

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?	Requires Improvement ●

Summary of findings

Overall summary

This announced inspection took place on 24 February 2016. Lambeth Chinese Community Association is registered to provide personal care to people living in their own homes. During this inspection personal care was being provided to 22 people in the London boroughs of Lambeth, Southwark and Wandsworth.

Lambeth Chinese Community Association was last inspected on 21 January 2014. The service met all the regulations inspected at that time.

The service did not have a registered manager at the time of this inspection. 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 received safe care and support. Staff understood the procedure of reporting concerns of abuse and took action to protect people from harm. The provider had systems in place which ensured staff managed people's safety effectively. People had their health needs assessed and risks to their well-being identified. Staff had up to date plans with sufficient guidance on how to support people safely. People received support to take their medicines safely. There were sufficient numbers of staff to meet people's needs. Pre-employment checks carried out ensured only suitable staff worked at the service.

The service involved people, their relatives and healthcare professionals in planning, assessing and delivery of their care and support. People's care records had sufficient information about their needs and the support they required. Staff reviewed people's needs and made changes to their support plans to ensure they received appropriate care.

Staff received relevant training for their role and felt well supported by their managers. Staff had the relevant knowledge and skills to support people effectively. People received support from staff who understood their care needs.

People were asked for their consent to the care and support they received. Staff supported people in line with the principles of the Mental Capacity Act (MCA) 2005 and the requirements of Deprivation of Liberty Safeguards (DoLS). Staff promoted and upheld people's rights to understand and make decisions about their care.

Staff received support through regular supervision meetings and appraisals with the manager. The service ensured staff received on-going training and 'refresher' courses to update their knowledge and skills to meet people's needs.

People received care and support delivered by staff in a caring and respectful way. People were happy with

the support and care they received. People had established positive relationships with staff. Staff respected people's privacy and dignity. Staff supported people to communicate their views about how they wanted to be cared for.

People had their health and care needs met. Health professionals told us the service communicated with them well which ensured people received appropriate care and treatment. People received support with their eating and drinking as required.

People were asked about their views of the service and the way in which their care and support was delivered. The manager visited and made telephone calls to people regularly to check on the standard of support and care they received. People felt listened to and their views were used to improve the service.

People knew how to raise a complaint. The manager investigated and resolved complaints in line with the service's complaints procedure.

People and their relatives made positive comments about the manager and the service. The manager used audit systems at the service to monitor the quality and safety of people's care. The service used people's feedback and audit findings to develop the service and drive improvement.

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. People were protected from the risk of abuse and neglect. Staff identified risks to people's health and well-being. Staff had guidance in people's support plans to ensure they managed the known risks in a positive and proportionate way.

The provider used safe and robust recruitment procedures which ensured people received support from suitable staff. There were sufficient staff to support people safely. People received the support they required with their medicines.

Is the service effective?

Good ●

The service was effective. Staff attended training to ensure they had the skills and knowledge to provide people with effective care. Staff knew the support people required and met their needs and wishes.

People made decisions about their care and staff respected their choices and preferences. Staff promoted people's rights and supported them in line with the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

People had access to healthcare professionals when they needed to see them and received support with their nutritional needs.

Is the service caring?

Good ●

The service was caring. People told us staff were kind and caring. People and their relatives valued the meaningful relationships they had developed with staff and were happy with the support they received.

Staff knew people well and their preferences. Staff responded to people's needs and treated them with dignity and respect.

Is the service responsive?

Good ●

The service was responsive. Staff involved people and their relatives in their care assessment and reviews. People's care

records contained sufficient information about them and had guidance for staff on how to provide individualised care to each person.

People said the service was flexible and supported them with their wishes and preferences. People followed their interests and took part in enjoyable social and community events.

People knew who they could speak with if they had a concern or complaint. The manager investigated and resolved people's concerns using the service's complaints procedure. The service sought people's views about the service and welcomed their feedback as part of driving improvement.

Is the service well-led?

The service was well- led. People, their relatives and staff told us the manager was approachable and promoted a person centred culture.

Staff felt well supported and confident to raise concerns with the manager.

People, their relatives and staff were involved in developing the service and the provider had arrangements in place to listen and act on their views.

The service used effectively the audit systems in place to monitor and review the safety and quality of people's care and support. The manager made improvements if necessary.

Requires Improvement 

Lambeth Chinese Community Association

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.

This announced inspection took place on 24 February 2016 and was undertaken by one inspector. 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.

Before our inspection we looked at all the information we held about the service. This included the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We reviewed the completed PIR before the inspection.

We looked at other information that we held about the service including notifications. A notification is information about events that the registered persons are required by law, to tell us about.

During our inspection we visited four people in their own homes. We also spoke with the manager, an office based volunteer and two members of care staff.

We reviewed a range of records in relation to all aspects of care provided. We read care records of four people. We looked at other records relating to management of the service. These included three staff, training, supervision, employment records 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 covered audit reports, minutes of meetings with people and staff and findings from questionnaires the provider had sent to people and their relatives.

After the inspection, we spoke with a care coordinator, two people's relatives and a social worker.

Is the service safe?

Our findings

People told us they received safe care from the staff who supported them. One person told us, "Staff make me feel safe. I am comfortable around them". Another person said, "I have no concerns at all about the staff. I trust them completely". A relative said, "I have no reason to be worried. The staff are wonderful".

People were safe as staff knew how to provide them with appropriate care. People had risk assessments carried out on their health and well-being. Staff had put plans in place on how to manage the identified risks and support people as safely as possible. The manager ensured risk assessments were carried out to protect people from potential harm. This included environmental, mobility, medicines managements and falls risk assessments. Staff updated people's risk assessments regularly and when their needs changed and knew how to support them safely. For example, a person's records had sufficient information on how staff were to support them when moving around their home because of their vision which was now limited. Records showed the person was supported as planned.

Staff understood how to protect people from the risk of abuse. The service ensured people were protected from the risk of harm as staff understood their role to recognise and report abuse and neglect. Staff were able to explain how they would identify signs of abuse and neglect and the reporting procedures to follow if they had any concerns about a person's safety. Staff were knowledgeable about whistleblowing to escalate their concerns of abuse to keep people safe. The manager told us there had not been any safeguarding concerns raised at the service in the past twelve months. People and records confirmed staff had informed them about recognising signs of abuse and how to report any concerns they had. The manager knew any safeguarding concerns would be raised and discussed with the local authority and referrals made when necessary.

The manager monitored accidents and incidents at the service and ensured staff took appropriate action to keep people safe and minimise the risk of the incident recurring. The service maintained a record of incidents and accidents and ensured staff learnt from them.

Staff kept people as safe as possible when emergencies occurred. Staff told us they responded promptly to changes in a person's health condition. One member of staff told us, "I give first aid when necessary and also call the ambulance service to check if the person needs hospital admission". Another member of staff said, "I contacted the office when a person suddenly became unwell and did not leave them until they had received appropriate help". The manager ensured this person had further assessments carried out on their health to minimise recurrence of a similar event.

People received the support they needed with their medicines. Staff knew the medicines people were taking. The service had carried out risk assessments to determine the type and level of support people required with their medicines. People's support plans had guidance on how staff were to support them to manage their medicines. People only received support to self-administer their medicines safely. For example, staff told us they reminded people to take their medicines in a safe and timely manner when this had been identified as a need in their care plan. One person told us, "I know when to take my medicines

though I might be forgetful at times. Staff always ask if I have taken my medicines". Staff supported people to manage their medicines in line with the provider's medicines management policy.

People and the relatives told us there were enough staff at all times to meet their needs. Staffing levels were determined by the number of people using the service and their needs. For example, one person told us, "Staff will come in early to help me with a wash if I have a hospital appointment". The manager adjusted staffing levels according to the needs of people using the service. For example, we saw the number of staff supporting a person was increased when their needs changed. The manager told us no person at the service had experienced any missed visits as there was always adequate staff available to support them. Records showed the manager considered potential sickness levels and staff vacancies when calculating how many care workers needed to be employed to ensure safe staffing numbers. Staff rotas adequately covered both planned and unplanned absences.

The provider ensured people were safe by recruiting suitable staff through robust recruitment procedures. The manager had carried out appropriate pre-employment checks with regards to criminal records, obtaining references, evidence of identity and right to work in the United Kingdom. Staff only started to work at the service when these checks were returned.

Is the service effective?

Our findings

Staff were well trained and competent to undertake their roles. People told us they were happy with the staff and the care and support they received. One person told us, "Staff are good to me and support me with whatever I need." Another person told us, "Staff do their work well and will check if everything is alright with me before they leave." A relative told us, "Staff know what they do and are well trained".

Staff undertook a thorough induction prior to starting to work at the service which ensured they understood their role on how to support people. One member of staff told us, "I received some training during my induction before I supported people". Other members of staff told us that when they had completed their initial training they had shadowed an experienced member of staff until they felt confident in providing care on their own. The manager monitored staff's performance during probation and asked for feedback from people on the support they had received before confirming them in their post.

People were supported by staff with appropriate knowledge and skills. 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 attended included safeguarding adults, infection control, assisting people to move safely and first aid. Records showed staff had received training in medicines management and had their competency assessed by the manager.

Staff received specific training which enabled them to develop their skills to support people effectively. For example, staff had attended courses on managing challenging behaviour and record keeping. One member of staff told us the additional course had made them feel confident in managing difficult situations. Another member of staff said, "The training has helped in my writing of people's care plans and assessing risks to their health". The manager had provided training to senior care staff to enable them to supervise their colleagues. One member of staff told us the service had encouraged and supported them to enrol for further training towards a nationally recognised qualification in health and social care which they had done.

Staff were supported in their role. Staff received regular one to one supervisions on an eight week basis and an annual appraisal to ensure their work performance and development needs were monitored. One member of staff told us "I discuss with the manager my role and responsibilities in the supervision sessions. I also talk 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. Staff records confirmed the supervision sessions they had with the manager. Appraisals records showed they had discussed their training and personal development needs.

The service ensured people gave consent to their care and treatment appropriately. One person told us, "Staff ask if I need help and support me as I wish". The provider had procedures for staff in relation to the application of the Mental Capacity Act (MCA) 2005 to people being supported at the service. Records showed all staff had attended training in MCA. Staff understood and supported people in line with the requirements

of the MCA. Staff respected people's rights to make decisions. People had signed to show they had consented and were in agreement with their support plans and risk assessments. Staff told us they understood the situations they needed to be aware of if people's mental capacity to make certain decisions about their care changed. The manager told us they would contact the local authority if the service had any concerns about a person's capacity to make particular decisions to ensure they received appropriate support or assessments to meet this need. The manager told us no one receiving support at the service was subject to any restrictions on their liberty.

People received the support they required with their eating and drinking. Records showed staff had carried out assessments of people's nutrition, their dietary needs and food preferences. People told us staff always asked them about their preferences and choices. One person said, "Staff always ask what I would like to eat and drink and provide what I want". One person told us, "Staff serve me the soft foods I like. They also help with shopping all I need to eat and drink". A relative said, "Staff organise all the meals for [person's name] and serve them hot as they like". Records showed staff monitored people's fluid and food intake if they had any concerns about their eating and drinking. Care records showed staff informed the manager any concerns they had and to a person's family so appropriate action could be taken to ensure their needs were met.

People told us that staff supported them to receive the health care services they needed which enabled them to keep as healthy as possible. One person told us, "Staff support me attend my hospital or GP appointments". Care records showed staff monitored people's well-being and reported any changes to relevant healthcare professionals. Records further confirmed that staff supported people to access the services they needed such as the district nurses, their GP and other healthcare professionals. The service ensured people received the support they needed to maintain good health and well-being.

A care coordinator and a social worker from a local authority who were involved with people at the service told us the manager was responsive to their requests. They said they had received positive feedback from people and their relatives about the care that was being provided.

The service ensured staff had access to advice and support through a 24 hour on-call system. A member of staff told us, "There is always a manager on duty to contact if I need guidance with situations or people's health".

Is the service caring?

Our findings

People had positive comments about the staff and the way they delivered their care and support. People told us staff treated them with kindness and compassion. One person told us, "The staff are good and very caring". Another person said, "Staff are pleasant and friendly. You can joke with them and have a laugh".

Staff had developed positive and caring relationships with people using the service. A member of staff spoke passionately about how their work made a difference to people's lives and how they were motivated to provide good quality care. The manager introduced new care staff to people in their homes before they started to support them. A member of staff told us, "We go to see people and discuss their support plan before being allocated to work with them on a regular basis". People were happy they received support from regular staff who knew them and their needs.

Staff and healthcare professionals spoke positively about the care and support people received in their homes. A social worker told us, "There is warm interactions between members of staff and people using the service". A member of staff spoke with enthusiasm about their work and the support and care they provided to people. One member of staff said, "I have dedicated my life to supporting the elderly and have been on this job for many years. We genuinely care about people in our care and do the best we can".

Staff understood people's needs and reassured them about their care and support. People told us staff spent time talking with them about things which were important to their lives in a respectful way. Staff had recorded people's histories and preferences and told us they used this knowledge to support their choices. One person told us, "I prefer a bath to a shower and staff support me with that". Records showed staff had supported the person as they wished.

People were involved in making decisions about their care and their everyday lives. One person told us, "I talk with staff about when and where I wish to take my meals". Another person said, "I choose how I want to spend my time during the day". A relative told us, "Staff are patient when giving support. [Person] is not rushed". People knew about their care plans and said staff involved them in reviewing these. One person told us about their care plan, "We do discuss it with staff and sometimes with my [relative]".

The manager made regular contact with people and discussed the care and support. People told us they received support from staff and their relatives to express their views and to make decisions about their day to day care. The manager told us that no one currently had a formal advocate in place but that the service could arrange with appropriate healthcare professionals and local services when required. Records showed people and their relatives had regular contact with the service and were involved in the planning and reviewing of their care and support.

Staff understood the importance of supporting people to be as independent as possible. Care records contained information on what people were capable of doing. One person told us, "Staff support me with my personal care. They encourage me to wash and dress myself and help me with the bits I can't do for myself". Care records showed staff supported people to make their own decisions and prompted and

encouraged them to maintain their independence. For example, one person told us, "I only need support with a full wash. Staff help with that". Staff told us they helped people build their confidence to be as independent as possible by encouraging and speaking to them.

Staff treated people with dignity and respected their privacy. One person told us, "Staff knock on my bedroom or bathroom door and wait for an answer before entering". Another person told us, "Staff are always respectful. I am told if someone new is coming to deliver my care". People told us staff provided their care and support in a respectful way. Another person said, "Staff treat me well. They place a towel over me". We saw staff address people by their preferred names. Staff spoke calmly to people and explained why we had visited them during our inspection.

The service encouraged and supported people to make decisions about their wishes relating to end of life care. Records showed staff had supported people in line with their wishes and had appropriate professional support and guidance when needed. People were confident staff would support them as they wished and their preference for their place of dying would be respected.

Is the service responsive?

Our findings

People received care and support that met their individual needs and preferences. One person told us, "Staff know me well and support me well". Another person said, "They support me with my needs. I am pleased with it". A relative told us, "Staff follow what they have to do. We contact the office if there are any changes". Records showed staff understood people and their needs and supported them as they wished.

Staff involved people and, where appropriate, their relatives in writing their care plans and detailing how their needs were to be met. People had their care and support needs assessed before they started using the service. Assessments contained information about people's physical and mental health, background, interests and preferences. Care records showed staff had met people and their relatives to discuss their care and support. One person told us, "I met and discussed with staff what help I need and agreed on how this was to be provided". People's records included information about what was important to the person and how the person preferred to have their care needs effectively. Staff used the information gathered at assessment to develop care plans and guidance to follow on they would support people and meet their needs.

Staff had sufficient guidance on how to support people. Care plans had examples of guidance on assisting people with their personal care and assistance with medicines. This ensured staff could effectively meet people's needs. One person told us, "Staff regularly discuss with me how my health is. We agreed they change the way they support me as my needs have increased". Records showed people and their relatives had received updated care plans from the service which showed how staff were to provide support to people.

Staff were knowledgeable about people's needs and preferences. People's support plans contained accurate information about them and staff updated these regularly and promptly to reflect changes in their care and support needs. Staff carried out regular reviews on people's health and well-being. Records showed the reviews staff had completed regarding the care and support that was being provided and additional information when a person's needs had changed. For example, this included when a person's mobility had deteriorated or where they were having difficulties with their swallowing.

Staff were up to date with any changes in people's health needs and the care they required. Staff told us they read people's care plans and records of the last visits to check if there were any changes or significant events. 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 now at risk of falling. Records showed the manager had discussed with staff the action plan put in place by a physiotherapist. Staff used the plan to effectively support the person and minimise their risk of falling.

People told us they knew who to speak to 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 a complaint. One person told us, "I would speak to the manager or the staff". Another person said, "I would tell a relative or contact my social worker". One relative told us, "I have the complaints forms if I want to raise any issue. I had

one minor issue the manager resolved". A care coordinator told us they felt the service would address any concerns people raised. The manager recorded all complaints they had received and the action taken to resolve them. We saw a written response to a person who had raised a complaint. The service had investigated and resolved all complaints in line with the provider's complaints procedure.

The service supported people to involve themselves in their community to reduce the risk of them becoming socially isolated and enhance their sense of well-being. One person told us, "I sometimes go out with staff to do my shopping". Another person told us, "I go out for a coffee or a meal. I know people from a café down the road and enjoy chatting to them". People told us their social network had expanded by going out and interacting with other people in the community.

The service had well-developed links with community groups and volunteers which ensured they promoted people's cultural diversity. The manager organised and encouraged people to participate in folk festivals and traditions at the service. One person told us, "It's always a joyful occasion to celebrate events that are so dear to me". A relative told us, "We have our traditions and are so happy to celebrate special occasions with our own in our local community". People had and their relatives had celebrated events such as the Chinese New Year, Winter Solstice and Lantern Festival. The service was responsive and supported people who wished to celebrate their identity and culture as part of a multicultural society in the community they lived in.

People took part in activities that interested. People, their relatives and staff were invited and attended social functions and parties at the service. One person told us, "It's great that the manager invites us to functions at the service and are happy to be part of it". A relative told us, "These are nice occasions when we get to meet other people and their families and enjoy". Records showed the service had arranged various new year's celebration and people, their relatives and staff had attended the functions held at the service and in the community.

Is the service well-led?

Our findings

There was no registered manager at the service. The registered manager left the service in November 2015. A team of volunteers and a volunteer manager were overseeing the operations of the service until a registered manager is appointed. The service was being managed this way at the time of this inspection. The service had put a plan in place to recruit a registered manager. The provider had submitted the relevant statutory notifications to CQC as required.

People and their relatives told us the manager was effective and the service was well managed. They had positive comments about how staff delivered their care and support. One person told us, "Staff do their work well". One relative said, "The manager never fails to deliver. If the service commits to do something for you, it's guaranteed it will be done". Staff told us communication was good at the service and they were kept informed of any changes.

People and staff told us there was an open culture within the service. Staff were aware of the whistle-blowing policy and said that they would not hesitate in reporting any incidents of poor care practice when this arose. Staff said they would 'whistle-blow' if necessary. One member of staff told us, "I know I would not be criticised if I reported concerns about abuse". This showed us that staff felt confident the manager would address any issues they raised to keep people safe.

Staff attended regular staff meetings which enabled them to build supportive relationships in the team. One member of staff told us, "Team work is great. We support each other at work". The manager encouraged staff to attend team meetings and organised these around their work. Records confirmed staff attended bi-monthly meetings which gave them an opportunity to express their views and raise any concerns they have". Staff had used team meetings as a learning and improvement opportunity and discussed the training courses they had attended. Records of these meetings showed they had discussed issues such as good practice. Staff were able to give their ideas to improve the service.

Staff said they felt well supported in their role. They found the manager "approachable and supportive" and felt confident to talk about any concerns with them at any time. Another member of staff told us, "The manager is passionate about us meeting people's needs. We get the guidance and support we require".

The service sought people's views about the service and the quality of care and support they received. The manager monitored the quality of the service by speaking with people regularly to ensure they were satisfied with the care they received. People had responded with compliments about the service in a survey of December 2015 and feedback left at the service. For example, people stated staff respected their privacy and dignity and were happy about the care and support provided. The service analysed feedback and acted on any issues raised. For example, the service had started weekly bi-lingual Mandarin/English classes to facilitate communication with people, their carers and the community. The service had also identified an area for improvement and ensured where possible people received care and support from the same team of care staff for a consistent approach.

The provider was committed to driving improvement at the service. For example, the manager had ensured continuous learning for staff to update their training and knowledge. Staff had reviewed all people's care record which meant they effectively met their needs.

The manager carried out regular audits to improve the service. The service carried out spot checks and telephone interviews to ensure staff were providing support to people in line with the provider's procedures. A member of staff told us, "The manager does spot checks to ensure that we are providing support to people in line with their preferences and care plans". The manager spoke with people and their relatives about the support they received during the spot check visits. Audits of care records had been undertaken to ensure they were completed and accurate. The manager had identified record keeping as an area that required improvement. The audit plan showed the action that had to be taken, by when and who was responsible for the action. Staff had attended further training on record keeping improving how they completed people's records. The registered manager had made further checks and ensured their performance was satisfactory.

The service worked positively in partnership with other organisations to ensure they were up to date with current practice. Healthcare professionals were positive about the service and one told us, "This is a well-managed agency that engages well with the people they support and the community". They felt the manager dealt with concerns as they arose and said communication with the service was responsive.