Community of Refugees from Vietnam - East London

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Community of Refugees from Vietnam- East London provides a domiciliary care service to older people from the Vietnamese community in the local area. The provider was founded in 1984 to meet the needs of people who had come to London as refugees, and is now providing home care and support to five people.

At the last inspection in July 2015 the service was rated "Good". At this inspection we found the service remained 'Good'.

People told us that they benefitted from a service that provided staff who spoke their language and was provided within their community. People we spoke with told us they felt safe and that staff were punctual and treated them with kindness. Most people had been receiving care from the same care workers for 10 years. Everyone we spoke with was happy with the service which was provided.

People's care was planned to meet their needs, and this was monitored through the use of personalised daily logs. The provider carried out quarterly reviews and satisfaction surveys to ensure people were happy with their service and that this still met their needs. A summary of care needs and the daily log were provided in Vietnamese, along with information about the service and who to contact in an emergency. Care plans were written in English, but people were happy with the level of information which was provided in their own language.

People were familiar with the registered manager and knew who to speak to if they had a complaint or a concern. There was evidence that people had consented to their care, and the provider had detailed people's abilities to make choices for themselves. Care plans had clear information on the informal support people received from their families and who was responsible for making sure people's needs were met.

Staff received regular supervision and appropriate levels of training. Staff we spoke with had received training in safeguarding and recognised signs of abuse, and were aware of how to respond if they had concerns about people's safety.

The provider had assessed risks to people, but we found in some cases risk assessments lacked detail on how to manage long term health conditions and the risk of falling. We found that people were prompted with their medicines appropriately, but the provider had not always assessed the risks associated with people's medicines and did not have information on the medicines people took. We have made a recommendation about this.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe in all aspects.

People told us they felt safe when staff visited, and there were procedures in place to monitor accidents and incidents and to safeguard people from abuse.

Risk assessments were not developed in a way which meant the risks to individuals were fully assessed, including with respect to falls and prompting people with medicines.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remained Good.

Is the service responsive?

Good

The service was responsive.

People's care plans contained detailed information about people's care needs and these were reviewed regularly, although there was not always detailed information on people's preferences.

People told us they were happy with the level of information provided in Vietnamese, and knew who to speak to in order to make complaints.

Is the service well-led?

Good

The service remains 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 11 May 2017. We gave the provider notice of this inspection as the service provides a small domiciliary care service; we needed to be sure that the people we needed to speak with would be in. The inspection was carried out by a single inspector. On 12 May 2017 we worked with a Vietnamese language interpreter to carry out telephone calls and spoke with two people who used the service and three of their relatives.

Prior to this inspection we reviewed the previous inspection report and contacted a commissioning officer from the local authority. We looked at records of care and support relating to all five people who used the service and records of recruitment, training and supervision for both care workers employed by the provider. We also reviewed policies and procedures relating to safeguarding adults, making complaints and incidents and accidents and spoke with the registered manager and both care workers. We also visited a local luncheon club which was run by the provider for the Vietnamese community.

Requires Improvement

Is the service safe?

Our findings

We found that people who used the service felt safe, and that the provider had appropriate measures in place to safeguard people from abuse and to monitor risks, however risk assessments did not always fully address the risks to people from receiving care, particularly with regards to health conditions and managing medicines.

People who used the service told us they felt safe. Comments included "It is very safe. If it is not safe I was given a book in Vietnamese so I know where to phone, "[My relative] feels very safe, [s/he] trusts the service" and "Because these people are working for the community we know each other very much so therefore they have never done anything wrong like that. If something goes wrong I know to ring the manager, [name], I have to ring him to help."

The provider had an appropriate policy to safeguard adults and had provided training for care workers, who were able to describe forms of abuse and their responsibilities to report when they suspected abuse. Care workers were confident their concerns would be taken seriously by the registered manager. There had been no serious incidents or allegations of abuse since our last inspection. There was an accident reporting procedure in place should this occur, and this required staff to give details of the incident and required managers to assess whether an investigation was necessary and whether this needed to be reported to external organisations.

The provider had carried out assessments of risks in relation to providing personal care and each person's living environment. This included whether there were risks from lifting associated with personal care, whether specialised equipment such as grab rails or shower chairs were provided for the person and whether further training was needed for staff. The provider had assessed the safety of the person's home, including whether floor coverings and electrical fittings were safe, and whether there was a risk from chemical products or aggression from the person or others. Risk assessments were reviewed regularly and contained a clear date for review. Where a person had a diagnosis stemming from a long-term health condition, there was a plan in place to check their skin regularly for deterioration. For another person who had recently started to use the service, the local authority care plan identified risks from falling, self-neglect and a long-term health condition, but we saw that a risk assessment had not yet been carried out.

There was information on people's care plans about how people's mobility may affect their care plans, such as limited range of movement and aspects of personal care the person may find difficult to manage. These also included information about the support people required and measures in place to keep them safe when going out, such as carrying a mobile phone and what support the person could access in an emergency, including from the provider and the person's family. The registered manager was contactable through his mobile phone in emergencies, and this number was provided to people on their care plans. A review process was in place, and this was used to identify if there were any additional risks or whether further control measures such as a referral to social services were required.

The provider told us that they did not give medicines, but only reminded people. Care plans identified who

was responsible for ordering and collecting medicines, but these did not identify exactly what medicines were prompted for, and did not assess the risks from medicines such as what to do in the event a medicine was missed, if medicines were safely stored or if there were any side-effects or risks from overdose. In one person's care plan it did not state that the person was prompted with medicines, which the provider told us was an oversight, but we could see that this task was present on the daily log, and staff had recorded daily that this had been carried out.

We found that risk assessments were sometimes focussed on the risks to the staff member, and there was not a suitable format for evaluating risks to the person using the service from health conditions, falls or medicines. We recommend the provider take advice from a reputable source in order to develop a procedure for fully assessing and detailing risks to individuals.

People who used the service told us that staff arrived on time. Comments included "It is always on time, the care worker has never come late and is always coming a bit earlier before the time", "They are in time", and "Always on time, sometimes 10 or five minutes beforehand but normally on time."

The provider had not recruited any new staff for10 years, but had a recruitment policy in place to ensure safer recruitment. The registered manager told us that they would take up references and check the person's behaviour and skills, and added "I check for a charity heart first". The provider carried out a check with the Disclosure and Barring Service (DBS) every three years. The Disclosure and Barring Service provides information on people's background, including convictions to help providers make safer recruitment decisions.

Good

Is the service effective?

Our findings

People were supported by staff who had appropriate training and supervision to carry out their roles. The registered manager told us "They came to us with no qualifications and we have trained them up." Staff told us they had enough training and could approach the registered manager if further training was needed. For example, staff had received additional training when someone's needs changed necessitating the use of a hoist to meet these. .

Both care workers had a Level 3 National Vocational Qualification in Care. This is a nationally recognised qualification for staff who work in a care environment. Additionally, staff received training in safeguarding adults, food hygiene, manual handling and first aid, although one staff member was due to have a refresher in first aid. The registered manager had processes in place to verify that training certificates were genuine.

Staff received supervision from their manager quarterly. These were used to review the person's current duties, the person's achievements since the last supervision, how to develop the service and to review training and development needs. Staff also received a yearly appraisal, which was used to review training needs, people's accomplishments and any difficulties they encountered with their duties. The appraisal also provided an opportunity to reflect on what care workers did best, what they did less well or failed to enjoy, or whether they had skills which were not fully utilised. We saw that appraisals were used to identify and monitor skills staff wished to develop, such as undertaking courses to improve their English language skills.

The provider had assessed people's decision making abilities in line with the Mental Capacity Act (2005) (MCA). The Act 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 had signed their care plans to indicate their consent to their care, and in one case where a person had not done so, they had signed other documents such as reviews which indicated their agreement.

Care plans contained information on people's health needs and nutrition, including diagnoses of long term conditions and the support people needed to stay healthy and well. We saw that there was clear information about who was responsible for carrying out tasks such as shopping, preparing and serving meals.

Good

Is the service caring?

Our findings

People who used the service told us staff were caring and that they benefitted from a specialist Vietnamese service. Comments included "They are very good people, I like them very much. I can't speak the language so they are helping me to communicate with other people, and normally they do what I like" and "People can speak Vietnamese so therefore [my relative] is very, very pleased."

Most people had been receiving support from the same care workers for 10 years who were part of the same community as them. The registered manager told us "When I look at the name on the care plan, I know them, I know their families and I know what they need. I know their culture, and they have been a member for 30 years."

We saw that plans included information on the support people required to communicate, including when they did not speak English, and whether care workers or family provided this support. Reviews were used to confirm that people understood their rights to engage an advocate. A relative told us "I asked [my family member] for their opinion and I wrote down what [s/he] wanted to say and that is now in the care plan."

We saw that people were provided with a service guide which was written in both English and Vietnamese. This included information about the aims of the organisation, what people could expect from their care workers and contact details for the local authority. There was also information on who to contact in the event of an emergency.

The provider used quarterly reviews to confirm that people felt they were treated with respect and that staff were friendly and helpful. People and their relatives told us they were treated with respect. Comments included "They are very kind, I am satisfied with their work, they treat me very well" and "The treatment by staff and the kindness, they are so kind, they respect [my relative], they speak tenderly and [s/he] is very, very happy to have a bath with the assistance of somebody [s/he] trusts; the carer is satisfactory of their work."

Good

Is the service responsive?

Our findings

The provider ran a luncheon club and other activities for the Vietnamese community, which meant that they knew people well even before they started to use the service. The registered manager told us "It's like being in a small village." We saw that people attended a local community centre and met for a meal which was provided by care workers and went on to play tile-based games.

Care plans were written in English and included information on people's service provision and who and what was important to the person, such as their families and access to places of worship. Plans detailed the level of support people required with personal care and practical aspects such as shopping and housework, and what was carried out by care workers and families, with information about the informal support people received. There were details about the level of support required with aspects of personal care such as bathing, showering, grooming, dressing, toileting, meal preparation, domestic work, and how these outcomes would be achieved. There were also details on how people were supported with relationships, remaining part of the local community and staying safe and well, and gave information on their desired outcomes. There was information about how people's limited mobility may affect their care needs.

Care plans had details about people's preferences with regards to meeting their cultural needs, such as how to ensure people could pray, their preferences with regards to groceries and what they looked for in staff, although there was not always information on how people liked care to be carried out and what their preferred meals or drinks were.

People were provided with a summary of the care plans including tasks to be carried out which was in English and Vietnamese, and personalised log books for tasks to be completed each day, which were also bilingual, and were completed in line with up to date care plans. The provider told us that they sometimes struggled to complete plans in detail due to their English skills, although these documents were written entirely for Vietnamese speaking people and their carers; we verified with the local authority that care plans did not need to be written in English.

People told us that they were happy with the level of information which was provided in Vietnamese. Comments included, "There is a book in Vietnamese; they put down what they will do for me in Vietnamese language and I understand them. I've been on the care plan for some time so therefore I get used to everything" and "The care plan is in Vietnamese and in English, I read them all and understand everything."

Reviews were carried out by the registered manager every three months. These were used to cover areas such as health, the support people received and whether their care package was still appropriate or whether any changes were required. People confirmed that they were happy with their care. We saw evidence that packages were reviewed in response to people's changing needs, for example reducing the number of staff who supported a person as they recovered from surgery.

The provider had a complaints policy in place, and carried out three-monthly questionnaires which verified that people knew how to make complaints. People we spoke with were aware of how to make complaints.

For example one person told us, "If something goes wrong, if I want to make complaint I directly contact with the manager" and another person said "I have information in Vietnamese language and I know where to call and where to speak in order to help me sort out the problems." The provider's complaints policy contained a clear procedure for acknowledging and investigating complaints, with scope for complaints to be reviewed by an external management committee.

Good

Is the service well-led?

Our findings

The provider had a registered manager in place, who was available at all times to address concerns and emergencies. 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. Everyone we spoke with was aware who the manager was and how to get in touch.

The registered manager carried out a three-monthly questionnaire to gauge if people who used the service were satisfied, this included questions about whether people's support was appropriate and whether staff behaved with kindness and professionalism. People had not expressed any concerns about the service, and everyone we spoke with was happy with the support they received from the provider. One person said "We are very happy and very satisfied with the service."

Staff told us that they felt well supported by the registered manager. Comments included "He supports me very much, if I need anything he helps me" and "If I had any difficulty my manager does help, he supports me and provides information."

We saw that the provider maintained a daily record of the care that was provided. This was achieved by designing a personalised log book which was in English and Vietnamese which clearly outlined the tasks which needed to be carried out, these were kept in people's homes and checked by the registered manager. A care worker said, "When he comes to do review he looks at the log book, he is always reminding me to write down everything that happens with the client."

The registered manager also arranged for a team meeting to take place every six months. This was used to discuss any issues with people who used the service, changes in the service, future planning and recruitment.