

Camden Chinese Community Centre

Camden Chinese Community Centre

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

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 and what we found

Since our last inspection the service had continued improving. The management team and the staff worked consistently to ensure the service met requirements of the health and social care regulations. This was reflected in consistently positive feedback from people who used the service, their families, staff and external health and social care professionals. They said the service had undergone a lot of changes which benefited all stakeholders. Further improvements were on the way. These, for example, related to how changes to people's care were recorded so staff had easy access to current information about people's needs, how staff recorded care provided to people and recording of audits for further review and reference.

There were systems in place to help to protect people from abuse and harm. Each person had individual risk assessments covering a range of risks relevant to people. These had been reviewed and updated when required. Medicines were managed safely and in accordance with national guidelines. Staff followed effective infection control measures. There were effective safeguarding procedures in place and staff received training so they could recognise signs of abuse. Staff were recruited safely and there were suitable staff deployed to support people.

People's needs had been assessed to ensure they received the support they needed and wanted. People and when appropriate their family members participated in the care planning and reviewing process. They told us the service had been responsive to people's changing needs and it was easy to make changes to the care and support provided when needed. People were supported to live a healthier life. Their nutritional needs and preferences were fully considered when providing support with food and drink. Staff supported people to have access to social and healthcare professionals when needed.

Staff were appropriately trained to ensure they had skills and knowledge to provide safe and effective care. Staff skills and competencies had been assessed by members of the management team. Staff had been regularly supported and monitored through regular supervision, yearly appraisal and spot checks in people's homes.

Staff felt supported by their managers. They thought they could contribute to the development of the

service provision and their suggestions and opinion mattered.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

All people and relatives were satisfied with the care provided by the service. People and relatives described staff as kind and caring. They told us staff were considerate of people's needs, sought their permission before providing care and always involved people in decisions about people's daily care. Staff knew how to protect people's dignity and privacy.

Staff had wide-ranging knowledge about people, what care they needed and what was important to them. People were usually visited by the same care staff who knew them well. Each person had a person centred care plan which described in detail what people's care needs and preferences were. Care plans included information about people's cultural, communication, language and religious needs. Staff were provided with guidance on how people wanted to be supported. Care plans and other documentation related to the service provision were provided in Chinese and English to ensure Chinese and English speakers could understand it.

People and relatives were encouraged to give feedback about the service they received from the Camden Chinese Community Service. This was done through managers being in regular contact with people who used the service and their relatives and yearly service users' satisfaction surveys. There was an effective complaint procedure in place and people and relatives told us concerns had been promptly responded to people's satisfaction.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 24 June 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Camden Chinese Community Centre

Detailed findings

Background to this inspection

The 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two adult social care inspectors, one pharmacy specialist advisor 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. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating.

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 a small service and we needed to be sure that staff we needed to speak with would be available.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed action plans provided to the CQC following our inspection in June 2019. 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 four people using the service and four relatives. We also asked for a written feedback from staff employed by the service and external health and social care professionals. We received feedback from eight staff and four health and social care professionals.

During the inspection

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. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at records including eight people's care records, recruitment, training and supervision records for four staff members, and other documents relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the previous inspection, we identified that risks to people's health and wellbeing were not always fully identified and staff were not always provided with guidance on how to minimise identified risks. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's health and wellbeing had been assessed. People had person-centred risk assessments which had been developed for a range of needs including dementia, continence, self-neglect, skin care, behaviour and risk of falls. People's risk assessments had been reviewed and updated in accordance with their current needs.
- People's risk assessments included guidance for staff on managing risk. We noted that risk assessments in relation to behaviour guided staff on what action to take if a person presented behaviour that could challenge. However, these would benefit from information for staff on techniques to defuse or reduce behaviours before they happen. We discussed this with members of the management team. They assured us respective risk assessments would be amended to include this information.

Using medicines safely

At our last inspection we recommended the provider sought further support and guidelines about management of people's medicines. The provider was in the process of making improvements.

- The service documented what medicines were prescribed to people on three types of documents, medicines administration records (MARs), care plans and care plan reviews. We however, noted that information about medicines across these documents did not always match. The care co-ordinator responsible for management of medicines confirmed care staff used MARs as the reference point for medicines administration and people received their medicines as required. One external professional confirmed that staff monitored people's medicines to ensure any changes in consecutive medicines' cycles were spotted and addressed. The care co-ordinator was aware of the issue with care documentation and they said they were looking into changing it.
- Otherwise medicines were managed safely and people received their medicines as prescribed. The support around medicines for each person using the service was assessed and documented to ensure people's needs around medicines had been fully considered. Each person had a medicines assessment form which provided staff with comprehensive information on what level of support with medicines people required. Where people did not need staff support with medicines as they self-medicated, this was also clearly reflected in their files.
- There were procedures in place for safe management of PRN (as required) medicines. Staff were provided with clear information on what PRN medicines were prescribed to each person. PRN administration was clearly documented.
- Staff recorded all medicines administration on MARs. All MARs reviewed were completed with no gaps.

- One medicines error happened and it was reported and reviewed by the care coordinator. We discussed this incident with the care co-ordinator. We noted not all actions taken following the incident were detailed in the report. The co-ordinator assured us more detailed records of action following any incident would be produced in the future.
- Staff received training in medicines management and their competencies in medicines administration had been checked by the care co-ordinator. Specific topics around medicines management were frequently discussed in staff meetings. Medicines management guidelines and procedures were translated into Chinese to ensure all staff could read and understand them.
- The service carried out monthly MARs audits to ensure care staff managed people's medicines correctly. The managers undertook occasional unannounced spot audit of in use MARs at people's homes. This provided further reassurance that care staff followed correct procedures around medicines administration.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with staff who supported them. One person said, "Yes, I feel safe, she [care staff] looks after me for [many] years." One relative told us they frequently observed care staff providing support and they always felt their relative was safe.
- Staff received safeguarding training. They knew about various types of abuse and what action to take if they thought people were at risk of harm. Staff comments included, "I have been trained so I know how to recognise and respond if I think someone is at risk of abuse" and "I would immediately report to the project manager for any suspicious abuse or neglect among the service users I serve. The management team always response promptly."
- There were systems in place to protect people from financial abuse. The service had the service user's finances policy and procedure and these were followed by the managers and care staff handling money on behalf of people. One person told us, "Carers do the shopping and pass me the receipts." Financial transaction records were readily available for us to audit during our visit. The managers monitored financial matters to ensure these were handled by staff correctly.
- The registered manager made appropriate referrals to the local authority's safeguarding team when they thought people were at risk of harm.

Staffing and recruitment

- The service had a safer recruitment procedure in place to ensure only suitable staff supported people. References for one staff member were provided in Chinese and we could not review them. Records indicated that a member of the management team checked and approved them. In another case the references were recommendation letters rather than references requested by the service. We discussed with the registered manager obtaining references for new staff from previous employers and they assured us the process around obtaining references would be reviewed.
- People and relatives told us staff usually attended on time and they never missed a care visit. One relative told us, "Staff are always on time. They never missed a visit."
- There were enough staff deployed to support people and people were usually visited by the same staff. Therefore, there was continuity of care and staff and people were able to develop positive and friendly relationships. One relative told us, "They do have a good relationship. Staff are not strangers now."

Preventing and controlling infection

- Staff followed infection control procedures. Personal protective equipment (PPE) was available for staff to use to help reduce the spread of infection when supporting people with personal care. People and relatives confirmed care staff used gloves and aprons and they washed their hands before providing personal care.
- Staff had received training in infection control and food safety. Infection control was discussed during staff meetings. This included best infection control practice as well as learning sessions on protection from most hazardous viruses such as, Coronavirus COVID-19, Ebola, SARS and Measles. Staff had been provided with

further written information, produced by NHS and Public Health England on these viruses. These were translated into Chinese to ensure all staff could read and understand them.

- People's care records included information for staff on managing infection risks. Care plans included guidance on using personal protective clothing and maintaining cleanliness. Staff had liaised with housing providers to make improvements where they had identified environmental concerns which may create an infection risk.

Learning lessons when things go wrong

- The service had a system in place to report any accidents and incidents. We saw accidents and incidents had been recorded including what action was taken to address the situation. Records showed that each accident and incident was reviewed by the senior member of the management team.
- At the time of our visit there was no accidents and incidents tracker in place to help the registered manager to monitor and analyse accidents and incidents for potential themes and patterns. We discussed this with the registered manager who took immediate action and provided us with evidence that a tracker was implemented.
- The provider had taken action to reduce the risk of incidents recurring. For example, referrals had been made to professionals such as occupational therapists and the local memory clinic to seek support and advice on the reduction of risk.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

At our last inspection we recommended the provider sought further training and guidelines on seeking consent when providing care and supporting people whose mental capacity may fluctuate. The provider had made improvements and the service was meeting the requirements of the MCA.

- People's rights to accept or refuse care were protected. People and relatives told us Staff always sought people's consent before providing personal care. One person told us, "Yes [staff ask my permission] when washing my back."
- Detailed assessments of people's capacity to make decisions had been undertaken. These included information about how people communicated and made choices.
- The service was proactive in ensuring that people and their family members received information about the MCA. For example, staff had spoken with people with capacity about the benefits of considering the appointment of a lasting power of attorney (LPA). An LPA enables people to appoint a person or persons to make decisions about their finances or care should they lose capacity in the future to do so themselves.

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

- People's care needs and preferences had been assessed to ensure they received care and support they required. People and relatives told us they could liaise with the managers in case people's support needs had changed. One person said, "Yes I can contact them at any time and they will come and visit me. They are very nice in the Camden Chinese Community Centre." A relative said, "Yes. Manager regularly contacts my mum to check if everything is ok."
- Care plans were person-centred and included information about people's physical, mental health and social needs and preferences. We saw any changes to people's needs were immediately reflected in their

care documentation.

Staff support: induction, training, skills and experience

- Staff had sufficient skills and knowledge to support people effectively. People and relatives thought staff knew what care people needed and they provided it. One person told us, "Yes [the carer knows what she is doing]. She has been working [with us] for a long time." A relative said, "[Staff are] quite good, reliable and responsible. My [relative] said she is happy and satisfied."
- Newly employed staff received mandatory training and an induction to the service.
- All staff received training in subjects the provider considered mandatory. These included safeguarding, management of medicines, managing challenging behaviour, moving and handling, health and safety and The Mental Capacity Act 2005 (MCA). Staff also received specialist training in dementia and memory awareness, risk assessment and dysphagia (swallowing difficulty).
- Staff were provided with regular support in the form of one to one supervision, yearly appraisal of their skills and monthly staff meetings. Staff thought they received sufficient training and support to provide effective and safe care. One staff member said, "Yes, I am well supported by regular training and I have regular quarterly supervision with my manager. I also have monthly staff meetings."
- The care provided at people's homes was monitored through regular unannounced spot checks and satisfaction questionnaires completed by people using the service and their families. One staff member told us, "I receive regular spot checks and manager gives feedback each time. I think this is a very good practice. So that I am aware if the care and support is not up to the standard that our service users expect."
- The registered manager maintained a training, supervision, appraisal and spot checks tracker to ensure the support and staff monitoring had taken place when required.

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

- Some people received support from staff in the preparation and serving of food. Information on people's preferred foods was included in their care plans. The care plans also included guidance for staff on any nutritional needs that people had such as diabetes and poor appetite. One person told us, "I tell the care staff what to do. I can't cook, without the carer, I would have no food to eat."
- Staff supported people to eat and shop for the cultural foods they preferred.
- We noted that for people receiving support with eating and drinking staff had not always recorded in the daily care logs details of what food and drink people were given. This information is important to monitor if people received enough suitable nutrition. We discussed this with the management team and they told us this would be addressed.

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

- Information about people's healthcare needs was included in their care plans along with guidance for staff on how to support these needs. For example, guidance on monitoring of skin integrity and oral care included information on actions to take and who to contact if there were any concerns.
- People's care records showed that staff had supported people to access healthcare services and support. Staff had attended medical appointments with people where they required a first language interpreter to ensure their needs were fully understood.
- Staff had supported people to receive support from other agencies. People's care records showed that staff had liaised with professionals and services such as dementia services, occupational therapists, memory clinic and GPs when there were any concerns. One relative told us, "[When my relative needs a doctor] staff tell me or contact GP for a home visit."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff who visited people were kind and caring. People and their relatives told us people and staff developed very positive relationships. One person said, "Care staff are caring." Some of the relatives' comments included, "Yes they developed a relationship; they are friends now" and "[Staff are] very nice, like friends, they treat my mum as their granny."
- Staff spoke kindly and with respect about people they visited. They told us, "We are taught how to always care for our clients with compassion, respect and dignity and maintain our standard to the highest professional level. Listening is important part of our service" and "Over the time, I build strong relationships with people through home and hospital visits."
- We reviewed ten compliments received by the service since our last visit. These included messages of appreciation to care staff for good care provided to people. One compliment from a relative stated, "I would like to thank everyone who has cared for my [relative] for the love, care, attention and moments of spending time, being there and listening to [my relative] at good and bad times."

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make decisions about their every day care. One person told us, "Yes [I am involved in decisions about my care]. The carer is always very helpful." One relative said, "Yes [my relative is involved]. My [relative] is very independent."
- People were usually visited by the same staff which helped to develop positive and friendly relationship between them. This also help to ensure appropriate care was provided. One person told us, "Yes my carer has been here for a long time. She can do things now by herself without asking me. I am not changing the carer, she is good."
- Staff understood the importance of consulting people in their care. They told us, "I always ask for people's opinion first. For example, in the morning I always ask my clients whether they prefer porridge or bread. I always remind them that they could let me know what their preferences are and they have the right to make choices."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected when receiving personal care. One person told us, "Yes, carer always respects me and greets me as soon as she arrives." Family members told us, "Yes very much so [staff treat my relative with respect and maintain their privacy]" and "Yes staff are very compliant."
- Staff understood what to do to ensure people's privacy and dignity was protected. They told us, "I always make sure I respect people's privacy and dignity. For example, when I help them shower or bath I always ask

for their instructions and also how they would like to be dressed" and "I pay particular attention to clients' wishes to ensure that they are always comfortable with the way I am providing their personal care. I bear in mind how they are feeling on the day. Always respect their preferences."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we recommended the provider sought further training and support on person-centred care planning and how to effectively document care provided to people. The provider had been in the process of making improvements.

- People had person-centred care plans. These included information about their personal histories, needs, preferences and interests. The care plans included guidance for staff on how people wished to be supported. Information about people's cultural, language and religious needs was included in people's care plans. People and relatives told us people were involved in care planning process and staff provided personalised care and support to people.
- Care plans had been reviewed regularly and changes in people's needs occurring between scheduled reviews had been recorded in detail. However, this was done on a separate care review form and a core care plan was not updated to include changes until the next scheduled full care review. Therefore, staff might need to look at more than one document to ensure that they were providing the right care and support. We discussed this with the management team. They said they would review care planning and review documentation to ensure staff were provided with up to date and easy to access information on people's most current needs.
- Staff recorded the support they provided to people in daily care logs. Although these were usually completed in detail at times staff had not recorded clearly what food and drink was consumed by people. There were gaps in the recording of skin care for one person. We discussed this with the registered manager and they advised us that they had addressed the importance of recording all care activities with staff. Minutes for a staff meeting confirmed this was the case.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans included information about how people could and preferred to communicate. In the PIR the registered manager told us AIS principles were followed when assessing people's individual communication needs. These had been regularly reviewed to ensure the AIS standard were well maintained. People's communication needs related to their health condition or living with dementia were reflected in their care plans. Staff were provided with guidance on how to effectively communicate with people. For example, for one person staff were asked to use their body language and pictures when speaking to this

person.

- People using the service spoke a range of Chinese dialects. Suitable staff were allocated to ensure people and staff could speak the same dialect. One relative said, "[Dialect] is our first language. Staff can speak it and that's the important factor. That's why they are here."
- Care and the service provision documentation were provided in English and Chinese to ensure English and Chinese speakers could read and understand it. This included MARs, care plans and daily care notes as well as some policies, service users guide, staff meeting minutes and guidance on infection control and management of medicines.
- Staff supported people with translation services so people could communicate with external health and social care professionals when needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's culture and ways of living were respected and supported. Where possible staff helped people to do cultural shopping (specifically for Chinese products), provided people with Chinese literature and arranged transport for people to day activities provided by Camden Chinese community Centre.
- People's care plans included information about their important relationships and the interests and activities that were important to them.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and it was accessible to people and relatives. This was available in English and Chinese and was incorporated into the service user handbook.
- Most people and relatives we spoke with said they never complained about the service. Those who did said their concerns were dealt with quickly and to their satisfaction.
- Since our last inspection the service received three formal complaints and we saw these had been investigated and dealt with promptly.

End of life care and support

- Staff had training in End of Life Care awareness and there was end of life policy in place. This meant staff were provided with knowledge on how to support people and their families at the end of people's life.
- Where people agreed or requested staff supported people in documenting their wishes and preferences in case of their passing. This support was warmly welcomed by some people who reached out to staff for support in making end of life arrangements for the future.
- At the time of our visit, the service was providing end of life support to one person. We saw that this was suitably documented and the service had been working alongside other healthcare professionals to provide best possible care for this person.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Since our last inspection in June 2019, the service continued their actions on improvements and they improved in all areas of the service delivery. This was reflected in positive feedback from people and staff employed. Staff told us, "I am happy with our service. I am very proud of the team" and "The service has now transformed."
- The knowledge around health and social care regulations amongst the management team and the care staff improved. One professional told us, "The provider has worked very hard over the last 6-8 months to improve their service. They have good examples of being person centred and their approach to ensuring people are able to live at home for as long as possible."
- We noted the service would benefit from further work on care planning reviewing system and recording of care provided. This was to ensure information about people's changing needs matched across care documentation and all care provided was always recorded with suitable detail. The service was in the process of making these improvements.
- Policies and procedures, which were sourced from the external policies provider, would benefit from additional review to ensure they reflect how the service did things. The registered manager assured us this would be addressed.
- Overall, we saw that existing quality monitoring and assurance systems were effective in highlighting and addressing issues with the service delivery. These included training, supervision and spot checks tracker, quality assurance surveys and medicines management audits. Care plans and accidents and incidents audits took place, however these were not captured on one document for further review and reference. The provider was in the process of addressing it.
- Members of the management team were clear about their roles and responsibilities. We noted there was a clear distribution of tasks on improvements across the management team.
- The rating from the latest CQC inspection in May 2019 had been displayed as required on the service's website and in the premises.
- The management team were responsive to our feedback during this inspection and they were willing to continue with further improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service promoted person centred care to achieve best outcomes for people. People using the service

and relatives spoke positively about the Camden Chinese Community Centre. They said it was well managed. One person told us, "Yes the service is well managed. We speak the same language. [the registered manager] respects me as I am older than him." One relative said, "Yes, 9 out of 10 rating, reliable and engage my mother mentally and physically in Chinese, which is very important to me."

- The service provided person-centred care to people with respect to people's health and care needs as well as cultural customs. People care plans provided staff with information on how to support individual people.
- Staff were kept updated about changes and improvements within the service and best practice when working with people. This was discussed in regular team meetings and individual supervisions. The information was also shared via online texting service to ensure staff received instant updates on the service provision.
- External professionals described the service as providing personalised service to people who used it. One professional told us, "All care staff communicate extremely well with people when supporting them. They treat them with respect and dignity and work at people's pace."
- The registered manager understood his responsibility under the Duty of Candour.

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

- People and relatives were encouraged to give feedback on the service they received. The last service users' survey took place in October 2019 and 19 people responded. Topics explored included effectiveness and safety of the care provided, staff punctuality and conduct, staff training and knowledge. According to the survey analysis, "There has been a significant increase of about 15% in positive ratings given for our service compared to a similar survey conducted a year ago." One comment from a person using the service stated, "I am very satisfied with my current care service. The care workers provide an excellent service and very consistent with my care."
- The provider visited people regularly to assess their views of the care and support they received. The records of these visits showed high levels of satisfaction. Where any concerns were raised or noted we saw that immediate action had been taken to address these.
- Staff attended regular team meetings where they received information and updates about the service delivery. They could also share their experience and seek advice about their role and supporting people. One staff told us, "We have regular monthly staff meetings where I meet with my other colleagues to discuss our work, challenges that we encounter and to learn from each other's experiences. I find this all very helpful."
- Staff were encouraged to share their opinion and offer suggestions about the running of the service. One staff member said, "Definitely, both during the carers' meeting and supervision, we get the opportunity to give our opinions about how the service is run or how it could be improved."

Working in partnership with others

- The service worked with external health and social care professionals to ensure people received care they needed. External professionals spoke positively about the service provided by Camden Chinese Community Centre. Their comments included, "Camden Chinese Community Centre do have the knowledge, skills and experience to support people using the service. They go above and beyond what one would expect of a service and are responsive and incredibly helpful to people and services" and "I have no concerns about the way the service is run. Very professional staff."