Merseyside Chinese Community Development Association

# Chinese Wellbeing / Merseyside Chinese Community Development Association

## Inspection report

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## Ratings

| Overall rating for this service | Outstanding ☆ |
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|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |

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|---|---|
| Is the service responsive? | **Outstanding** ☆ |
| Is the service well-led? | **Outstanding** ☆ |

# Summary of findings

## Overall summary

The inspection took place on 10 and 15 November 2016 and was announced.

The Chinese Wellbeing service were providing care for 27 service users who were all from a Chinese culture, speaking Chinese/Cantonese as their first language at the time of our inspection. They had a complement of 24 staff who spoke Chinese as their first language who were providing care in people's homes in addition to office staff who consisted of the Chief Executive (CEO), service development manager, registered manager, two senior carers, one care manager, a dementia support champion and an administrator.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission 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.

Within the domiciliary care service being offered, people had access to advocacy services, a luncheon club, a personal wellbeing service, a transitional service, mental health and wellbeing service and dementia services such as 'The Tea House Reminiscence'.

The most striking aspect of this dynamic service was the strong sense of leadership, commitment and drive to deliver a service which improves the lives of people in a fulfilling and creative way. There was effective leadership at differing levels within the service from the top down. The culture was embedded to deliver a service by the Chinese cultural code which was regarded as the "five hearts" which were attentiveness, care, love, endurance and patience.

Staff told us they received supervision on a monthly basis and they received annual appraisals. Staff were well respected within the organisation by senior managers and were being provided with comprehensive training including specialist training. There was a culture of striving for excellence including for staff to reach their maximum potential by achieving in their roles through attending specialist training in areas such as advocacy. The service was making a difference to people's wellbeing by working well as a team, in harmony with one another sharing the same values and principles. There was a strong caring culture with clear leadership in exploring new innovative ways of providing care in a person centred way.

People were being cared for with a level of support which was above and beyond providing support with task based activities such as washing and dressing. People were receiving a case management model of care which involved the case manager referring people on to the most appropriate services or healthcare professionals with the person's consent.

The service were being proactive in providing people with a range of information to assist them to make decisions about their health and wellbeing. We found examples were staff had worked with health and social care professionals for the benefit of the person receiving care and were actively contributing to

supporting people to attend their health appointments, recording clearly in the records the advice provided by the health care professional in order to support the person to follow the advice given.

People were listened to and their voice was heard in a variety of creative ways such as by people taking part in surveys, reviews, taking part in short films and publications such as the service's own newsletter. Staff supported people to make decisions for themselves and spoke with people about their wishes and preferences whilst delivering care.

Staff wanted to know if they could improve anything for people and wanted to deliver care which was person centred. Staff were observant and reported health/behaviour changes and were flexible in adapting the way they provided care ensuring they were person centred.

The service actively participated in wider projects and kept up to date with what was going on within the health sector and social care sectors. They were committed to developing a service tailored to meet the specific needs of people; in particular their empathy towards people who were living with dementia was displayed by their efforts and hard work involved in developing a dementia service for people. The staff demonstrated a passion to set up a Tea House Reminiscence session for people who were receiving care and to also access a group which involved people within the Chinese community who were living with dementia coming together as a group.

The benefits of this service were illustrated within a short film which the service compiled to raise awareness. They had arranged for memorabilia to be shipped across from China such as Chinese tea cups, tea pot, books and other items to replicate as much as possible what people would have been used to when living in China. In the short film, people were seen laughing, conversing and reading all through the medium of the Chinese language whilst enjoying a drink of Chinese tea. This was contributing to people's mental health wellbeing and providing social interaction which was meaningful and person centred.

We found staff had an understanding of safeguarding and were aware of what to do if they wished to whistle blow. The service provided people who use the service with information in their own language about the different types of abuse and who to contact if they needed support. The registered manager was aware of risks within the service and was undertaking analyses of risks. The service had emergency plans in place and took action when they became aware someone was at risk.

People's care needs were risk assessed with risk management plans in place and support for staff when they needed it. Recruitment checks were carried out and there were a high number of staff who worked within the service who were long term staff within the organisation, providing consistency for people receiving care.

Staff were confident within medication management and were skilled to identify side effects and report them to the General Practitioner. People were supported to seek medical advice and health care professionals input.

Carers prepared freshly cooked food which was important for people who as part of their culture were unable to eat fast food or ready prepared meals which needed warming up.

The service were acting as advisors in some cases for health and social care professionals in trying to meet the needs of people with mental health and physical disabilities who are from a Chinese culture.

## 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

The staff had clear guidance regarding safeguarding. They were aware of how to deal with reporting abuse and whistleblowing.

Incidents and accidents were being clearly recorded and acted upon.

Risks were being identified and managed for the people who's records we viewed.

There were enough staff to meet the needs of the people receiving a service.

### Is the service effective?

Good

The service was effective.

Consent was being sought in line with the Mental Capacity Act 2005 legislation and family members or healthcare professionals were being consulted with as part of a best interest's process.

Staff were provided with a comprehensive induction and training. Staff were supported to attend specialist training.

People's nutritional needs were being met and people were being supported to access health and social care services.

### Is the service caring?

Good

The service was caring.

The Chief Executive, senior managers, registered manager, office and care staff were committed and driven to provide the most caring service they could provide for people.

Staff were proud of the service they provided for people and were keen to talk about how they supported people in creative and positive ways.

People were provided with the time they needed and were

listened to. People were being provided with choices such as a choice of carer.

People were listened to and had opportunities to be part of the local community.

The service offered advocacy services for people by an interpreter who spoke Chinese as a first language.

## Is the service responsive?

**Outstanding** ☆

The responsiveness of the service was outstanding.

People's needs were being responded to quickly and the service was creative in the way they delivered care for people.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

The service demonstrated they were innovative in devising a unique dementia service specifically to meet the needs of Chinese people who were living with dementia.

There was a system of complaints in place which were investigated and dealt with by the registered manager.

## Is the service well-led?

**Outstanding** ☆

The leadership of the service was outstanding.

The Chief Executive, senior managers, registered manager and care manager shared the same office, were available for staff to speak with and for advice with an open door culture.

The core of the culture within the service was caring and person centred driven by managers who were passionate about the service for the Chinese community.

The registered manager had completed audits including an analysis such as of safeguarding incidents, health and safety incidents and accidents, surveys with staff and people who use the service.

There were publications of achievements of people and of the service within the monthly published newsletters which featured the Chief Executive, registered manager and other staff demonstrating their commitment and effective leadership throughout the organisation.

# Chinese Wellbeing / Merseyside Chinese Community Development 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.

The inspection took place on 10 and 15 November 2016 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service who are often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of one Adult Social Care Inspector, an Expert by Experience and an interpreter. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We visited two people who use the service in their own homes, looked at three care plans, two staff files and other care records such as MARS sheets (Medication Administration Records). We spoke with four staff members and one relative.

Prior to the inspection we reviewed the information we held about the service including Statutory

Notifications we held and the information contained within the last PIR (Provider Information Report) from the service sent to us on 6 July 2015. We also contacted Commissioners of the service.

Good

# Is the service safe?

## Our findings

We asked people who used the service how safe they felt with the care staff who provided them with their care. Both the people we spoke with were positive about the care they received. One person told us, - "Yes, I feel very safe. They are Chinese. We have a chat, we laugh. This organisation is very good." Another person we asked about this told us that the care they received was "quite good".

We found staff had an understanding of safeguarding and were aware of what to do if they wished to whistleblow. For example, one staff member we spoke with told us, "Whistleblowing is when you need to report someone if you see something that is not right. I would report it to my manager but if I had a safeguarding concern about my manager I would probably report it to CQC." Another staff member said, "The procedures are in the staff handbook. It tells you what to do. I would report it to my manager. I would report it to the office. I would make records on it. I would write a note in the Log Book. It would be a short note about what I did, but I would not mention the name. You can ring Care Line if the complaint is about managers." Staff confirmed they received safeguarding training every two years and they were also provided with a 'Pocket Guide for Front Line Care Workers' which provided guidance for staff.

There were enough staff to meet people's care needs and requirements, to cover sickness and annual leave. We found evidence that there were no missed visits occurring and people received their care for the duration of time allocated on the rotas. We viewed the times carers were arriving and leaving by reading the entries within the daily visit record booklets in people's homes we visited. People were happy about the times of their calls. The service had an Electronic Call Monitoring System in place which meant staff were required to call in when they arrived at a person's home and phone in again when they leave so the duration of the person's care call could be recorded and monitored.

The service had a system of recording and reporting incidents and accidents. Risks were being identified and clearly documented. A review was being undertaken every six months unless there was a change. We found evidence of incidents being well documented in the daily computerised records which we viewed. For example, we viewed an entry which stated the carer had phoned into the office to report to them that the person who was receiving care was more breathless than usual. The emergency pull cord had been pulled within the person's home. Emergency services were contacted who then accompanied the person to hospital.

We viewed the system in place for managing receipts and people's money when they were being supported to go shopping with care staff. The system involved care staff documenting the amount of money spent with a detail of the item and a running total of the amount of cash held for the person in their cash tin in their home. The office staff checked the receipts often and the total documented on the "Handling of Money and Goods" form which demonstrated the service had appropriate checks in place to protect people from financial abuse.

The service had an emergency kit bag containing a thermal blanket, whistle, hazard warning tabard and a CPR (cardiopulmonary resuscitation) mask for staff to access if there was an emergency situation within

their local community and there was an emergency contingency plan in place. This could be accessed by staff at the office.

Risks were being identified and recorded. There were environmental risk assessments seen in the care plans we viewed, needs risk assessments where people's health needs and medical diagnoses were listed clearly and a risk management section of the care plan. For example, one person's care plan listed their health risks with documentation detailing how the risks were to be managed. Staff were provided with information pertinent to conditions such as low blood sugar and what the signs and symptoms were.

We checked the service's recruitment practices and viewed two staff files. Both staff files we viewed contained an application form, two references and evidence of a Disclosure and Barring Service check (DBS) which meant the service had ensured they had undertaken the necessary safety checks whether a staff member had any previous convictions prior to the staff member providing care for people.

Medication was managed safely and there was a system in place for office staff to check medication administration records (MARS) regularly. We viewed entries in the daily records which substantiated this such as, "1 July 2016 [service user] attended GP's appointment [General Practitioner] today with [staff member] and was given another four weeks supply of water tablets and after that will be included in blister packs. Medication records have been updated accordingly". Another entry stated, "Rang Pharmacy to enquire if 'procal' drinks can be included in the delivery of the medication and the Pharmacy confirmed that the drinks will be sent with the blister packs this evening between 4 and 6pm". We viewed the MAR for two people and found the prescribed medication was signed for when administered on each occasion and medication was administered with no gaps in the record. There was evidence the staff were contacting GPs for advice regarding concerns in relation to medication including one occasion when a staff member highlighted the risk of codeine based medication for one person and relayed this to the health services the person was accessing.

Good

# Is the service effective?

## Our findings

We checked to see if the service was adhering to the Mental Capacity Act 2005 legislation. We found staff had a good understanding of the principles of the Mental Capacity Act and how they needed to implement it within their care delivery.

The 2005 Mental Capacity Act (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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service had a mental capacity policy in place for staff to follow. We viewed one person's daily record entries and found evidence the service were following decision specific practices in line with the best interests process. The best interest's process involves others being consulted prior to making a decision on behalf of another person. We viewed an entry in the records which documented the decision was whether the person had the mental capacity to make the decision to have falls sensors in place due to concern for their safety. It was clearly documented that the installation of falls monitoring equipment would not go ahead until a mental capacity assessment was undertaken. The assessment was undertaken promptly and the sensors were installed in a timely way due to how the service coordinated this process.

We checked to see if people were being asked for their consent. There was signed consent from the person receiving care seen in the care records we viewed. Consent was being obtained from people prior to them receiving their care and specific consent was being sought for example, for installation of a key safe to enable staff to have access to a key to the person's property.

The service offered staff a comprehensive induction and training with a training analysis and matrix in place to monitor training staff completed including first aid, food hygiene, health and safety, manual handling, medication, safeguarding, dementia, mental capacity act, diabetes awareness, infection control, learning disability awareness, and end of life care. Staff were encouraged to develop their skills and were supported to seek additional training in other aspects of care such as mental health awareness, tuberculosis awareness and dementia champions courses funded by the care provider. There were three staff members within the organisation who had completed the necessary training to become dementia champions.

One staff member we spoke with said "The company has given me a lot of chances to challenge myself. I am a level three Interpreter. I can do translating and translating for questionnaires. I have been a Dementia Champion for two years."

Staff supervision records were seen and staff told us they were receiving supervision on a monthly basis. Staff were also receiving annual appraisals. One staff member told us "I have supervisions every month. If we

have questions or difficulties we are facing, any pressures we are having, whether in work or our personal life, we can talk about them. I see the office people as friends. I can speak out when I visit the office."

We checked if people were supported to seek medical and health care professional's advice. We checked care records for three people who received care and found there were entries in the records when staff had referred onto health care professionals. For example, we found one entry in one person's care records which clearly documented a staff member had contacted the person's social worker to enquire when a review would be undertaken following a referral being made by the staff member some weeks previously. The person receiving care was reported to be struggling to reheat their food at tea time and carry their food. This meant staff took action when they became aware people's health was deteriorating and needed to be referred to the appropriate professional person. One person told us "You would respond whenever my needs arise such as seeing a doctor and this or that".

The service were proactive in providing service users with health related information such as information regarding cancer screening.

People were supported to prepare and eat fresh foods and drinks which they preferred. We found carers were knowledgeable about Chinese cuisine and how to prepare and cook food people wanted. People who needed their food and fluids intake monitoring had a food and fluid chart in place and care staff were mindful of the nutritional needs of people. People were provided with the best opportunity to maintain a healthy diet by the service providing them with carers who understood the Chinese cultural ways of preparing food, therefore reducing the risk of secondary health problems which can arise in the event people were not eating and drinking enough. One person we spoke with who liked their food cooked in a particular way with the appropriate amount of seasoning told us, "When they cook food to my taste I will eat more, but if not I will eat less." Care staff needed time to prepare food to the standard people preferred to ensure they were eating and told us the service allocated enough time for them to achieve this for the people they were caring for.

Good

# Is the service caring?

## Our findings

The care was being delivered in a compassionate, gentle, thoughtful and kind hearted way by staff considering their care needs in relation to the person's culture. The care being delivered had the person's Chinese faith and cultural beliefs at the centre of their care package being provided thereby meeting people's care needs in addition to their spiritual and cultural needs.

We asked staff how they maintained people's dignity and how they respected people's wishes. Staff described how they upheld people's dignity whilst providing care for them. For example, one staff member said, "When I give someone a bath I ask how they would like a bath and ask if they would like me to shut the door."

The people we spoke with told us they were well cared for and staff were caring. One person we spoke with told us "[Carer] keeps my place very clean and tidy and cooks my meals. [Carer] only does the things under my instructions. [Carer] is very reliable. [Carer] will tell me what kind of food is good for me and healthy for me. [Carer] will give me advice and I will tell them what I prefer. I have a bad memory and [Carer] has to remind me of things. [Carer] is not just kind to me but is kind to all the people they care for."

A relative we spoke with said "They are patient. They have to repeat things to make sure my [Service user] fully understands. [Service user] calls them by their names. They always ask [Service user] first, talk to them first, even when they cook for [service user]. They say 'do you like this', 'shall I cook that'."

We viewed one carer's testimony which they had written in a newsletter published and distributed in April 2016. The staff member wrote, "I think to do this job, no matter who the service users are, we need to respect them and try to do a good job. To me, respect means speaking to them politely, avoid talking at high volume, listening to what they want to say or do, letting them make decisions, and being honest and open with them. Another important thing is to have a positive attitude towards comments and criticisms from service users. To me, the most important thing is to satisfy service users, I always ask service users directly how they feel about my work." The carer was supported by the service in achieving a level 2 in dementia awareness and was presented by the service with an 'Endeavour Award' for their commitment and hard work.

The Chief Executive officer (CEO) of the service told us that music and food were important for people of the Chinese community. We found people's needs being met in creative ways such as through the use of music and singing. Chinese music and songs were recognised as important for people who □received care and were at risk of mental health problems such as low mood and social isolation. Music and singing can enhance mood, mental health and overall general wellbeing. The service arranged for a karaoke with songs written in the language of Chinese. This meant the service recognised the importance of music for people and were being proactive in the way they were considering how best to care for the people they were providing a service for.

We found the service was caring throughout the organisation. Staff were treated with respect by the way

senior management recognised their commitment and motivation to deliver care for people and this was having a positive influence on the way care was being delivered. For example, we found an entry in the records of a person who was receiving care and who was living with mental health problems. We saw they had difficulty recognising their carer who was a consistent long term carer. The records stated, "[Carer] had to put their hand out for [Service user] to feel in order to confirm it was them." This demonstrated the carer understood how to reassure the person in a calm and gentle way.

People were being listened to and action was being taken when needed such as changes to the care package, adhering to people's wishes and responding to what was passed on in service user surveys. We viewed surveys which had been sent to people using the service and service user reviews which had been completed with people and a family member present. This demonstrated the service wanted to hear what people thought of the service so they could affirm the service was being effective and make changes were needed. One staff member told us "When I go to their house I would say hello and ask what kind of meal they would like today. It would be a Chinese meal and I always ask how they would like the meal cooked. Everyone has got different tastes."

The most recent service user survey was undertaken in January 2016 by face to face meetings with people and telephone interviews with service users and their family members. A total number of 28 service user's took part out of 30, which was the total number receiving a service at the time of the survey being undertaken. All 28 service users who took part said staff were caring and staff respected them at all times. 28 service users also felt listened to and the staff upheld confidentiality during the course of the care delivery. The questionnaires were written in the person's first language to ensure all service user's views were being sought.

Care reviews were being undertaken monthly to enable people to have the opportunity to provide their views. A relative told us "the care is reviewed every six months and if any needs change, I will ring Chinese Wellbeing and talk things through." The service demonstrated they were seeking the views of people and their relatives to continually improve. A staff member also confirmed this and told us "We have one hour Care Plan Reviews. We have standard questions, such as what do you think of the staff, are you satisfied with the service, do you need a different type of support. The Reviews are every six months."

People who needed advocacy services were provided with this service by a Chinese speaking advocate from within the service. This meant the people receiving advocacy services were known to the advocate, thereby providing them with a seamless service. We found staff went over and above to solve problems for people and act as an advocate for them when their family were unable to. One person with dementia had problems with their electricity fuse box which 'tripped' over a weekend when their family were on holiday. The staff member documented, "I tried to get an electrician to come out over the weekend and Monday but [service user] would not accept a stranger in their home, even with the presence of one of our carers. [Service user] said they would wait until you come back, which makes sense as they trust you very much." The service were committed to not only providing care calls to ensure people were supported in everyday tasks, such as washing, dressing and preparing food, but they were providing a wider level of support for people which was respectful and kind delivered in a thoughtful and responsible way.

Through the Transitional Care Service provided by Chinese Wellbeing one person successfully moved into their own home with support. The person was previously cared for by their son who also spoke Chinese as a first language. The person's son unfortunately needed to move to another area. This impact of this transition and change within the person's life was impacting on them and other family members. The person's daughter said "I have no confidence to find social housing for [Service user] in such a short period of time because I have watched TV before and found the people so hard to get it. I don't think my [Service user]

could have any chance. After [Chinese Wellbeing staff member] has given me the information about social housing and Attendance Allowance, I felt totally released and could breathe now. Not only [Service user], I and my brothers are so happy with their present situation with new stable accommodation and sufficient benefit. I do believe this project is so important for supporting older people in the Chinese community. Though I and my brothers can speak well English, we don't have any idea how and where we could get help. I should say a big thank you to [Chinese Wellbeing staff member] for their help."

This was supported by the person concerned who said "I am so happy now because I won't become homeless when my [relative] sells his house and moves to [area] for good. Come to have a look of my new home. It is so nice, isn't it? The bed can be raised so that I can easily get off from it. I will have the lifeline pendant and fire flash alarm. All these installation give me much confidence to live independently at home now. Also, I am so grateful for your help to apply for the benefit. It made a big difference for me because I have no more worries about my finance even though I am living alone now and can't earn any income to support myself.  I sincerely thanked you [Chinese Wellbeing staff member] to support me to go through this journey because my children and I didn't know about the provision of services for the elder people."

The service demonstrated their caring approach and nature which could be seen from photographs we viewed. In one photograph seen a person who was celebrating a special birthday was photographed with Chinese Wellbeing staff. The Chief Executive of the service, Service Development Manager, Registered Manager and other staff were present in the photograph congratulating the person.

Outstanding ☆

# Is the service responsive?

## Our findings

The service provided person centred care for people by providing a culturally rich service with a range of meaningful activities for people.

We viewed documentation which demonstrated that the service was person centred in their consideration of the impact of the care they were delivering for people. One person who was house bound and their family member whose first language was Cantonese were visited by a staff member from the Chinese Wellbeing to complete a review at the request of the person's social worker. The purpose of the review was not for the Chinese Wellbeing to take over any additional hours or generate further business but to enhance the current support package by making recommendations for the benefit of the person. The majority of the person's care package was being provided by English speaking care staff [another care provider] and two calls per week were being funded from Cantonese speaking staff provided by the Chinese Wellbeing. The staff member was asked to undertake a review to identify how the Chinese Wellbeing could support the other care provider who was providing the majority of the person's care. They then produced a report titled "Summary of Service Review/Support and Care Plan." The staff member who undertook the review documented the following "Communication between [Service user] and English speaking carers is a major obstacle." Flash cards were developed by the Chinese Wellbeing Association to enable the English speaking carers to communicate more effectively. We were provided with examples of the flash cards which stated for example "What would you like to eat?", "How would you like it" written in Chinese and English. However, the staff member discussed within the report the limitations of the flash cards as they were limited to a question and could not be used for issues needing a more in depth wider discussion.

People living with dementia were offered activities tailored to their needs. This was a specialist area which the service was driven to extending, by exploring new and innovative ways of providing stimulation, support and a sense of purpose for those people with dementia. A 'Tea House Reminiscence service' was a place for people with dementia to meet to share memories with people of the same cultural needs. Activities included an interactive dementia quiz, memory box sessions, sing-a-long sessions, games such as Bingo, light physical exercises, Chinese films and newspapers. The impact of this opportunity was clearly demonstrated within a short "You tube' video titled 'Tea House Reminiscence'. The short film states, "Tea House Reminiscence is a place for the Chinese community in Liverpool to meet with friends old and new to share memories and relax in a safe and comfortable environment. We have developed a cultural specific programme of activities which focuses on the five ways to Wellbeing." Within the short film it illustrated three people who received care laughing and enjoying interactions with others from the same cultural background.

The people within the film were engaged in activities such as 'Jenga', reminiscence and a quiz. It presented some of the memorabilia which were sourced by the service from differing parts of China and shipped to Liverpool to provide people with familiar objects such as pictures, music, films and clothing/textiles. The film showed people joining together drinking Chinese tea from a Chinese tea pot and cups. The environment within this short film was seen to be lively, positive, supportive, warm and caring which we could see had a positive impact for the people with dementia who attended this group with support from their carers.

People were seen in the film reading Chinese newspapers and enjoying speaking and laughing with one another. This demonstrated how much they were enjoying the company of others from the same culture who were able to converse in the same language.

The service also produced a short film which could also be viewed on 'You Tube' about dementia titled "It's Ok to Talk about Dementia". We viewed this film which included footage of Chinese Wellbeing Dementia Champion's talking about dementia. The service was demonstrating they were committed to preventing social isolation and contributed to people remaining independent in their lives for as long as possible, due to the positive impact on their overall health and wellbeing of having contact with people who spoke the same language.

One person who was living with dementia who received care explained how they felt about the care in a review, which was transcribed as follows; "I have a lot of health problems. Sometimes when I went shopping but forgot to bring money with me. Since I had your services [Chinese Wellbeing] I have got a lot of help. How other people feel I would not know, but for me, my life has changed a lot. You [Chinese Wellbeing Service] bought an electronic clock. It helps me, like previously I always got confused with the time; I took daytime as night time and night time as daytime. If I cook I would often forget turning the gas cooker off afterwards. Thus a lock was installed on the gas switch. Since I got the service from you, my life has improved a lot. I am not worried about anything now. It is just like this. Whenever there is an issue, staff from your company will come and help me to sort out this or that. I live on my own and do not have any family here. Whatever happens, I cannot communicate with others [English]. If I need to go to the hospital I would need to make calls to English speaking people. Since I have had your service, if there is a need, you will help me to make the calls. Now it is the time for me to express my heartfelt feelings".

We saw an example where there had been problems with previous carers who had been unable to communicate in Chinese. The person receiving care said, "The Chinese Wellbeing helps the old Chinese generation who can't speak English. They improve the quality of our lives and make sure our lives are so much easier. I have been a resident here for thirteen years. At night, I have an English carer from another organisation to give me my tablets. If I can't communicate with the carer I will ring the Manager at the Office so he can tell the carer what I want." The service were demonstrating they were prepared to go the "extra mile" for the person by making themselves available for the person when they needed someone to translate for them. This was something the service were not obliged to do as the person was receiving care from another care provider.

They were also offering a 'Drop In Service' for people with dementia and those caring for someone with dementia for them to speak with a Dementia Champion within the service. A Dementia Champion is someone who encourages others to make a positive difference to people living with dementia. We found one person who enjoyed Chinese opera music was provided with the opportunity of listening to Chinese operas through the service provided by the dementia champion within the service. People who were attended the luncheon club were offered a range of trips throughout the year such as to New Brighton and were offered Chinese cuisine.

There was evidence people were involved in their care planning when the care plan was initially written and thereon every time the care plan was reviewed. The risks for people were reviewed every six months or when there was a change with updated risk management plans detailing what the changes were and how the change was to be managed by the service. Each time the care plan was reviewed a staff member visited the person to speak to them about the changes needed to their care plan and involved them in the process. We also found that the person's next of kin or main carer was involved in the care plan review. We asked the manager how they communicated changes which were needed to be implemented to care staff. We were

informed by the manager that the office staff phoned the care staff to pass on the important changes/information. Staff we spoke with confirmed this was the case.

We established from the detail written in the report that the staff member had undertaken a thorough person centred review and had highlighted several other factors which were impacting on the person due to them not receiving Cantonese speaking care staff. For example, concern was raised in the report regarding the person's fluid and food intake. The staff were leaving a sandwich or pre-cooked meal which needed re-heating in the fridge but the food was not being eaten by the person. The staff member went on to say that contributory factors to this problem may have been English speaking staff were unable to understand what the person wished to eat, staff may not have had the time to prepare the food the person wished to eat, bread based light lunches may not have been the person's preferred food and staff may not be familiar with Chinese meals/dishes.

During the review the degree of social isolation the person was experiencing due to the communication issues was also highlighted. It stated, "Social isolation is still a major issue for [service user]. Although [service user] has the TV on all day, it means nothing to [service user] as they do not understand English. There is no other means for [service user] to have appropriate social interaction in the language [service user] can understand. The person and their family were asked their view as part of the review and commented, "The visit [from a Cantonese speaking carer] has become the only social contact with the outside world apart from [service user] children. The person's children were out at work the majority of the time and so two calls per week was the only time the person could converse in their own language.

A care package with all Cantonese speaking staff was recognised as the most preferred option for the person. However, The Chinese Wellbeing were only commissioned to provide two calls per week. The staff member therefore, made recommendations including a review of the time available for staff to prepare the food the person preferred to eat, sessions with English speaking carers run by the Chinese Wellbeing to educate the care staff about simple food preparation techniques/meals which staff could prepare, a detailed fluid and food chart to record what the person was eating and drinking, consideration of a bilingual hotline for English speaking staff to phone and relay what they wish to say and vice versa, connection to the internet for the person to then have access to Chinese films and TV programmes and a lifeline. This showed the service were committed to supporting other care providers for the benefit of the person needing care.

The service implemented an outcome measures model of practice named the 'Independent Living Star' which was an evidence based tool for supporting people and measuring change. The 'Independent Living Star' is a variant of the 'Older Person's Star' which was used to support people to stay living independently in their own homes for as long as possible. It was a tool which was used for older people, people with physical disabilities and others needing additional support to be independent. We viewed one outcome and action plan for one person with dementia which stated the person's goal was to attend the "Dementia support network" and the specific measurable achievable relevant and timely objectives [SMART] goals were also listed. This demonstrated the service was implementing a system of identifying and measuring outcomes for people.

We checked to see how the service was communicating what the complaints procedure was to people who use the service. The service user handbook which was written in Chinese and English went through the procedure for making a complaint clearly for people. The procedure was that any complaints made verbally to front line staff within the Luncheon Club, Tea House Reminiscence, whilst providing care were passed to the registered manager. Complaints could also be made by email or in writing and were dealt with by the registered manager. We viewed the complaints system in place and found all complaints had been investigated with an outcome presented for the person.

Outstanding ☆

# Is the service well-led?

## Our findings

The manager of the service was registered with us as legally required. The leadership and management of the service were driven for the people from the Chinese community. The core of the culture within the service was caring and person centred driven by managers who were passionate about the service. Staff we spoke with praised the management of the service. One staff member we spoke with said they "enjoyed working for the company. I have a set rota four weeks in advance so that I can plan ahead. I like travelling (by bus). A survey is sent out once a year. I also do a six monthly review with the client and their family. There are also Spot Checks. I am quite happy working for this organisation. It is a nice place to work. We all get on with each other. We get a lot of support. The best thing is that they listen to you."

Another staff member told us "Chinese Wellbeing is well organised. It is special. It is very good. They appreciate our services. When our training needs refreshing they always let us know. The service users say that without us they don't know how they would survive. It stops isolation. It helps keep people living independently in their own homes. It provides a cultural need and carers who speak their own language so that they can feel more comfortable and safe."

Another staff member said "I am quite happy working for this organisation. It is a nice place to work. We all get on with each other. We get a lot of support. The best thing is that they listen to you. We provide all sorts of functions to help the people go out and about and be independent. We have day trips. There are also luncheon clubs where we have celebration meals, and the Tea House. Or someone can have interpretation if they need a letter translating, or support with benefits and filling in an application form."

A relative told us "I am quite happy with the service. [Service user] is eating properly. [Service user] didn't want the carers to shower them, but now [service user] is happy. If the carers are worried about [service user's] care or dementia they will mention it to me and I will ring the office to speak to the Management. They are very helpful at sorting things out. [Service user] felt the carers leave very quickly but [service user] loses a sense of time because of her Dementia."

The Chief Executive (CEO) of the organisation was based alongside the registered manager and other managers such as the care manager who shared the same office base. This meant the care staff had access to the management team if they had any issues they needed to share or discuss. During our inspection we noted a staff member had called into the office to discuss concerns about one of the people they provided care to. The care manager made time to discuss the concerns with the staff member. This also meant the managers were able to share information in the moment in a timely manner leading to effective communication throughout the service.

We found the culture within the service was open, transparent and empathetic with an underlying caring philosophy where everyone we spoke with were driven to provide the Chinese community with a good, effective caring service. The staff culture was to deliver a service by their Chinese cultural code of conduct which was regarded as the "five hearts". The five hearts were attentiveness, care, love, endurance and patience. The culture within the service was also to encourage staff to develop their skills and achieve their

maximum potential which was evident during our inspection. For example, one staff member had completed a welfare benefits law course. The service was then able to offer signposting on welfare benefits as part of their service. Other staff were encouraged to attend Dementia Champion courses and advocacy courses. This meant there was a positive culture within the service which allowed staff to further their knowledge and skills within the organisation for the benefit of the people who were in need of their care. The senior management valued all staff within the organisation and this was reflected in the organisation's passion to develop their staff to their full potential within their roles. Staff were encouraged by managers to be aspirational which had a positive impact on them in their work to be aspirational for the people requiring their service.

The registered manager had a well organised team approach with everyone within the team clear about why and what the purpose of their service was. The rotas were organised and distributed to staff four weeks in advance and any changes to the rotas were communicated to staff. Staff told us they received calls from the office if there were any changes to the rotas or if there were other changes they needed to be made aware of.

The registered manager was aware of the risks within the service and had completed an incident/accident analysis report which referred to trends and patterns with details of the number of people who had suffered falls. Audits seen included in medication management, emergency contacts and care plans. The registered manager had a care plan review matrix in place which recorded each time the care plan was reviewed and when it was next due.

We viewed a staff survey and service user survey both written in Chinese and English. There were actions taken with the information provided by people who completed the service user survey. For example, one action point from the service user survey was to provide people with more information about safeguarding as this was an area people said they needed more information in. The registered manager was committed to delivering on what people expressed they needed demonstrating it was a needs led service dedicated to improving areas which people highlighted to the manager.

The service demonstrated through their newsletters and other documentation that they had strong links with other organisations such as the Liverpool Diabetes Partnership and The Liverpool Chinese Dementia Support Network and the Liverpool Dementia Action Alliance. The Chinese Wellbeing Centre had been awarded "The Workplace Wellbeing Charter National Award" in October 2015 providing them with an accreditation until October 2017. A Dementia Champion within the service was supported by senior managers to take part in a project called the Black Minority Ethnic Groups (BME) Dementia Champions Project which was a joint initiative of the former Primary Care Trust and Mersey Care NHS. Research was collated over a four month period and the evidence showed that there were significantly lower levels of awareness of dementia amongst BME communities and higher uncertainty about the help and support available to carers and families. Language and cultural issues were recognised as presenting barriers for people. The outcome of the project was successful in raising awareness of dementia within communities including the Chinese community. This demonstrated the senior managers at Chinese Wellbeing were driven to improve the service they provided by thinking of ways in which they could explore new opportunities to be involved in current collaborative projects.

The service development manager for Chinese Wellbeing identified the need for people of an ethnic minority group such as the Chinese Community to have access to advocacy services. Advocacy was described by the service development manager as "taking actions to help people say what they want, secure their rights, represent their interests and obtain services they need'.  It was identified by the manager in 2012 that providing advocacy for people by advocates who can communicate in their first language was essential for

people's wellbeing and ability to live independently for as long as possible within their community. We viewed the business case presenting the case for advocacy services for people. The service development manager proactively sourced an appropriate training provider to provide a two day accredited course. They presented a business case for funding to enable some of the Chinese Wellbeing staff to be trained as advocates. The manager set out the reasons why advocacy was so important and highlighted that advocacy services were not always accessible for people of ethnic minority groups. This demonstrated the managers were driving the service forwards to diversify the service in order to meet the needs of the people they were delivering care for. The impact for people was that they were able to receive information pertinent for them to continue to sustain living independently. People were made aware of their rights to welfare benefits and of services they were entitled to receive within the health and social sector which they would have otherwise not known about.

The managers for Chinese Wellbeing submitted a business case for funding a Care Community Culture service for people from a Black Minority Ethnic Groups (BME) in August 2013 which was a non-regulated service. They were successful in obtaining funding. Chinese Wellbeing managers led an audit across their own organisation, the Irish Community Care Merseyside and the Mary Seacole House organisation. The three charitable organisations worked together collaboratively and built a case for funding a new service for people of BME groups who needed assistance and support including companionship, shopping trips, small domestic tasks, accompanying people to appointments, translation of documents, language interpretation and preparing meals as services for which there is a demand in a culturally and language specific format. Following a pilot scheme the service was successful and continues to run currently providing personal assistants for people who support them with specific tasks. The management of the Chinese Wellbeing Centre demonstrated they were continually striving to deliver a person centred service for the Chinese Community. They were creative and committed to meeting the needs of people such as providing companionship to combat loneliness.

The service managers were members of a range of committees and had affiliations with a number of groups such as: Liverpool Health & Social Care Champions Committee, Welfare and Well-Being Organisations Network [WWON], Coordinating Committee of the Liverpool Dementia Action Alliance [DAA], the Service Operations Manager was Chair of the Diversity Sub Group - Liverpool, Project Lead for Black Asian Minority Ethnic [BAME], Dementia Champions Coordinating Committee member BAMER Liverpool Mental Health Consortium and the Company Secretary / Treasurer Liverpool Home Care Providers Community Interest Company, members of the Cross Cultural Communication in Primary Care Committee (University of Liverpool) and were also members of the Liverpool E health cluster. The Liverpool E-Health Cluster was formed to ensure that good practice and positive social value are maintained as the Health and Social Care sectors across Liverpool adopt and design new digital technologies.