

Community of Refugees from Vietnam - East London

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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

About the service

'Community of Refugees from Vietnam- East London' service is a domiciliary care agency. It provides personal care to people from the Vietnamese community living in their own homes. At the time of the inspection the service was providing personal care to five people.

People's experience of using this service

The service formed an important part of the local Vietnamese community. People told us they benefited from using a service which understood their culture and spoke their language. People received timely care from consistent care workers that they knew well, and staff understood how to support people with dignity and respect.

People were safeguarded from abuse as care workers were trained in recognising the signs of abuse and knew how to raise concerns. The provider worked to mitigate risks to people's wellbeing. Medicines were safely managed by staff who understood they were only to prompt, not administer, medicines. There were safer recruitment processes to make sure staff were suitable for their roles.

People's care needs were assessed and policies and procedures were reviewed to ensure they reflected the law and best practice. Staff received enough training and supervision to carry out their roles. The service helped people to access health services and worked to understand the barriers members of their community faced. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care was planned to meet their needs and care plans were reviewed as needed. The service routinely provided information to people in Vietnamese and English to aid their understanding of the care plans and how to complain if something had gone wrong.

The provider engaged well with people, the wider community and staff to help deliver high quality care. The registered manager visited people regularly to monitor their satisfaction with their care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good (published 31 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an inspector supported by a Vietnamese interpreter.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We initially gave the service notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. However, we needed to reschedule the inspection as the provider was out of the country at the time the inspection was planned.

What we did before the inspection

We reviewed information of events that the provider is required to tell us about. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We looked at records of care and support for three people and records of recruitment and training for three care workers. We spoke with the registered manager, three care workers, one person using the service and one relative to two people who used the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and improper treatment. Care workers had received training in safeguarding adults and understood how to recognise and report abuse.
- The provider had a suitable policy for safeguarding adults. This included a clear outline of staff and managerial responsibilities and reporting procedures.

Assessing risk, safety monitoring and management

- The provider assessed risks to people who used the service. This included risks from people's living environment and mobility risks.
- Staff had clear guidance on how to mitigate risks to people. This included highlighting equipment such as rails which people used to make transfers and how to keep people safe in their homes.

Staffing and recruitment

- There were enough staff to safely meet people's needs. The staffing rota was fixed and based around people's scheduled care visits. People and their relatives told us that care workers always arrived on time and were reliable.
- Staff were recruited in line with safer recruitment measures. The provider obtained proof of people's identity, previous employment and the right to work in the UK. People had checks with the disclosure and barring service (DBS) which were repeated at regular intervals. The DBS provides information on people's backgrounds, including convictions, to help employers make safe recruitment decisions.

Using medicines safely

- The provider had a clear medicines policy. This outlined that staff could only ever prompt people with their medicines, which was understood by care workers.
- The provider kept appropriate records of the support people received with their medicines. This included keeping a chart indicating when people had been prompted to take their medicines and what medicines a person took and why.

Preventing and controlling infection

- People were protected from infections. Staff members received training in infection control and food safety, and the provider's health and safety policy outlined infection control measures. The provider had assessed what protective equipment needed to be provided for each person and care workers told us they always had this available.

Learning lessons when things go wrong

- There was a clear process which recorded what constituted an incident and the process for reporting these. The provider, and care workers, told us there had not been any incidents or accidents since the last inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider assessed people's needs. Care plans were drawn up using the provider's assessments and information from the local authority.
- Policies and procedures were reviewed every two years to ensure these were up to date with current legislation and practice. We saw examples of policies relating to health and safety, medicines and safeguarding adults which had been updated since the last inspection.

Staff support: induction, training, skills and experience

- Staff received the right training to carry out their roles. Staff told us they received enough training and could ask for more if required. Care workers had received refresher training in key areas such as safeguarding adults and had been supported to complete a nationally recognised qualification in care.
- There was not always a clear timescale for staff to receive refresher training. Individual policies stated when key trainings were to be repeated, and this was taking place. For some other training there was not a clear date for review.
- Staff received regular supervision and appraisals. This included assessing staff competency and areas for potential development and ensuring that training had been completed.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- Care plans covered the support people needed to eat and drink. This included specifying who was responsible for preparing food and when people needed meals provided. Care workers maintained records showing that meals were provided as planned.
- The provider understood people's health conditions. This included recording what the conditions were and the support people required to stay well. Care plans took into account how health conditions could affect people's support needs.
- The provider had worked with Healthwatch to identify some of the barriers people faced in accessing health services. People's families usually helped them to attend appointments, but the provider was able to do this if required.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with the local authority to plan and deliver people's care. People were often referred to the service by the local authority and this information was used to plan care. The provider requested additional time from the local authority when they felt they were unable to meet people's needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People had consented to their care. Care plans were provided to people in Vietnamese and English and they had signed these to indicate their understanding. Staff we spoke with understood the importance of asking people's permission before providing care.
- The provider had a suitable policy to follow in the event people lacked capacity to make decisions for themselves. At this time nobody was felt to be lacking capacity to make decisions about their care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us care workers treated people with kindness. A person told us, "Of course we are treated well, we always respect our elders." Staff told how they worked to make sure people were comfortable. A care worker told us, "Our clients are really happy with the way we provide care."
- People benefitted from consistent care from care workers who understood their language and culture. Comments from people included "It's always the same care worker" and "My family member cannot speak English...we know they can speak with him in his own language."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views. A care worker told us, "We always ask people what they want, we will always follow what they tell us to do." The registered manager visited people's houses regular to ask their views on the service and what needed to change.
- People's care plans contained details of how they liked to be supported. This included information on people's family members, social activities and how to avoid loneliness. The service had arranged for a befriender to visit a person at their request.

Respecting and promoting people's privacy, dignity and independence

- Care workers understood how to promote people's dignity. Comments from staff included, "If you have a bath you make sure you understand whether they want us in the room" and "You make sure you have the towel to cover them, and prepare everything before you go into the bathroom."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider planned people's care to meet their needs. People had care plans which contained details on what care workers needed to do each visit. Plans included the support people received from their families, their access to the community and their preferences for their care. Plans were reviewed yearly or as peoples' needs changed, and the registered manager visited people regularly to see if anything needed to change.
- People received care in line with their plans. Care workers kept accurate records of how they had provided care in line with these plans. This included comments on people's wellbeing, although these were usually quite brief. People told us they received the care they needed. A person told us "[my care worker] does everything she is meant to."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met people's communication needs. Most people using the service did not speak English and the service took account of this. All care workers spoke Vietnamese and people's care plans, risk management plans and daily records were completely bilingual.
- Key service information was also provided in both English and Vietnamese. This included contact details, policies and procedures.

Improving care quality in response to complaints or concerns

- The service had a clear complaints policy. This clearly outlined the process for people to make complaints and how the service would address these. This policy was provided in a simplified form in English and Vietnamese. No complaints had been made under this policy.
- People had the opportunity to complain. The provider visited people regularly in their homes to check things were going well. People told us they had no complaints about the service.
- The provider had worked with services and the local community to raise awareness of complaints. This included identifying that people within this community were reluctant to complain and discussing ways to overcome this.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service formed a key part of the local Vietnamese community. The provider also operated a lunch club where Vietnamese people met regularly for food and games. The registered manager told us, "We've known each other a long time. I can tell you who is getting older, and who might need care soon. And they know us." A relative told us, "They have been part of the community for a while now and they have a good reputation."
- The service engaged with and promoted the needs of the local community. The service had worked with local organisations to consult with members of the Vietnamese and Chinese communities. This had drawn on people's experiences to identify barriers to accessing health and social care services and had made recommendations for local services to overcome these. The provider also had a programme to offer informal support and advice to people aged over 50 in the Vietnamese Community.
- Staff members told us they were well supported by their manager. Comments included, "He has helped us a lot", "He checks up on our standard of work" and "He is a good manager." Staff were also engaged with through quarterly supervisions, yearly appraisals and twice yearly team meetings.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood how to respond when something had gone wrong. There was a clear reporting policy for addressing and responding to incidents and accidents. The provider understood when incidents needed to be reported to CQC. There had not been any serious incidents or learning opportunities since our last inspection.
- Systems of audit were sometimes informal. The provider carried out yearly checks of care plans, but did not have formalised systems for checking that information held on people or their care workers were up to date and complete. There were not formal systems for checking that logs of care were complete, but we did not identify any issues as a result of this.
- The registered manager carried out regular checks of people's care by visiting them at home. A relative told us, "He visits every month." There were detailed records of quarterly visits that showed the provider had checked on people regularly, but monthly informal visits were not always recorded.

Continuous learning and improving care

- The registered manager was clear about the challenges the service faced and had plans to address these. These related to recruiting care workers and difficulties in expanding the service. The provider intended to work with more people through direct payments and was working with the local authority and families to facilitate this.

Working in partnership with others

- The service worked as part of a consortium for local care community care providers which provided care under contract to the local authority. The services worked jointly to consider how to provide personalised care which met people's cultural needs and recognised risks relating to their contract.