

Camden Chinese Community Centre

Camden Chinese Community Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: The Camden Chinese Community Centre [Housebound Project] is a domiciliary care agency. It is an organisation that provides services for members of predominately but not only the Chinese community. The organisation provided a range of socially inclusive services, such as, social welfare, recreational and leisure activities, outreach work for people living in Camden and surrounding boroughs. The organisation's housebound service provided personal care to people living in their own houses and flats in the community. Support was provided for older people, people who have mental health difficulties and people with a physical disability. At the time of our inspection, the housebound service provided care to 17 people. Care staff employed by the service spoke Cantonese and other southern Chinese dialects.

People's experience of using this service:

Some improvements had been made to assessment of risk to health and wellbeing of people who use the service. However, more improvements were still required to ensure that all risks and risk management strategies relating to individual people were appropriately documented.

Improvements had been made to ensure people's medicines were managed safely and according to current national guidelines. Additional improvements were required to ensure information about people's current medicines was always up to date across all relevant documentation.

Staff received training in the principles of the Mental Capacity Act. Improvements were still required to ensure the agency fully worked within the principles of the Act.

People were safeguarded from abuse. Improvements had been made to how the service handled people's money. Additional improvements were needed to ensure money handling agreements between the service and people or their representatives were always clearly defined.

Improvements had been observed in relation to the clarity of the roles and accountability within the managerial structure at the service. The registered manager understood their responsibility in relation to managing the regulated activity of personal care.

The provider introduced a range of quality assurance systems and checks to monitor the service delivery. These will be checked during the next inspection to ensure systems introduced were sustained over a period of time and were effective.

There were other safety measures in place to ensure people were protected from harm. The provider's recruitment procedure was safe and protected people from unsuitable staff. Staff followed appropriate infection control practice. There was a system in place for reporting, analysing and monitoring of accidents and incidents.

There were suitable staff deployed to support people. Staff were provided with enough time to travel between care visits so these could take place as planned.

Staff received mandatory training to ensure they had skills and knowledge to support people. Staff also received ongoing support in the form of spot checks of their direct work with people, regular supervision and team meetings.

People's care needs and preferences had been assessed and reflected in people's individual care plans.

Staff supported people to have a nutritious and healthy diet that met their needs and personal and cultural preferences.

People were supported by staff to have access to healthcare professional's when needed.

People using the service, staff and external health professionals thought the service was well managed.

The managers at the Camden Chinese Community Centre were receptive to the feedback we provided during the inspection.

We identified one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to safe care and treatment. We also made two recommendations relating to the management of medicines and the Mental Capacity Act. Details of action we have asked the provider to take can be found at the end of this report.

Rating at last inspection: Requires Improvement (Report published 18 February 2019)

Why we inspected: We carried out a comprehensive inspection of this service on 21 and 22 November 2018 and found breaches of regulations. We issued the service with a warning notice in respect of two of the breaches we found. These were in relation to the assessment and management of risks to the health and safety of people using the service and poor management of people's medicines. There was also a breach in relation to the service not having effective systems and processes in place to assess and monitor the quality and safety of the services provided, to mitigate risks to the health, safety and welfare of people using the service and to ensure that records relating to service users were accurate and complete. Additionally, the management structure was not clear. We undertook a focused inspection on the 16th May 2019 to check whether the service had met the warning notice and to confirm that they now met legal requirements. We inspected the safe, effective and well led domain only at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Camden Chinese Community centre on our website at www.cqc.org.uk.

Follow up: We asked the provider to submit to the Commission an action plan to show how they will make changes to ensure the rating of the service improves to at least Good. We will continue to monitor the service and we will revisit it in the future to check if improvement have been made.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Camden Chinese Community Centre

Detailed findings

Background to this inspection

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

Inspection team: This inspection was carried out by one adult social care inspector and one Expert by Experience. An Expert by Experience [ExE] is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

Before the inspection, we reviewed the action plan provided to the CQC following our inspection in November 2018. We also reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse, and we sought feedback from the local authority.

Prior to our visit we carried out telephone interviews with people who used the service. We received

feedback from three people using the service and four relatives.

During our visit, we spoke with the members of the management team including the director who is also the nominated individual, the registered manager and two care coordinators.

We looked at records including five people's care records, recruitment record for one staff member, training records all staff members, supervision documents for three staff members and other documents relating to the management of the service.

Following the inspection, we contacted staff members and we received feedback from two of them. We also contacted external health and social care professionals and we received feedback from two of them.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At the previous inspection in November 2018, we identified that risks to people's health and wellbeing were not always fully identified. Staff were not always provided with guidance on how to minimise identified risks. At this inspection, we saw that improvements were still needed.

- Some improvements had been noted. Risk assessments included some information about hazards and potential risks to people's health and their wellbeing. However, there was still limited information on what the actual risk was and how staff could support people in minimising it. For example, a record for one person stated they could become agitated due to the lack of sleep. However, there was no information on what risk this could pose to the person and how this could be mitigated.
- We noted that some risks relating to individual people were still not fully reflected in risk assessment documentation, for example, risks around money management, nutrition and other health conditions. We discussed this with the care coordinator who told us they were in the process of addressing the matter. They provided us with an example of an improved risk assessment for one person where individual risks had been highlighted. They told us they were going to review all risk assessment shortly.
- We found some improvements had been made and therefore the agency had met the Warning Notice. However, this area of the service provision still needed further improvements to fully meet the requirements of the Regulations.

The above is evidence of a continuous breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

At the previous inspection in November 2018, we identified that medicines were not managed safely. At this inspection we saw that improvements had been made but further improvements were still needed.

- Each person had a completed medicines administration assessment which included information on the level of support required. This information was reflected in people's care plans.
- Since the previous inspection, the agency introduced new Medicines Administration Records (MARs). This included information required by current national guidelines. MAR charts provided staff with information in English and Chinese to ensure staff understood what medicines they needed to give to people. Further improvements were needed around recording when medicines changed and the use of codes on MARs when medicines were not given. We discussed this with a care coordinator who was responsible for the

management of medicines. They were responsive to our feedback and said this would be addressed.

- Staff recorded medicines administration on respective MARs as required. We saw one gap when medicines administration had not been recorded. This had been highlighted and addressed via the managerial medicines' audit.
- Staff received medicines administration training to ensure staff understood procedures around management of medicines. The topic was also discussed in staff meetings and during individual supervision sessions. Staff competencies in medicines administration were scheduled to commence shortly.
- Further improvements were needed to ensure the agency had the most current information about medicines people were prescribed. The responsible care coordinator told us they transcribed medicines onto MARs from most current blister packs or medicines boxes. However, this had not always been amended promptly in people's care plans where medicines lists were also available. The care coordinator showed us that they were in the process of introducing an updated care planning template. The aim was to enable easier transfer of information about medicines to people's care plan to ensure these and MARs matched.
- We saw the responsible care coordinator carried out monthly medicines' audits. We saw issues were highlighted and addressed with staff promptly.

We recommend that the service continues seeking support and further guidelines from a reputable source about management of people's medicines.

Systems and processes to safeguard people from the risk of abuse

At the previous inspection in November 2018, we identified that people using the service and staff supporting them were at risk of potential financial exploitation. This was because the service did not have safe processes around handling of people's money. At this inspection we saw that improvements had been made and some additional improvements were needed.

- The Service User's Finances Policy and Procedure was reviewed in February 2019. It included guidance for managers and staff on how to ensure people's money were managed safely. We saw that financial procedures had been discussed during staff team meetings.
- Staff recorded financial transactions and money exchange. When appropriate people and staff had signed to confirm they received money or goods purchased. This had been confirmed by people who used the service. In one instance, the arrangements around receiving money from one person's representatives by the agency was not clear. We discussed this with the registered manager who said they would address this.
- The managers monitored financial matters and financial transaction records were readily available for us to audit during our visit.
- People's care plans included information on who was responsible for individual people's finances. However, we noted that care plans would benefit from more detailed information on how individual shopping items would be agreed. We discussed this with the registered manager who said this would be addressed.
- All people we spoke with and their family members thought people were safe with staff who supported them. One relative told us, "Yes, quite safe, good service, attentive carer."

Staffing and recruitment

- At our previous inspection we recommended that the service sought further guidelines on effective care visits scheduling and monitoring to ensure all visit times were adhered to. At this inspection we saw this had been addressed. Staff rotas we viewed provided staff with enough time to travel between care visits. Staff we spoke with confirmed this was the case. The management team undertook training on the use of the online

calls monitoring system. The registered manager provided us with evidence that missed and late calls had been monitored.

- There were enough staff deployed to support people. Staff and relatives said people were usually visited by the same staff. This ensured the continuity of care and promoted development of positive and friendly relationships between people and staff.
- There was a safe recruitment procedure in place to protect people from unsuitable staff. However, at this inspection we have made a recommendation to the registered manager about obtaining references for new staff from previous employers.

Preventing and controlling infection

- Staff had received training in infection control and food safety. Personal protective equipment (PPE) was available for staff to use to help reduce the spread of infection when supporting people with personal care and carrying out tasks such as cleaning and cooking.

Learning lessons when things go wrong

- The agency had a system in place to report any accidents and incidents. The registered manager informed us that there were no accidents and incidents since the last inspection in November 2018. Prior to, and during, our inspection we did not see any evidence to suggest that accidents and incidents took place that had not been recorded.

Is the service effective?

Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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

At the previous inspection we identified that improvements were needed to ensure the agency was working within the principles of the MCA. At this inspection we saw that some improvements were made, but further improvements were still required.

- Where people lacked capacity, their care plans did not have enough details to indicate what decisions people could make. Staff were not given sufficient information on how to support people in deciding about aspects of day to day care.
- Some people had representatives who were involved in decision making about aspects of people's care, wellbeing and financial affairs. The agency had not always sought confirmation if these representatives had been legally permitted to act on people's behalf. We discussed this with the registered manager who said they would address it immediately.

We recommend that the agency continues seeks further training and guidelines on seeking consent when providing care and supporting people whose mental capacity may fluctuate.

- Most people using the service had the capacity to make decisions. People told us that staff knew their needs well and therefore they did not always have to ask for people's permission to carry out tasks. However, all relatives we spoke with confirmed that staff had always asked for consent before providing care. They said, "[Staff] would ask [my relative] what she wants for dinner. I have seen it myself" and "Yes, [staff] always ask for permission, very attentive."
- Care plans were signed by people or when appropriate their representation to show their consent to care and treatment had been obtained. People and their relatives confirmed care plans had been read and explained to people.
- Staff completed The Mental Capacity Act 2005 (MCA) training.

Staff support: induction, training, skills and experience

At the previous inspection in November 2018, we found that staff had not received all required training to help them to provide safe and effective care. The provider had not carried out spot checks of staff direct work with people to ensure the care was provided as required. At this inspection we found this had been addressed.

- Staff received mandatory training including the management of medicines and the MCA.
- Care records showed, and staff and external professionals confirmed, the managers carried out spot checks of staff direct work with people. Records showed that each staff member received at least one spot check since February 2019. Spot checks included observations of staff timekeeping, dress code, professionals conduct, having staff ID and the care provided. We saw that shortfalls were highlighted, and actions agreed to address any issues.
- Staff received ongoing support in the form of regular supervision sessions and team meetings.
- We saw that the provider introduced monitoring systems to ensure all training, supervisions, appraisals and spot checks had been carried out when required.

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

- The agency had carried out an assessment of people's needs and preferences. We saw these had been reflected in people's individual care plans.
- Care plans were individualised and included information about people's physical, mental health and social needs and preferences.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to have a nutritious diet that met their health, cultural and personal needs.
- People's dietary preferences, their likes and dislikes and any special dietary requirement had been documented in their care plans. This included a description of the type of the diet people should receive and health conditions that staff needed to know about when supporting people with eating and drinking. We saw that additional guidelines were given to staff on how to support people with diabetes.
- Special attention was given to providing people with the cultural food of their choice. When agreed, staff shopped in specific shops and prepared culture specific meals to meet people's dietary wishes.
- We saw that more information was required in people's care documents about risks related to supporting people with food and drink. The care coordinator assured us that they were in the process of updating risk assessment documentation with this information.

Staff working with other agencies to provide consistent, effective, timely care, supporting people to live healthier lives, access healthcare services and support

- People were supported to have their healthcare needs met, and access healthcare services when required. People using the service we spoke with told us their relatives helped them to access health services. However, relatives we spoke with confirmed that staff were proactive in contacting health services when people's health deteriorated. They said, "If I am not available my [relative] would ask the carer to [contact a doctor]" and "Carers contact the agency's office and they contact GP."
- External professionals confirmed staff supported people to live a healthy life. One professional said, "I [observed] that they had followed the guidance/ advise given by district nurse and OT."

Is the service well-led?

Our findings

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

Service management had made improvements, but further improvements were needed to support the delivery of high quality, person centred care.

At our inspection in November 2018, we found four breaches in regulation. These related to risk assessments, medicines management, safeguarding people from financial abuse, staff training and support. The provider did not have quality assurance systems to ensure the service provision was monitored effectively. We also made recommendations about the MCA and care calls scheduling and monitoring. We issued two warning notices in relation to the Regulation 12 (Safe Care and Treatment) and Regulation 17 (Good Governance). At this inspection, we found that improvements had been made and the service met both warning notices. However, more improvements were still needed.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- In April 2019 the service employed a new care coordinator. Their role was to help to improve and monitor how the service managed people's medicines and assessed and monitored risks to people's health and wellbeing. Consequently, we saw that some improvements had been made. Further improvements were still required to fully meet requirements of the Regulations to ensure people received safe care.
- The registered manager was familiar with the Duty of Candour requiring the provider to always act in an open and transparent way with relevant persons in relation to care and treatment provided by the service.
- People using the service and relatives thought the service was well managed. One relative told us, "Oh yes. From what I know I understand it is a good service."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At this inspection we found that the provider had addressed shortfalls relating to the quality monitoring of the service provided.
- The rating from the latest CQC inspection in November 2018 had been displayed as required on the agency's website and in the premises.
- Members of the management team were provided with descriptions of their roles and responsibilities. The level of their accountability for carrying out tasks was now specified.
- A range of quality checks had been introduced to ensure ongoing monitoring of the quality of the service. These included spot checks of staff direct work with people, medicines, care plans and daily care records audits. We saw action was taken where issues had been identified.
- Further monitoring had been introduced, including supervision sessions, spot checks and training trackers to ensure these had taken place when required.

- We saw that care records from people's homes relating to medicines administration and care provided daily had been collected and available for the inspection team to view.
- The management team undertook extended training with regards to online calls scheduling and the monitoring system. This was to enable the managers to effectively plan and monitor care visits so they took place as agreed.
- The new system was introduced for recording of communication between people and the service and the service and external professionals. This meant that details of communication about people's care was available for future reference and for the audit purpose.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were invited to provide feedback on the quality of the service received. Although yearly service user surveys were not due until August 2019, people's files included examples of recently carried out quality reviews meeting. People were also asked for their feedback during spot checks of staff direct work with people. We saw that overall feedback was positive.
- Staff participated in regular team meetings where they could discuss matters which related to the service delivery and the care provided to people. We saw that the majority of staff attended the meetings.
- Most of the people using the service and staff had limited ability to communicate in English. We saw that the majority of care documentation and other communication about the care provision was provided in both English and Chinese. This was to ensure people, staff and others involved in people's care were able to understand this documentation.

Continuous learning and improving care

- The managers at the Camden Chinese Community Centre were receptive to the feedback received during the inspection.
- The service had started to make improvements to address identified shortfalls so care provided was safe, effective and as required by the law. The service needs to demonstrate that the improvements made are sustained over a significant period of time. Therefore, we will review this at our next inspection.

Working in partnership with others

- When required the service worked in close partnership with other services and external professionals. The feedback received was positive. One external professional told us, "The input from the Chinese Centre, by joint working with them [staff] enables both Chinese carer and I to give [people] a good quality life and support them to maintain some independence."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure care was provided in a safe way for service users because, they did not do all that was reasonably practical to assess and mitigate risks to care and treatment of people who used the service.</p> <p>Regulation 12 (2) (a) (b)</p>