

## Lewisham Indo-Chinese Community: Chinese Community School







# Lewisham Indo-Chinese Community: Chinese Community School - 33 Clyde Street

### Inspection report

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Date of inspection visit: 5 November 2015  
Date of publication: 24/12/2015

### 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 announced inspection took place on 5 November 2015. Lewisham Indo-Chinese Community: Community School provides personal care to people living in their own homes. At the time of this inspection the service was providing support to 11 people in Lewisham.

Lewisham Indo-Chinese Community: Community School was last inspected on 29 May 2013. It met all the regulations inspected at that time.

The service had a registered manager. 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.

People were safe at the service. Staff knew how to identify and act on allegations of abuse and neglect. Risk assessments were carried out on people's needs and their well-being. Staff had sufficient guidance to manage identified risks. People were supported to manage their medicines in a safe and timely manner.

People and their relatives were involved in planning their care and support. People were supported by staff who understood their health conditions and related risks. Staff had the relevant knowledge and skills to support people. Support plans were in place to guide staff on how to meet people's needs. People were asked for their consent before they received care.

Staff supported people in line with the principles of the Mental Capacity Act 2005. People received appropriate support to understand and make decisions relating to their care and support.

People and their relatives said the registered manager was approachable. The registered manager supported staff through regular supervision and appraisals meetings. Staff used feedback from these meetings to improve their practice. Staff received on-going training to meet people's needs.

People were happy with the support and care they received. People's language and cultural needs were met. People and their relatives had positive relationships with staff. Staff were respectful of people's privacy and dignity. People were treated with kindness and respect.

People had access to healthcare services when needed. Staff followed healthcare professionals' advice to support people with their nutrition. Staff supported people with their eating and drinking.

People were encouraged to provide feedback about the quality of care. The registered manager visited and made telephone calls to people regularly to check on the standard of support and care they received. The registered manager valued their views and used them to improve the service.

People knew how to raise a complaint. The registered manager had investigated and resolved complaints in line with the service's complaints procedure. People and their relatives were satisfied with the outcome of the investigations.

People and their relatives made positive comments about the registered manager and the service. The service used the audit systems in place effectively to monitor the quality of the service and to understand people's experiences of using the service.

# Summary of findings

## 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. Risks to people were assessed. Plans were in place to reduce and manage identified risks.

Staff understood the types of abuse and neglect and knew what action to take to protect people from harm.

People's medicines were managed safely. There were enough staff to meet people's needs.

Safe recruitment procedures were used to recruit suitable staff.

Good



### Is the service effective?

The service was effective. Staff received appropriate training to effectively undertake their role.

People's choices and preferences were respected. Staff sought and received people's consent before supporting them.

People received support with their health and nutritional needs.

Good



### Is the service caring?

The service was caring. People were treated with kindness and compassion. Staff were respectful of people's privacy and dignity.

People and their relatives had built meaningful relationships with staff.

Staff knew people and how they preferred to be supported.

Good



### Is the service responsive?

The service was responsive. People and their relatives were involved in planning for their support. People's needs were known and their preferences and choices respected.

People's views and feedback was sought and valued by the service. People's complaints were investigated and resolved to their satisfaction.

People pursued their interests and took part in social and community based activities.

Good



### Is the service well-led?

The service was well-led. People, their relatives and staff told us the registered manager was approachable and effective.

The service welcomed ideas from people and their relatives to improve the service.

The registered manager regularly checked the quality of service. Improvements were made when necessary.

Good



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## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on 5 November 2015. The provider was given 48 hours' advance notice because the location provides a domiciliary care service and we needed to ensure the registered manager was available. An inspector and an expert by experience undertook the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete 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 reviewed the PIR before the inspection.

We checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred in the last 12 months. Statutory notifications are reports that registered providers and managers of adult social care are required to notify the Care Quality Commission about, for example incidents, events and changes.

During the inspection, we spoke with one person, two relatives and three members of care staff. We also spoke with the registered manager. After the inspection, we spoke with four people, four relatives and a social worker.

We reviewed a range of records the service is required to maintain in relation to all aspects of care provided. These included five people's care records and five Medication Administration Records (MAR) charts. We looked at five staff records, staff training plans and duty rotas. We reviewed records of complaints, safeguarding concerns and incident reports. We looked at monitoring reports on the quality of the service which included audit reports and other records relating to the management of the service.

# Is the service safe?

## Our findings

People told us they received care and support which kept them safe. One person said, “Staff make me feel safe. We have known each other for years and I am comfortable around them”. Another person told us, “I have no worries whatsoever with the staff and how they support me”. A relative said, “I would talk to the manager if I had concerns. I trust the staff”.

People were safe as staff had carried out risk assessments to their health and safety. Plans were in place to manage and minimise the identified risks. Risk assessments covered issues such as mobility and falls and how to protect people from harm. Staff had updated people’s risk assessments when their needs had changed and knew how to support them safely. For example, a person’s records said they were at risk of falls as they were unsteady on their feet and required support from staff to walk. Their care plan stated staff should support the person walk and ensure they used grab rails. Records showed the person was supported as planned.

People were protected from risk of harm as staff understood their role to recognise and report abuse and neglect. Staff knew how to identify signs of abuse and neglect and report them appropriately. One member of staff told us, “I would report concerns immediately on any physical, financial, verbal, sexual or emotional abuse”. Staff were understood abuse situations that could arise in the service. Staff knew how and when to whistle-blow to alert authorities of abuse cases to keep people safe. One member of staff told us, “Our whistleblowing policy is very clear on when to use it to take action”. There had not been any safeguarding concerns raised at the service. The registered manager and staff understood the safeguarding procedures to follow and their responsibility to ensure people were protected from the risk of abuse.

The registered manager kept a log of incidents and accidents. A member of staff told us, “We have to report incidents immediately to the manager and complete an accident form”. We saw records of action taken after

incidents and plans put in place to prevent the situation happening again. Minutes of staff meetings and supervision records showed incidents and accidents were discussed and lessons learnt from each situation.

Some people were supported to self-administer their medicines safely. Assessments were carried out to determine people’s ability to manage their medicines. Care records showed risk assessments in the management of medicines. Guidance was in place for staff on how to support people to manage their medicines. Staff used verbal prompts and encouragement to ensure people took their medicines in a safe and timely manner. A person told us, “I only need to be reminded to take my medicines”. Medicines were managed in line with current regulations, guidance and the provider’s medicines management policy.

There were sufficient numbers of staff available to meet people’s needs. The registered manager told us staffing levels were determined by the needs of people using the service. One person told us, “I have a regular carer who supports me”. A relative told us, “There is a team of staff who knows [relative’s] needs”. People told us they were informed them of changes made to members of staff who supported them. People had not experienced any missed visits as there were always adequate staff available to support them. Records showed staff rotas covered both planned and unplanned staff absences.

People were supported by suitable staff who were recruited through safely and robust recruitment procedures. Appropriate pre-employment checks had been carried out to ensure staff were suitable and could support people safely. Records showed completed checks included Disclosure and Barring Services (DBS) checks, references, evidence of identity and right to work in the United Kingdom. The registered manager and records confirmed staff only started to work in the service when these checks were returned. The majority of staff had worked for the provider for many years and were part of a consistent team that knew how to support and care for people safely.

# Is the service effective?

## Our findings

People were supported by staff who were knowledgeable and skilled. People and their relatives told us staff were well trained and competent to undertake their roles. One person told us, “Staff know exactly what to do when they support me”. Another person said, “Staff are so reliable and do their work well”. A relative told us, “Staff are well trained and the manager comes around and checks on how they support [relative]”.

People were supported by staff who were equipped with the knowledge required to support them in their homes. Staff completed an induction programme before they started to support people. The induction included classroom based training and ‘shadowing’ experienced members of staff. Staff’s performance was monitored during their probationary period. The registered manager carried out observations on staff’s practice in the community before they were considered competent to support people.

Staff were supported by the registered manager through regular one to one supervisions and appraisals to understand their roles and responsibilities. A member of staff said, “I get to talk about how things are and any concerns I have about my work and people I support”. Supervision records showed staff had discussed concerns about people they cared for and areas they required additional training. Another member of staff told us, “The manager listens to my concerns in supervisions and gives guidance”. Appraisals records showed they had talked about their training, personal development and objective setting.

Staff received advice and guidance through a 24 hour on-call system. A member of staff told us, “I always check with the on call manager when I am not sure of situations or people’s health conditions”. Staff knew when to contact emergency response services when a person’s health required immediate action.

Staff had received mandatory and relevant training to ensure their skills and knowledge were up to date. One member of staff told us, “I attend loads of training. It just makes me more confident in my role”. Another member of staff said, “I can access any relevant training to improve on my work practice”. Staff told us they were booked on refresher courses when they were due. Training records

showed staff had undertaken training in safeguarding of vulnerable adults, the Mental Capacity Act 2005, communication and infection control. Records showed staff had received training in medicines management and had their competency assessed by the registered manager.

Staff had received specific training on managing challenging behaviour and dementia awareness. A member of staff told us, “I know how to manage difficult situations because of the training I received”. Staff told us they reflected on people’s communication needs to understand triggers of behaviours that challenge the service and supported them to calm down. Staff told us they had developed new skills to effectively support people.

Staff understood and supported people in line with the requirements of the Mental Capacity Act (MCA) 2005. Staff sought and received people’s consent before they supported them. One person told us, “Staff always ask me if I want help with washing or eating. They help me with the things I agree to”. Another member of staff told us, “We make sure people have all the relevant information to make informed choices.” Records showed all staff had attended training in MCA. The registered manager understood the need to contact the local authority if the service had any concerns about a person’s capacity to make particular decisions. This was to ensure the person received appropriate support or assessments to meet this need.

People and their relatives were happy with the support they received with their eating and drinking. One person told us, “Staff serve me with hot meals and sort out all I need to eat and drink”. A relative said, “[Relative] would be malnourished were it not for the staff who cook delicious food and encourage [them] to eat and drink”. A member of staff told us, “I get the shopping for people and buy what they want for their meals. I encourage them on healthy eating options and promote fruit and vegetables for their diet”. Staff monitored people’s fluid and food intake if they had any concerns of risks of malnutrition or dehydration. Care records showed staff had appropriately reported these concerns to person’s family or GP so action could be taken to ensure their needs were met.

People received healthcare services they needed which enabled them to keep as healthy as possible. One person told us, “Staff help me attend my medical appointments”. Care records showed staff monitored people’s physical and

## Is the service effective?

mental health and recognised changes to their needs. The registered manager had liaised with healthcare

professionals involved in people's care for guidance on how to effectively support them. Records showed people were supported to access district nurses, GPs and other healthcare professionals.

# Is the service caring?

## Our findings

People told us staff were polite and caring. One person said, “Staff are patient and often do little extra things for me”. Another person told us, “Staff treat me with kindness”. A relative told us, “Staff are pleasant and friendly”.

People were treated with dignity and respect. One person told us, “Staff treat me well. They check that I am fine”. A relative told us, “Staff understand my [relative’s] illness and do not show any disrespect when they need help”. Staff knew how to promote people’s privacy and dignity. A member of staff told us, “We shut doors when we give personal care to people. We respect people’s space and knock on doors and wait to be invited in”. People told us staff called them by their preferred names.

On the day of inspection, a person told us, “I am very happy with the support I receive from staff. I drop in and have a chat with the manager anytime I am here”. We saw the person looked relaxed when a member of staff acted as an interpreter in our conversation. Office staff showed they knew the person and spent time chatting with them.

People were supported to be as independent as possible. People’s care plans included what they could do for themselves. A person told us, “Staff wash my hair. They encourage me to wash and dress myself”. Staff told us they encouraged people to do things for themselves and discussed the benefits of doing so. Care records showed a person was afraid to get out of bed after a fall and needed

prompting and encouragement to start to walk again. The person told us, “I have gained confidence from talking to staff about my health. I now walk and make myself a cup of tea”. Records show staff encouraged people to do things they were confident and capable of doing.

People’s preferences and choices were known and respected by staff. One person told us, “I choose what to wear on a daily basis and staff give me time to do that”. Care records showed staff had recorded people’s histories and preferences and used this knowledge to support their choices. For example, a person’s records read, “I like to have my breakfast in the kitchen and dinner in the lounge”. Records showed staff had supported the person as they wished.

People were involved in making decisions that affected their care. One person told us, “I decide how my day goes”. People told us staff were patient and were not hurried when they were provided with support. A person’s record showed staff spent time supporting a person with complex medical needs. One person told us, “Staff will chat and show they are happy to help and will explain things”. A member of staff told us, “The manager values the time spent supporting people with decision-making as much as the time spent doing other tasks”. The registered manager had regular contact with people where they discussed their care. Staff were able to tell us how they supported people to express their views and to make decisions about their day to day care.



# Is the service responsive?

## Our findings

People's needs assessment were undertaken to identify the support and care they needed. Care plans were developed to show how these needs were to be met. One person told us, "My relative and I discussed with staff what help I need and agreed on how this was to be done". Care records showed staff had met with people and their relatives to assess people's needs and plan how they wished to be supported. Records showed assessment information on people's histories, preferences, interests and health. People confirmed the information gathered from assessments was used to plan and provide care which met their needs.

People received care and support that met their individual needs and preferences. A person's care plan stated, "I can wash my face but need staff to put soap on my flannel". Records showed staff understood people and their needs and supported them as they wished. Another person told us, "My carer now comes mid-morning as I prefer to have a lie in". The person's care records had been updated and showed the visit times had been changed at their request. Another person told us, "Staff always work with me to find the best ways to support me". Staff respected people's choices and supported them as they wished.

Staff had accurate and up to date information on people's needs and the support they required. The registered manager conducted regular reviews on people's health and well-being. Staff had sufficient guidance on how to support people. Care plans were updated to reflect changes in their care and support needs. One person told us, "Staff discuss with me how things are and change the way they support me when my needs increase". A relative told us, "Staff talk to us about changes to [relative's] needs and ask us if there is anything we feel they should consider for their support plan". Records showed people and their relatives had received updated care plans from the service.

Staff shared relevant information with their colleagues to ensure people received appropriate support. For example, staff had shared information on how a person was to be supported as they were at risk of developing pressure sores. Records showed the registered manager had discussed with staff the action plan put in place by district nurses. Staff had used the plan to effectively support the person.

People told us they were supported to be part of their community which enhanced their sense of well-being and to reduce social isolation. One person told us, "I do not feel lonely as staff encourage me to go out shopping and meet other people". Another person told us, "I go out for a coffee and sometimes for a meal". A relative told us people's social network was expanded through interactions with other people in the community.

The service engaged effectively with community groups and volunteers to promote people's cultural diversity. One person told us, "I take part in folk festival and traditions at the service and it makes me so happy". A relative told us, "It is a special occasion when we celebrate traditions with our own in our local community". Records showed people and their relatives had celebrated festivals such as the Dragon Boat and Winter Solstice. People celebrated their identity and culture as part of a diverse community through the functions arranged by the service.

People attended activities of their interests. People, their relatives and staff were invited and attended social functions and parties at the service. One person told us, "I am happy to share these moments". A relative told us, "It's good we get to meet staff outside work". Records showed people, their relatives and staff had attended a new year's function at the service.

People knew how to raise concerns and complaints if they were unhappy with their care and support. People and their relatives told us they had sufficient information from the service on how to raise complaints. One person told us, "The manager is in regular contact with me. I would say my concerns". A relative told us, "I have the complaints forms if I want to raise any concern. I had minor issues and they were sorted".

The provider's complaint procedure was effectively used to resolve people's concerns. Records showed the registered manager kept a log of all complaints received and the action taken to resolve them. The registered manager had made a written response to a relative who had put in a complaint. Records showed the registered manager had investigated and resolved all complaints in line with the provider's complaints procedure and to the satisfaction of people and their relatives.

# Is the service well-led?

## Our findings

People and their relatives told us the manager was effective and approachable. One person told us, “Staff do a great job”. People and their relatives told us they thought the service was well run. Staff told us communication was good at the service and they were kept informed of any changes.

The service had a registered manager in post since 2010. Staff told us they felt supported in their work by the registered manager. A member of staff told us, “The manager encourages team work and will discuss any challenges we face at work”. Another member of staff said, “The manager welcomes ideas to improve our practice”.

The registered manager sought people’s views about the service and their quality of care and support. Care records showed the registered manager made regular visits and telephone calls to ensure they were satisfied with the support they received. People told us their contributions were valued. For example, the registered manager had acted on their suggestion and arranged for a weekday dinner club for people and their relatives.

The registered manager ensured there were regular staff meetings to build supportive relationships in the team. One member of staff told us, “The manager encourages us to attend team meetings. This gives us an opportunity to express our views and concerns”. Records confirmed the registered manager held bi-monthly meetings with staff. Records of these meetings showed they had discussed issues such as good practice and were able to give their ideas to improve the service. Staff had used team meetings as a learning and improvement opportunity.

Regular audits were carried out in the service and results used to improve the service. Reports showed the registered manager had checked people’s records to ensure they were up to date and accurate. For example, staff had been given further training on record keeping to improve how they completed people’s records. The registered manager had made further checks to ensure their performance was satisfactory.

People, their relatives and staff completed questionnaires about their views and vision for the service. We saw the registered manager analysed the feedback and acted on any issues raised. For example, the service had responded to a suggestion and opened a weekly bi-lingual class to facilitate communication with people, their carers and the community. Results of a 2015 satisfaction survey showed all people and their relatives who had responded had positive comments about the service and the support they received.

Senior staff and the registered manager conducted spot checks and telephone interviews to review the quality of planning and delivery of support and care to people. A relative said, “Spot checks reassures [relative] and us. We also give feedback to the manager during the visits”. A member of staff told us the registered manager observed their practice and spoke with people and their relatives about the support they received. Spot checks included reviewing people’s records to ensure they were appropriately completed. Reports showed the registered manager had made follow up if there were any issues which required improvement.