

Lambeth Chinese Community Association

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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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This was an announced inspection that took place on 13 and 14 March 2018.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It is located in the Stockwell area and covers south London.

At the last inspection in February 2016 the key question of well-led required improvement as the agency did not have a registered manager. The key questions for safe, effective, caring and responsive were rated good and there was an overall rating of good. The agency now has a registered manager and the key question well-led that required improvement is now rated good.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

People told us they were satisfied with the care and support that the agency supplied and enjoyed the way staff delivered the service.

The agency records were up to date and covered all aspects of the care and support provided for people, the support choices they had made and identified that they were being met. They contained clearly recorded, fully completed, and regularly reviewed information that enabled staff to perform their duties well.

Staff knew their responsibilities towards the people they supported, regarding the tasks they performed and were aware of how people liked to be supported. Staff had appropriate skills and provided care and support in a professional, friendly, kind and person centred manner.

Staff were aware that they must treat people equally and respect their diversity and human rights and this was reflected in their care practices during our visits. People said they felt treated fairly.

Staff were in receipt of appropriate training and made themselves accessible to people. They told us the organisation was a good place to work; they enjoyed their work and had access to good training and support.

People and their relatives were encouraged by the registered manager and staff to discuss health and other needs and passed on agreed information to GP's and other community based health professionals, as required.

Staff protected people from nutrition and hydration associated risks by giving advice about healthy food

options and balanced diets whilst still making sure people's likes, dislikes and preferences were met.

The agency was aware of the Mental Capacity Act (MCA) and their responsibilities regarding it.

The registered manager was approachable, responsive, encouraged feedback from people and consistently monitored and assessed the quality of the service provided.

The health care professionals that we contacted were happy with the support that the agency provided for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service has improved to good and is now well-led. This was because the provider had appointed a registered manager.

The management team was visible and supportive with an open, person-centred culture. Staff were proud of working for the provider, which had clear person-centred values that staff applied to their work.

The manager, management team and organisation enabled people to make decisions and supported staff to do so by encouraging an inclusive atmosphere.

There were robust systems to assess, monitor and improve the quality of the service people received. People and their relatives were involved in these processes and in the development of the service.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 was an announced inspection and took place on 13 and 14 March 2018. 48 hours' notice of the inspection was given because the service is a domiciliary care agency and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection, the provider completed a 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. We also checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

The inspection was carried out by one inspector.

There were 18 people receiving a service and 18 staff. During the inspection, we visited three people and their relatives' and spoke with four staff. We also spoke with the registered manager and management team during the office visit.

We looked at two people's care plans and two staff files. We also checked records, policies and procedures and quality assurance systems.

Is the service safe?

Our findings

People told us that the agency provided a safe service and enough staff to meet their needs when required. The staff rota reflected this with people's needs being met flexibly and safely.

Staff were aware of what abuse was and the action required if they encountered it. The agency had policies and procedures regarding abuse and harm and provided staff with training to protect people. Staff understood the lone working policy. The management team knew how to raise a safeguarding alert and when this was necessary. Previous safeguarding alerts were suitably reported, investigated and recorded. There was no current safeguarding activity.

The registered manager said that most staff were recruited by word of mouth within the Chinese community. The staff recruitment procedure included providing an application form, job description and short-listing of prospective staff for interview. The interview included scenario based questions to identify people's skills, experience and knowledge of domiciliary care. References were taken up and work history and disclosure and barring (DBS) security checks carried prior to people being employed. There was a probationary period with regular reviews. All stages of the process were recorded.

The agency carried out risk assessments that protected people and staff. This included situations where people may display behaviour that others could interpret as challenging and that may put themselves and staff at risk. The risks assessments were monitored, reviewed and upgraded when people's needs changed and people and their relatives were encouraged to contribute to them. Trained staff carried out the risk assessments. Staff said they shared information regarding risks to people with the office and other members of the team if they had shared calls. They were familiar with the people they provided a service for and were able to identify situations where people may be at risk. This enabled them to take action to minimise the risk. The agency kept records of any accidents and incidents. Staff had also received infection control training and their working practices reflected this during our visits to people.

Staff safely prompted people to take medicine, if this was required and were trained to do so with annual refresher courses. They also had access to updated guidance. The agency checked and monitored people's medicine and records.

Staff had received training in infection control, food hygiene and wore appropriate protective clothing including gloves.

The health care professionals we contacted had no concerns regarding the agency providing a safe service for people.

Is the service effective?

Our findings

People were supported to make decisions about the care and support provided and how it would take place. They said staff understood their needs, met them in a skilful way and their approach was patient and supportive. Staff said they regularly checked with people that the care and support was meeting their needs. This was also monitored as part of the agency quality assurance system. Staff were suitably trained to complete the tasks that were required. One person told us, "A good service, I am satisfied."

Staff received induction and mandatory annual training. The training was based on the 'Care Certificate Common Standards' and included role of the carer, health and safety, moving and handling, food hygiene, recognising assessing and managing the deteriorating adult in the community, conflict management and dementia awareness. The Care Certificate is an identified set of 15 standards that health and social support workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new support workers and was developed jointly by Skills for Care, Health Education England and Skills for Health.

Staff also received equality, diversity and human rights training that enabled them to treat everyone equally and fairly whilst recognizing and respecting people's differences. This was confirmed by people and demonstrated during our visits to them. The agency also had an equality and diversity policy that staff were aware of and understood.

New staff shadowed more experienced staff and did not start working alone until they were fully familiar with the person and comfortable and confident doing so. The registered manager conducted spot checks to monitor progress. Shadowing was also included as part of the staff client handover process. Staff meetings, supervision and annual appraisals provided opportunities for identifying group and individual training needs in addition to the informal day-to-day supervision and contact with the office and management team.

People's care plans included their health, nutrition and diet and if required staff monitored people's food and drink intake. They also advised and supported people to make healthy meal choices and said that if they had any concerns they raised and discussed them with the office, person, their relatives and GP as appropriate. Records demonstrated that the agency made referrals to and regularly liaised with relevant community health services including local authority commissioners, hospital discharge teams and district nurses.

People's consent to receiving a service was recorded in their service contracts with the agency and care plans.

We checked whether the service was working within the principles of the MCA and that applications must be made to the Court of Protection if appropriate. No applications had been made to the Court of Protection as this was not appropriate and the provider was not complying with any Court Order as there were none in place. Appropriate staff were aware of the Mental Capacity Act 2005 (MCA), 'Best Interests' decision making process, when people were unable to make decisions themselves and staff had received appropriate

training. The registered manager was aware that they were required to identify if people were subject to any aspect of the MCA, for example requiring someone to act for them under the Court of Protection or Office of the Public Guardian.

The health care professionals we contacted had no concerns regarding the agency providing an effective service for people.

Is the service caring?

Our findings

People said staff treated them with dignity and respect. They were listened to and their opinions valued. This was made possible by the training staff received regarding people's rights to dignity and respect. It was reflected, during our visits by the caring, compassionate and respectful support staff provided that was delivered in a friendly, helpful and professional way. The care practices followed the agency's philosophy of enabling people to make their own decisions regarding the support they needed and when it was required.

People were very pleased about having consistent care staff who understood their needs and preferences. This demonstrated a person-centred approach to the care that was provided. Staff arrived on time, carried out required tasks and stayed the agreed time. They also recognised the importance of their roles in establishing relationships with people and enriching their lives, as for some people their visits maybe a large part of or the only point of contact for people. One person told us, "They [carers] are very nice and caring."

The management team and staff were knowledgeable about the people they supported. They were able to give us information about people's needs, interests and preferences that demonstrated they knew people well.

The agency had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality, dignity and respect were included in induction and on going training.

The health care professionals we contacted had no concerns regarding the agency providing a caring service for people.

Is the service responsive?

Our findings

People said that the agency asked for their views and they were fully consulted and involved in the decision-making process before the agency provided a service. One person said, "They are there when I need them."

People said they received personalised care that responded to their needs. If there was a problem with staff or the timing of the support provided, the agency quickly resolved it. Staff recognised the importance of understanding people's views so that the support they provided could be focused on people's individual needs.

People confirmed that the agency provided suitable information regarding the service that was easily understandable and helped them decide if they wanted to use it. The information outlined what they could expect from the agency, way the support would be provided and the agency expectations of them.

Having received an enquiry, the registered manager and a senior carer would carry out an assessment visit. During the visit they would establish the care and tasks required, frequency of visits and timing and agree them with people, to make sure they met the person's needs.

Each person had a care plan that was person focused and they were encouraged to take ownership of the plans and contribute to them. People had their needs regularly reviewed, re-assessed with them and care plans changed to meet their needs. Any changes were recorded and updated in their care plans. Personal information including race, religion, disability and beliefs were clearly identified in their care plans. This information enabled staff to understand people's needs, their preferences and choices and respect them. The information gave staff the means to provide the care and support needed. The agency matched staff to the people they supported according to their language and other skills and the person's needs and preferences.

The agency did not provide end of life care.

People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them.

There was a thorough system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. Staff were also aware of their duty to enable people to make complaints or raise concerns. The agency had equality and diversity policy and staff had received training.

The health care professionals we contacted had no concerns regarding the agency providing a responsive service for people.

Is the service well-led?

Our findings

At the previous inspection the question well-led required improvement as there was not a registered manager in place. At this inspection there was a registered manager appointed and the question was now good.

People were happy and comfortable speaking with the registered manager and to raise any concerns with them as they were with staff providing support. They told us there was frequent contact with the office and they liked that it was a small organisation that made the service more personal. One person told us, "I know who to speak to [registered manager]."

The agency had a clearly set out vision and values that staff understood and followed. They were explained during induction training and regularly revisited at staff meetings. The registered manager described the agency vision as providing care and support to a standard that would be suitable for their own relatives.

The agency's culture was open and supportive with clear, honest and enabling leadership. This was also reflected in staff comments. One staff member said, "You treat people as you would your parents." Another staff told us, "I enjoy working here, plenty of support."

The agency worked hard to enable people to maintain community links. This included a lunch club for the community, Tai Chi classes, Chinese new year celebrations and Mandarin lessons.

Staff said the registered manager and management team gave them good support and were available when needed. They were in frequent contact and this enabled staff to voice their opinions and exchange knowledge and information. This included regular minuted staff meetings. Staff thought their suggestions to improve the service were listened to and given serious consideration. They also had access to a whistle-blowing procedure that they would feel confident using.

Staff told us that they enjoyed working for the agency and the staff files demonstrated that regular staff supervision and annual appraisals took place that included input from people and their relatives.

There was a policy and procedure in place to inform other services of relevant information should services within the community or elsewhere be required. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely manner.

Records showed that frequent spot checks and service reviews took place. The reviews also identified what worked for people, what did not and what people considered the most important aspects of the service for them. Spot checks took place in people's homes and included areas such as care staff conduct, courtesy and respect towards people, ensuring people's dignity was maintained, competence in the tasks undertaken and in using any equipment. Frequent phone contact quality checks took place with people and their relatives.

The agency and organisation carried out audits that included people's care plans, staff files, risk assessments, infection control and medicine recording. The agency used this information to identify how it was performing, areas that required improvement and areas where the agency performed well.

We saw that information was kept securely kept and confidentially observed for digital and paper records.

The health care professionals we contacted had no concerns regarding the agency providing a well-led service for people.