

Lewisham Indo-Chinese Community: Chinese Community School

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

Inspection report

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Date of inspection visit:
01 December 2017

Date of publication:
08 January 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●

Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Lewisham Indo-Chinese Community: Chinese Community School - 33 Clyde Street is a domiciliary care agency. It provides personal care to people living in their own houses in the community. It provides a service to older adults, younger disabled adults and children. At the time of the inspection, six people were using the service.

At the last inspection, the service was rated Good.

At this inspection, we found the service remained Good.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Staff sought people's consent to care and treatment and provided their care in line with the legal requirements of the Mental Capacity Act 2005.

People continued to receive safe care and support. Staff were aware of the identified risks to people's health and well-being and understood how to provide safe care. Staff followed appropriate safeguarding systems to ensure they protected people from the risk of abuse and neglect.

People were supported by a sufficient number of suitably skilled and experienced staff to meet their needs. People's care was delivered by staff who received the support they required to be effective in their roles, which included regular supervisions, appraisals and training.

People received care in line with their assessed needs, current legislation and best practice guidance as recommended by health and social care professionals. The registered manager reviewed people's needs and ensured staff had sufficient guidance to meet their changing needs.

People who required support to take their medicines were helped to do so safely by staff trained to carry out this duty. Staff knew how to minimise the risk of infection and had received the relevant training to guide their practice. The registered manager ensured staff learnt from incidents and near misses to help keep people safe.

People were supported to eat and drink healthily and to access healthcare services when needed. Staff worked closely with other health and social care professionals to ensure people received appropriate care in a timely and coordinated manner. The provider ensured people had access to the equipment they needed to enable them to receive effective care.

People received care provided in a compassionate and dignified manner. Staff respected people's individuality and maintained their privacy and dignity. People were involved in planning their care and support and had access to advocacy services when needed. Staff ensured people had the information they

required to make decisions about their care.

People were given opportunities to share their views about the service. The registered manager acted on people's feedback to improve service delivery. People were confident of making a complaint and felt reassured that their concerns would be resolved.

The provider used their quality assurance systems effectively to monitor and improve care provision. The registered manager and staff understood the provider's vision to provide person-centred care. Staff were valued at the service and spoke highly of the registered manager. People benefitted from the close working relationship between the provider and external agencies.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

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 took place on 1 December 2017 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was undertaken by one inspector.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events at the service. A statutory notification is information about important events which the registered person is required to send us by law. We used this information to plan the inspection.

We did not receive a Provider Information Return (PIR) form. A PIR is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to

make. The registered manager informed us that they had not received a request to complete a PIR form.

During the inspection, we spoke with two people using the service who received support from an interpreter because English was not their first language. We spoke with two members of care staff, an office manager and the registered manager.

We reviewed six people's care records, their risk assessments and medicine administration records. We looked at five staff files including information on recruitment, training, supervisions and duty rosters. We looked at management records of the service and quality assurance reports. We read feedback from people using the service, their relatives and health and social care professionals.

Is the service safe?

Our findings

People continued to receive safe care. One person told us, "I am happy with the support I get." People received safe care in line with identified risks to their health and well-being. Staff received guidance and regular updates about how to meet people's changing needs in a safe manner. Risk assessments identified areas of concern to people's welfare and included management plans for the safe delivery of their care. Staff encouraged positive risk taking to enable people to live full lives.

People were protected from the potential risk of harm. Staff were able to identify and report abuse to keep people safe. They understood and followed the provider's safeguarding procedures to raise concerns and report poor practice to the registered manager and external authorities when needed. The local authority safeguarding team was involved when there were concerns about people's safety.

People were supported by a sufficient number of competent staff who provided care appropriate to their needs. One person told us, "Staff are reliable and a big help." People were happy that they continued to receive support from a consistent staff team that had provided their care over a number of years. Regular shifts and absences due to staff training, annual leave and personal emergency were covered. The provider monitored staff punctuality and the time spent on each visit to ensure people received their care as planned and in a timely manner. The registered manager had taken appropriate action when a member of staff had missed a visit to reduce the risk of the person receiving unsafe care and treatment. Staff underwent appropriate recruitment checks before they started to work at the service to ensure they were suitable to provide people's care.

People received the support they required to take their medicines. People's competency to self-administer their medicines was assessed and where appropriate they received support if this was required. Staff were trained and assessed as competent to manage people's medicines. Care records identified family members who were involved in managing people's medicines to minimise the risk of administration errors. Medicine administration records (MARs) were reviewed and audited to ensure staff followed safe practice and acted in line with the provider's procedures. MARs audits of the six months prior to our inspection visit were completed and did not show any anomalies.

People's care was delivered in a manner that minimised the risk of infection. One member of staff told us, "We use disposable gloves and aprons for each task and wash our hands before and after personal care and handling of food." Staff were trained and followed good hygiene practices when providing care. The provider ensured staff had access to the personal protective equipment (PPEs) they required and the infection control procedure for guidance. The registered manager monitored staff's use of PPEs and hygiene practices through spot checks.

People were supported by staff who understood their responsibility to prevent avoidable harm. Staff recorded and reported incidents. The registered manager monitored incidents reported at the service and reviewed people's support plans to ensure staff had sufficient guidance on how to reduce the risk of a recurrence. They discussed with staff any incidents to find how they could improve their practice and keep

people safe. Records showed the provider investigated incidents, took appropriate action and informed the relevant agencies when needed.

Is the service effective?

Our findings

People continued to receive care that met their individual needs. People underwent an assessment of their health and well-being before and after they started to use the service. Staff involved people in planning their care and support. Care plans identified the support each person required with their physical, mental and emotional needs. Staff sought the input of health and social care professionals and followed their guidance to ensure people achieved best outcomes. People were supported to use technology such as telecare services and alarms to communicate with external agencies when they required support and to enable them to live independent lives in their homes.

People remained under the care of staff who had the skills and knowledge to carry out their roles. One person told us, "The staff do a good job." Another person said, "They know what they are meant to be doing." Staff were happy that the training provided made them confident to undertake their duties. They were up to date with the provider's mandatory training and refresher courses that included food hygiene, safeguarding adults, the Mental Capacity Act 2005, health and safety, infection control, moving and handling, first aid and dementia awareness.

People continued to receive care from staff who were supported in their roles. One member of staff told us, "I feel supported in my work. I get the guidance that I need." Staff had regular reviews of their practice through observations when they provided care. Staff told us and records confirmed they received supervisions and an annual appraisal to monitor their performance and to put a learning and development plan in place when needed. Staff had access to an on call manager for out of hours' guidance and additional support when needed.

New staff underwent an induction to familiarise themselves with the provider's procedures and the people using the service and their needs. Records confirmed new staff completed a probationary period and were assessed as competent before being confirmed in post.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). We checked whether the service was working within the principles of the MCA, and whether any conditions to deprive a person of their liberty were being met. Staff understood and provided people's care in line with the requirements of MCA.

People gave consent to care and support. People's care records showed staff provided people's care in line with their identified preferences, cultural and religious beliefs. Staff told us they asked people how they wanted their care delivered and respected their choices. Records confirmed staff obtained people's consent before delivering care and that they made decisions in their best interests when needed. The registered manager ensured people who were unable to make decisions about their care received the appropriate support.

People's homes were suitably adapted when needed to ensure they received the care they required. The

registered manager worked closely with health and social care professionals such as social workers and occupational therapists. This ensured people received the equipment they required for safe care. One person had received a reclining bed and chair, grab rails had been installed in the home of another person for their safety and well-being. Staff received the training they required on how to use the equipment safely to meet people's needs.

People were supported to have sufficient amounts to eat and drink. Staff knew people's food preferences and ensured they served them with meals if this was part of their care package. Staff monitored people's food stocks, dietary intake and any eating or swallowing difficulties. They reported concerns to the registered manager to ensure people were not at risk of malnutrition, obesity or choking.

People consistently received the support they required to maintain their health and well-being. One person told us, "Staff will contact my GP if they have any worries about my health." Staff monitored people's health conditions and supported them to access healthcare services when needed to ensure they received treatment in a timely manner. The registered manager worked closely with a person's social worker and GP when they observed a decline in their health. This resulted in the person receiving more home visits to support them to keep healthy. Another person had received support to undergo selective surgery to maintain their health.

Is the service caring?

Our findings

People were happy that staff were kind and caring. One person told us, "They are gentle and patient." Another person said, "They really are like family. They are full of respect and polite too." People told us staff were pleasant in their approach and checked on their well-being when they visited and chatted to them as they provided care.

People continued to be cared for in a way that promoted their privacy and dignity. One person told us, "Staff chat with me and ask how I want things done." Staff told us they respected people's privacy by providing care behind closed bathroom/bedroom doors. They ensured people were covered as appropriate during personal care and that their attire was clean and appropriate for the weather. People told us staff rang their doorbells and announced their presence before entering their homes and rooms.

People's information and records were only accessed by authorised parties. Staff followed the provider's procedures by keeping people's records securely stored in their homes and maintaining confidentiality. Records were safely stored at the provider's offices and made available to other health and social care professionals on a need to know basis and with people's consent.

People were encouraged to be independent. Staff knew each person's ability to undertake tasks related to their daily living. One person told us, "Staff don't take over. I do as much as I can for myself." One member of staff told us, "It's all about helping people have a normal life by doing what they can." Daily logs confirmed staff promoted people's ability to develop and maintain daily living skills.

People were supported by staff who knew them well. One person told us, "I get on very well with the [staff]. I have a very good relationship with the [staff] and the [registered manager]." Staff understood how people wanted their care delivered. They respected people's routines, catered for their likes and dislikes and ensured care provided was in line with each person's preferences. Care and support plans contained information that staff gathered from people and their relatives about their backgrounds, life histories and what mattered to them.

People continued to make decisions about their care. One person told us, "They don't assume that I like the same things all the time. They ask and explain everything before they do anything for me." Staff told us they asked people each time they visited what support they required and ensured they met their needs. Staff held one to one meetings with people where they discussed how they preferred to have their care delivered. They recorded and informed the registered manager of any changes about people's preferences such as the times and days they wished to receive care.

People were supported to access advocacy services to champion their causes for example accessing the community and befriending services. The registered manager ensured people with disabilities had equal opportunities to services they required and ensured they were not confined to their homes because of a lack of resources or equipment.

Is the service responsive?

Our findings

People continued to receive care that responded to their changing needs. People's needs were reviewed regularly and/or when there were significant changes to their health. Support plans were updated to ensure people received appropriate support to meet their individual needs. People using the service, their relatives where appropriate and health and social care professionals were involved when a person's needs changed. Care plans showed adjustments were made to enable a person to receive support in line with their declining mobility. People told us and records confirmed that staff followed the guidance in place to deliver care that responded to their needs.

People's needs continued to be met. Staff had information about people's backgrounds, physical and mental health needs, like and dislikes and how they preferred to receive their care. Staff ensured they delivered people's care as they wished. People told us they were happy that staff respected their choices and were flexible to their requests to enable them to attend medical and care review appointments and to access the community for social visits. Staff were informed by the care coordinators if there were changes to people's plans for the day to enable them to arrive at the time when they were needed.

People were encouraged to pursue their interests and hobbies. One person told us, "They help me get ready for the day centre. I enjoy being out and meeting other people." Another person told us, "Going out with staff and engaging in all sorts of activities is fun. The staff are the only family I have." People were supported to access a day centre that was managed by the provider. The centre provided culturally and socially appropriate activities and an opportunity for interactions with people of diverse nationalities and ages. People told us this reduced the risk of social isolation and boredom. People told us staff went the extra mile by preparing take away foods for them to ensure they were well nourished and rang them when they were scheduled for a visit to check on their welfare.

People contributed to the development of the service. They provided their views about the service through care review meetings, one to one sessions with staff and when the registered manager visited or contacted them for routine or spot checks. The registered manager acted on the feedback and made any necessary changes.

People knew how to make a complaint. One person told us, "I would talk to the manager. However, I have never had a reason to complain. Everything is wonderful and I am happy with the care." People had access to the complaints procedure in a format they understood and knew they could raise unresolved issues with external agencies such as the ombudsman and social services. The registered manager had investigated and resolved complaints about the service in line with the provider's procedures and timeframes.

Is the service well-led?

Our findings

People remained at the focus of care delivery at the service. Staff told us there was a person-centred culture at the service. Staff said the registered manager encouraged them to be open and transparent about how they delivered people's care. They felt empowered in their roles, as they were involved in planning people's care and reviewing events at the service. Records showed this enabled staff to provide care suitable for each person's individual needs.

The service had a registered manager as required by law. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff who said the registered manager was available and approachable. One member of staff told us, "The [registered] manager is always at the end of the line to provide guidance when required." Staff understood their roles and responsibilities and were clear about the reporting structures to raise concerns about the service. People and staff told us the registered manager and a care coordinator visited them in the community to ensure care provided was of a high standard and to provide support when required. Staff were valued at the service and attributed their decades of long stay at the service to the love of providing care, good teamwork and respect of their rights at the service. Records of staff meetings minutes showed staff views were listened to and acted on to develop the service.

People continued to receive care that was checked and monitored for consistency. Quality assurance checks were carried out regularly on record keeping, care planning and reviews, medicines management, staff practice, staff training and their development needs and health and safety checks of people's home environments. This ensured people received care in a safe environment and in line with best practice guidance and current legislation. The provider had a service plan to make improvements when needed.

People and staff completed annual surveys to provide feedback about the service. Reports on feedback made for the 2017 survey showed they were satisfied with the service provided and the management of their welfare. People told us the registered manager and care coordinator visited them, made regular telephone calls to check their satisfaction with the service, and acted on any issues they raised. Staff had access to up to date policies and procedures for guidance.

People continued to benefit from the provider's close working partnership with other agencies and health and social care professionals. The registered manager received best practice guidance in line with people's changing needs and developments in the health and social care sector. They ensured staff followed the guidance to improve people's care. The registered manager and staff shared any learning from training and external meetings attended to drive forward improvements at the service. There were strong links with the local community with people regularly invited to the provider's day centre to celebrate culturally appropriate and social events such as the Chinese New Year.