal process for staff that had worked at the service for over three years. There was evidence of photographic proof of identity and proof of address, references and documents confirming the right to work in the UK. The registered manager told us that any gaps in employment would be discussed during the interview.

There were sufficient care workers to provide all the visits to people who used the service. The registered manager told us they have had difficulties in trying to recruit bilingual care workers and due to this, the service had turned down potential contracts of work from the local authority, which we saw records of during the inspection. At the time of our inspection there were 22 care workers employed in the service. The registered manager told us they tried to ensure consistency with their care workers, which was important to people using the service. Comments from people included, "They arrive on time and stay the full visit, logging in and out" and "They stay for the full visit and always let us know if there are any changes or delays." One relative told us that they always had the same care worker and the stability and consistency had been really good. The local authority monitored the time keeping of care workers. Care workers had to log in and out on the person's telephone at the start and end of a visit. We spoke with the local authority who were responsible for over half of the people using the service and they had no concerns regarding the time keeping of care workers.

There were procedures in place to identify and manage risks associated with people's health conditions. Initial assessments were carried out by the registered manager to identify any potential risks associated with providing their care and support. Their risk assessment covered areas which included people's mobility, daily living activities, nutrition, medicines and physical and mental well-being. They also carried out a health and safety assessment on the person's home environment to ensure their premises were suitable for care to be carried out. The assessment covered security, fire safety, appliances and general levels of cleanliness. For example, one person was a smoker and we saw that a smoke alarm had been fitted and advice given on fire safety.

This information was then used to produce a care plan and risk assessment around the person's health needs. The assessments contained details about the level of support that was required and information about any health conditions the person had. The information in these documents included brief guidance for care workers on how to manage risks to people, which also had the Chinese translation. Care workers we spoke with knew about individual risks to people's health and well-being and how these were to be managed. For example, one person had been assessed as being at risk from choking while eating. This was highlighted in the needs assessment and risk assessment and detailed information was given about the person's diet and how food and drink needed to be served. There were swallowing guidelines in place with information for care workers about the possible risks and what to do if they had any concerns. This included the types of food and fluids, the seating position during mealtimes and certain foods to avoid. Another person was at risk when they were out in the community. We spoke with the care worker who was able to

explain what the risks were and how they kept them safe. We spoke with this person's relative who said, "They take my [family member] out and look after him/her well. They always hold their hand and keep them safe. If there are any problems they will always let me know." We saw that risk assessments were reviewed annually or when people's needs changed. For example, we saw one person's records had been reviewed and updated after four months due to a change in their needs.

## Is the service effective?

### Our findings

All the people we spoke with told us that they were happy with the service and that staff had the knowledge and experience to meet their needs. Comments included, "The help they provide meets my needs and they provide me with a lot of support", "The service is very good. They always ask if it is OK to do anything before they start it and check I'm happy with it" and "They help me a lot and do a great job, I'd recommend them to others." Relatives also spoke positively about the support they received. One relative said, "The service is very good. The care workers are experienced and know how to help us, they've been doing it a long time." Another relative told us that as they always had the same care worker, they understood their family member very well and praised the stability of the service they received.

At our previous inspection in January 2016 we found that there was not always evidence in care records that people had consented to their agreed care and support. We recommended that they seek guidance and support from a reputable source regarding appropriate training for staff about their responsibilities in relation to the Mental Capacity Act 2005 (MCA). At this inspection we found that improvements had been made.

Staff understood the main principles of the MCA. The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager had a good knowledge of their responsibilities under the legislation and we saw that specific MCA training had been introduced into their training programme for staff. One care worker said, "The training was really interesting and I learnt a lot about capacity and people's rights to make decisions." Since the last inspection the registered manager had carried out reviews and made sure that documentation was in place to confirm people had consented to their care. Where there were concerns about people's capacity, the provider had liaised with relatives and health and social care professionals to have best interests meetings.

Staff we spoke with understood the importance of the need to ask for people's consent prior to providing personal care for them. Comments from people included, "They do always ask for my consent before they provide support" and "They always ask for permission with whatever they do." One care worker said, "I make sure that I always explain what I'm going to do and talk with them, to reassure them that everything is OK and that I'm here to help them."

Since the last inspection, the provider had reviewed their training and induction programme and staff now also had access to online training throughout the year, which was assigned to them by the registered manager. Staff completed an induction programme when they first started employment with the service which covered a range of policies and procedures and had to work towards covering the 15 standards of the Care Certificate. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment. Mandatory training included first aid, fire safety, medicines awareness, safeguarding, moving and handling and the MCA. Care workers spoke positively about the training that was

available to them and told us that interpreters were also used to help them fully understand the training. We saw on the second day of the inspection the registered manager supported a care worker with their online training module in Cantonese. One care worker said, "The manager explained the training very well. I found it very interesting and it helped my understanding." Another care worker told us that for one online training course they only scored 51% so had to take it again as the pass mark was 80%.

Care workers confirmed that they were introduced to people first before they started work with them and had a number of shadowing opportunities to get to know the people they were going to work with. One care worker said, "If I have a new client, I can shadow the carer a week before I cover for them to see what needs to be done." Another care worker told us that the registered manager arranged a training session and observations for them before they carried out a cover shift to make sure they were suitable to support the person. They added, "It gave me the confidence to do the job." Staff had regular supervision and we saw records showing that care workers were given the opportunity to discuss a number of topics, including any concerns they had about people using the service, training needs, timekeeping and feedback. We also saw that training topics were refreshed and role plays were used to reinforce understanding. Where training needs were discussed, we saw that the registered manager had followed this up with the care worker. One care worker said, "The supervision is very useful and we can bring up any problems. They are very good with this, listening to us and getting a solution."

Some people required care workers to support them with meal preparation. The registered manager told us that since the last inspection they now carried out a Malnutrition Universal Screening Tool (MUST) assessment when they carried out a review on people. This was because they had noticed a person was malnourished and raised their concerns. We saw that there was authorisation in place from the local authority to increase the level of support provided to ensure their nutritional needs were met. Information about food preferences and the level of support needed was recorded in people's care plans, including whether people had any specific dietary needs. For one person, the provider had worked with the community diabetes team and advice and guidance about nutrition was available in their care records. People spoke positively about the support they received. Comments included, "They have given me good advice about a balanced diet and they cook the food I like to eat and I'm happy with the dishes my carer makes" and "They cook Chinese food for me and cook what I like. I'm very happy with that and it suits my taste." A care worker said, "I know how to cook them their traditional Chinese food and people are happy with that."

Care workers said they helped people manage their health and well-being and would always contact the office if they had any concerns about the person's healthcare needs during a visit. One relative said, "They always report any concerns. If they notice anything during personal care they always let me know, along with reporting it to the office." The registered manager and office team also supported people to attend healthcare appointments or make referrals to the relevant health and social care professionals. For example, one person was supported to obtain grab rails and mobility equipment in their bathroom to make it safer when they were being supported by referring them to social services. Another person was supported with a wheelchair referral application. One person told us, "They have called an ambulance for me before and contacted social services on my behalf." We saw information in people's care records and the central communication log where staff had made contact with a number of health and social care professionals, including GPs, occupational therapists, social workers and interpreters. When interpreters had been unavailable the registered manager or other bilingual members of staff were able to support people at these meetings. One relative said, "They help us with interpreting and with correspondence from the GP, helping us to translate and taking us to appointments if necessary."

## Is the service caring?

### Our findings

People spoke extremely positively about the support they received and said that staff were respectful, compassionate and caring. Comments from people included, "The staff are very kind and respectful, they respect us. They are respectful of our culture and how we like to be addressed", "They are a very important part of my life and treat me very well" and "I don't know what I'd do without them and the support they provide to me." Relatives were positive about the staff and felt that being able to communicate in their own language was such an important part of the service and why it was so helpful. One relative said, "They respect our home and our culture. They treat my [family member] with respect during personal care and we can communicate with all of them in our own language."

We saw that people had regular care workers which allowed them to develop caring relationships and understand how they liked to be treated. One person said, "We have a good routine and we stick to it, they will always listen and follow instructions. The consistency is very important." A relative said, "Their experience with my [family member] is great, they really know how to support him/her and do it well." Care workers we spoke with were passionate about their jobs and felt their work had real meaning within the Chinese community. Comments included, "I'm happy working here as it feels like helping a member of the family and contributing to the Chinese community. It's in our culture to look after the elderly", "I'm happy working with people in my own community, helping people to live their lives" and "It's all about our clients. I'm treated like a family member so it has an emotional touch, which is very rewarding." Another care worker told us how they would visit Chinatown to pick up newspapers so people were able to keep up with current affairs and have topics to discuss. One person told us that the provider had managed to obtain a second hand wheelchair from a local church for them while they waited for their wheelchair referral, which helped them to access the community.

People using the service and their relatives confirmed they were involved in making decisions about their care and were able to ask care workers for what they wanted. One person said, "I'm always involved and they give me copies in Chinese or read it to me." One relative said, "Yes, we are involved. They talk to us when care is being reviewed." Another relative told us how the registered manager always made sure they involved and listened to their opinions. They added, "They listened to me when I thought we needed more hours and helped us to make the referral to the local authority as we are unable to speak English well."

The registered manager told us that since the last inspection they were helping more people with advocacy support and interpreting services. We saw records where requests for interpreters were made but also correspondence with the local authority authorising extra care hours for interpreting and advocacy support. We saw correspondence in their communication log where people who used the service and their relatives made contact with the provider, asking for support with information relating to hospital discharges, other care agencies, housing associations and welfare rights. People and their relatives told us that this part of the support they received was so important to ensure their needs were met. One relative said, "It is so very important as I can't do this on my own, I really need this support. They help us with everything." Another relative told us how important it was for the provider to act on their behalf. They added, "I need them to be able to speak with the GP and arrange other appointments for me, and keep me updated. It is very

important." The quality assurance manager told us how they had spent a lot of time trying to increase the level of support available for one person who they thought was isolated from the Chinese community and lived in a supported living service where they could not communicate with staff or other residents. We saw that after a referral had been made, they now provided a weekly interpreter service to communicate with staff, go through correspondence, deal with appointments and make contact with the relevant health and social care professionals to make sure their needs were met. The quality assurance manager said, "We need to be thorough to make sure people get what they are entitled to, we go the extra mile, stand up for people and are their voice." We spoke with this person who told us that the extra support they had received had been "life changing". From the samples of their annual survey we viewed, the majority of people were supported with advocacy and interpreting services and highlighted how important the service was and that they had The Chinese Association of Tower Hamlets to speak for them on their behalf.

Care workers had a good understanding of the need to ensure they respected people's privacy and dignity and promoted their independence. All the people we spoke with and their relatives commented positively about how respectful all of the staff were. One person said, "They are very respectful to me, very helpful and look after me. They always chat and make me laugh, it is a happy service." One care worker said, "I respect their wishes and encourage them to be independent, but do not force them to do anything." The quality assurance manager told us how they always stressed the importance of 'going the extra mile' and to treat everybody as an individual, ensuring their dignity is always respected.

The registered manager told us that since the previous inspection, the number of people they supported had reduced as some people had passed away. They had arranged for the Chinese Association for Cancer Care to visit their day centre in April 2017 where they spoke with some people using the service and gave an overview of the support they were able to provide to people, including a question and answer session and personal experiences of people who been affected by cancer. The registered manager told us that it was considered bad luck to talk about death in their culture, however felt it was important to make people aware of the support that was available to people and how they could make contact with them if they needed any information or advice. We saw that the registered manager had also arranged training for staff on end of life care to support care workers and increase their knowledge and understanding in this area.

## Is the service responsive?

### Our findings

People using the service and their relatives told us they were happy with the care they received, that they were able to contribute towards their assessment and felt listened to. Comments included, "They come and ask about the care plan and carry out reviews. They always ask if there is anything further they can do for us", "I've got no concerns at all. They explained what kind of care they were able to provide so know what to expect" and "They always ask for his/her preferences and check what it is they want to eat, or what to do." One relative told us that she felt very confident with the service and that they felt reassured when they were not around. Another relative said, "If I knew somebody in the community who needed help, I'd recommend them as they provide a good service." One health and social care professional told us that the provider had always been very accommodating to changes and always listened to people about their care and support needs.

All of the people that received care from the provider were funded by the local authority. After receiving the referral from the local authority, the provider was responsible for carrying out their own initial assessment to see what care and support people needed and whether they would be able to meet their needs. We saw that people's preferences for visit times and care workers was discussed, and found out what was important to people when receiving care. Most people highlighted that Chinese speaking staff was important and the provider was able to meet these needs. One relative said, "The care workers can speak Cantonese so are able to meet our needs." One person had contacted the provider to compliment them on this, they said, "My care worker is very organised and her care meets my cultural needs. We are able to communicate with each other and understand each other well." Care workers would be introduced to people and would have shadowing opportunities to get to know how the person would like to be supported. Comments in one person's care records stated that it was vital to have a Chinese speaking care worker to enable them to communicate effectively and live independently.

Each person had an individual care folder which was well laid out and had the Chinese translation for the majority of documents produced by the service, especially people's personal information, needs assessment and care plan. Each care plan contained a personal profile, their next of kin contact, their GP or other health and social care professionals involved in their care and what medicines they were prescribed. It gave an overview of people's medical history, health issues and communication needs. Care plans recorded the time of visits people received and highlighted what care and support was to be carried out. Care records also had other relevant information, such as people's local authority assessments, records of healthcare appointments and quality assurance monitoring forms.

Since the last inspection, the provider now made sure that people's daily logs were returned to the office monthly to be checked by the quality assurance manager. Care workers recorded what care and support they had carried out which included support with personal care, if medicines were prompted, support with food and drink, whether they accessed the community and whether they had any concerns. One person's care plan highlighted that the person received advocacy and interpreting support each week. We saw care workers had recorded correspondence and documents that had been translated for the person, along with being supported to a social services review, where they acted as an interpreter on their behalf. These logs

were produced in English and Chinese and people and care workers had to sign them after each visit.

The service provided to each individual was reviewed annually but if there were any significant changes to people's needs, this was brought forward. We saw records within people's files that showed care plans had been updated to highlight this. For example, one person's care package had been increased due to concerns that had been raised by care workers and information had been added about what extra support had been put in place. The registered manager told us that they provided a cultural service and there was evidence that the provider listened to people's preferences with regards to people's cultural or religious needs. One person told us how their extra hours had helped them get the support to have their preferred food. We spoke with a care worker who supported this person who told us how important the extra hours were to their health and well-being. They added, "They weren't eating properly but now they get proper food, they go to the Chinese lunch club and meet friends and can chat in their own language. They are no longer isolated and these hours are really important to them." We also saw examples where the provider was flexible and people's visit times had been changed after being contacted by relatives. Care workers spoke positively about the content of the care plans they worked with. One care worker told us that there was enough information for them, but they also benefitted from shadowing and information that had been recorded in the daily logs.

People using the service and their relatives said they would feel very comfortable if they had to raise a concern and knew how to get in touch with the service, even though the majority had never made a complaint. Comments included, "I've never made a complaint in all the years that I've used the service", "We know how to make a complaint, however we've never made one in our whole time as they provide such a good service", "There are no issues and I've not had to make a complaint since I started a year ago" and "If there are any issues, I'm always able to call and they will listen and change if necessary."

There was an accessible complaints procedure in place in both English and Chinese, which had been reviewed in March 2017. A copy was given to people when they started using the service and they signed to confirm they had received and understood it. One person told us how everything had been explained when they started so they were fully aware of all procedures and what to expect. There had been no formal complaints since the last inspection but we saw records that demonstrated that any concerns that had been raised had been followed up appropriately. We saw a number of compliments that the service had received in the past 12 months. One of the compliments the service had received from a person said, 'Over the past 18 months, my life has changed dramatically for the positive with the help of the Chinese Association.'

## Is the service well-led?

### Our findings

At the time of our inspection there was a registered manager in place. Our records showed he had been formally registered with the Care Quality Commission (CQC) since January 2011 but had worked for the provider for over 22 years and knew the Chinese community very well. He was present on both days we visited the office and assisted with the inspection.

At our previous inspection on the 26 and 27 January 2016 we found the provider was in breach of regulations relating to the notification of incidents. They had failed to notify us about two significant incidents related to a safeguarding concern and an incident that was reported to the police. At this inspection we found that improvements had been made.

The registered manager was aware of their responsibilities in relation to the CQC registration requirements and learning had taken place since the previous inspection. The registered manager had sent in all relevant notifications and had also made contact with us to keep us updated on investigations. We were able to see this information had been recorded and followed up appropriately.

People using the service and their relatives spoke positively about how the service was managed and had confidence in the registered manager. Comments included, "If concerns are raised, he steps in quickly to deal with them, it is very reassuring and you feel confident that he will sort things out for you", "Without this service, we'd be helpless, I don't know what we'd do without them", "It is very well managed, I always get to speak to somebody and the manager is a good person" and "If we have any concerns, we always speak with the manager, it is well managed. To be honest, if he can help, he always does what he can." One relative told us that they had recommended the service to people within the Chinese community as the service was good. One health and social care professional told us they had received lots of positive feedback about the service from people and other health and social care professionals.

Staff told us they felt well supported and we received positive comments from all staff about the management of the service and how happy they were to work for the provider. Care workers told us if they had any problems they could contact the office and would always be able to speak to somebody, with the registered manager being available all of the time, including out of hours. Comments included, "I'm very happy working here. I'm very supported and if there are any problems, they always get back to us", "He is a good manager and anytime I need help, he is always there. He has also given me opportunities to develop myself as well" and "All is fine, I've never had a problem in the five years I've worked here. The [registered] manager is very kind and has a good personality." One member of staff told us how the whole service was like one big family and that everybody worked together.

The registered manager had internal auditing and monitoring processes in place to assess and monitor the quality of service provided. The registered manager and office team had daily meetings about people using the service and any actions that had to be followed up were recorded in the central log book. This included a weekly meeting every Monday to discuss any incidents that had occurred over the weekend. Since the last inspection, specific audits of people's daily log records and medicines were completed monthly when they

were returned to the office, which was the responsibility of the quality assurance manager. The quality assurance manager said, "From checking the logs, we find out about people's health and well-being and can pick up any issues. We make sure there is detailed input so we can really see what interactions are taking place." We saw one example of a supervision where the importance of detailed recording in daily logs was discussed with a care worker.

The administrator told us that they also carried out weekly telephone checks and regular spot checks to find out if people had any issues and if they were happy with the service. They would also speak with the care workers as well if they were present to get updates on people. They added, "If there are any concerns or if action is required, I inform the manager to follow it up." We saw correspondence in the central log book where spot checks had taken place and action had been taken. For example, we saw a care worker had reported some concerns. The registered manager had called their next of kin and recorded the follow up action that had been taken.

The provider sought people's views through their annual satisfaction survey. The registered manager told us that they were in the process of completing it and had received 10 completed surveys at the time of the inspection. The survey covered areas such as people's overall satisfaction with the service, complaints, were they treated with respect and how important the service was to people. It also gave people an opportunity to rate their care worker and explain why they marked them that way. The majority of forms highlighted that people were satisfied with the service and that the support they received, particularly interpreting and advocacy support, was very important to them. They also produced a Chinese newsletter that was sent out to people and their relatives, which included information about office hours, personal budgets for people looking for support, activities available at their day centre and other information of interest related to the Chinese Association of Tower Hamlets.

The provider was also responsible for submitting a quarterly quality assurance contract monitoring report to ensure their services were in line with the requirements of the local authority and to look at joint ways of improving the service. This report gave an overview of the service and covered a number of areas which included staffing, complaints, CQC notifications and quality of care. It also gave the opportunity to highlight how the service made a positive contribution to local people in the community. For example, in their most recent monitoring report in July 2017, it highlighted the provider's elderly lunch club that was available to people where they had a place to socialise, have food that met their cultural needs and receive advice in areas of health, housing and welfare rights.