Camden Chinese Community Centre

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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?	Requires improvement
Is the service well-led?	Good

Overall summary

We carried out an announced inspection on 15 October 2015. The last inspection of this service was carried out on 14 January 2014 and all the standards we inspected were met.

The Camden Chinese Community Centre (Housebound Project) provides domiciliary care to thirty people in the Chinese community Care and support is provided for older people, people who have mental ill health and people with a physical disability. Care workers employed by the project speak Cantonese and a number of southern Chinese dialects.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Care plans we saw were not always consistent in their formats and they were not always reviewed regularly by the provider.

There were suitable arrangements in place to safeguard people for abuse and harm, including procedures, to follow, how to report and record information.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them, including action to be taken to minimise risks identified.

There were appropriate procedures in place for the safe recruitment of staff and evidence that all relevant checks had been carried out.

There were sufficient numbers of staff to meet the needs of the people they supported.

All staff had received mandatory training as well as training in positive behaviour support, dementia and malnutrition care and assistance with eating.

Staff received regular supervision and appraisal from the registered manager. This included a discussion about any arising issues with the people they supported and any training needs they had to better care for those whom they supported.

Staff treated people with dignity and respect and this was a fundamental expectation of the service. They had a good understanding of equality and diversity and told us about the need to treat people as individuals.

People were supported to actively express their views and be actively involved in making decisions about their care and treatment.

The service had a complaints policy and a copy of this was detailed in the communication folder kept in people's homes. There was a system in place for addressing any complaints and ensuring feedback was given to the complainant and that any learning had taken place.

The quality of the service was monitored by regularly speaking with people to ensure they were happy with the support they received. Unannounced spot checks were also undertaken to review the quality of the service provided.

At this inspection we found one breach in regulations. You can see what action we asked the provider to take at the back of the full version of the report.

Summary of findings

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. Staff knew how to report concerns or allegations of abuse and procedures were in place for them to follow.

Individual risk assessments had been prepared for people and measures put in place to minimise the risks of harm.

There was sufficient staff available to meet people's needs.

There were suitable arrangements for the safe prompting and recording of medicines in line with the provider's medicines policy.

Is the service effective?

Good

The service was effective. Staff received induction training and relevant mandatory training.

People were assisted to access their GP and ongoing healthcare support.

Staff prepared and supported people with food and drink in order to maintain a balanced diet.

Staff had a good understanding of the Mental Capacity Act 2005 and how to support people using the principles of the Act.

Is the service caring?

Good

The service was caring. Staff understood people's individual needs and ensured dignity and respect when providing care and support.

Care workers supported the same people as much as possible every day in order to ensure consistency and to build relationships with people.

People were supported by staff as much as possible, who understood their individual needs in relation to equality and diversity.

Is the service responsive?

Requires improvement

The service was not always responsive. Care plans were not always reviewed regularly.

People were supported to actively express their views and be actively involved in making decisions about their care and treatment.

The service had a complaints policy in place and people knew how to use

Is the service well-led?

Good

The service was well-led. The service was well managed and provided care and supports that met people's individual needs.

There were appropriate policies and procedures in place to support and guide staff with areas related to their work.

Summary of findings

There were regular surveys and checks taking place to ensure high quality care was being delivered.

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

This inspection took place on 15 October 2015. 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 office. Two inspectors conducted the inspection

Before the inspection we reviewed the information we held about the service including people's feedback and notifications of significant events affecting the service.

We spoke to six staff including the registered manager and the centre manager. We gained feedback from four people who used the service as well as local commissioners and health and social care professionals.

We reviewed eight case records, five staff files as well as policies and procedures relating to the service.

Good

Is the service safe?

Our findings

People and their relatives we spoke with said they felt safe and that staff understood their needs. One person said, "They help to keep me safe. They help me to cook food, clean and they help me have a bath . A relative said, "They wash clothes, dust the floor. They are very helpful. When I go out to exercise, they help him for his safety".

Staff had a good understanding of safeguarding people and the types of abuse that may occur. There were suitable arrangements in place to safeguard people including procedures, to follow, how to report and record information. Staff had received training in safeguarding adults and their training was up to date in this area. A safeguarding policy was available and staff were required to read it as part of their induction. A whistleblowing procedure was also in place and staff told us they knew of this and how to use it.

The registered manager understood the process for dealing with safeguarding concerns appropriately as well as working with the local authority around investigations and any safeguarding plans implemented.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. For example, the assessment included slips, trips and falls, food preparation, pests and use of chemicals and administration of medicine. The risk assessments we read included information about action to be taken to minimise the chance of harm occurring. Where a person had restricted mobility, guidance was written for staff about how to support them safely when moving around their home and transferring in and out of chairs and their bed. Fire precautions such as fire blankets and smoke detectors were also listed, as well as the location of electrical and water shut off valves. These assessments were updated annually.

We saw evidence that health and social care professionals associated with people's care were consulted and referred to appropriately with regard to how risks were identified and managed in a way that promoted people's development and independence. This included information confirming the provider had regularly sought advice and intervention from professionals such as GP's and district nurses when required.

Staff were aware of the possible risks for the people they supported. One told us they always worked in pairs if they were supporting a person with using a hoist and they always contacted the manager immediately if they identified any hazards or risks within the home.

The service had a policy for reporting any accidents or incidents that occurred. We saw how there had been two staff related incidents reported in the previous twelve months which the registered manager recorded with information about any follow ups or learning.

Detailed recruitment checks were carried out before staff started working with people using the service. We looked at staff records and saw how there was a safe and robust recruitment process in place. We saw completed application forms which included reference to their previous health and social care experience, their qualifications and their employment history. Each record had two employment references, a health declaration and an in-date Disclosure and Barring Service certificate (DBS). Personnel files contained a photograph of the care worker, a photocopy of their passport and confirmation of their right to work in the UK if appropriate.

The registered manager told us how all medicines for those who used the service were in blister packs and "staff prompt, then record that in the daily log." This was confirmed by the staff we spoke with. He told us he was in the process of including a dedicated medicine recording form in people's folders, which would be kept in their home, stating "It will be more straight forward for me to see that people are getting their medicines when I do my spot checks." A medicine policy was in place and training in medication handling and awareness was available to provide guidance for staff.

People we spoke with and their relatives told us they thought there was enough staff available to support people. The registered manager told us there were sufficient numbers of staff to keep people safe and this was confirmed by the staff rota we saw. He said "there are three of us who share the out of hour's on-call and staff ring us if they are running late or are sick." He told us there were never any missed calls as "We always manage to cover the

Good

Is the service safe?

person." The service used an electronic monitoring system to help minimise the occurrence of missed calls as well as ensuring people had received the correct time allocated to them for each visit.

Good

Is the service effective?

Our findings

People and their relatives told us they thought the service was effective and people's needs were met. One person said, "They are very skilful and there is no need for me to teach her." Another said, "They are very helpful."

Training was provided by a specialised training company and took place in a training room at the service. All staff were up to date with their training which included safeguarding adults, first aid, manual handling, medication handling and awareness and food hygiene and food handling. All staff had also received training in positive behaviour support, dementia and malnutrition care and assistance with eating. Staff told us the training was very good and assisted them to support and care for people appropriately as well as understand the different policies and procedures. All staff were required to complete an induction programme which was in line with the common induction standards published by Skills for Care. The registered manager was aware of the new care certificate and told us that he would be arranging that all new care staff work towards achieving the required standard.

We saw on each staff record that they received regular supervision and appraisal from the registered manager. This included a discussion about any arising issues with the people they supported and any training needs they had to better care for those whom they supported. Staff met with the registered manager for team meetings on a monthly basis and staff told us they discussed issues and concerns regarding people using the service as well as more general discussions about the service. This was confirmed from the minutes of the meetings we saw.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how to support people who lacked the mental capacity in line with the principles of the act and particularly around decision making. He told us that if they had any concerns regarding a person's ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken and best interest decisions made. He told us that people they supported were not subject to the Deprivation of Liberty Safeguards (DoLS) as they all had mental capacity and did not require their movements to be restricted. Staff told us they always offered choice to the people they supported and respected their decisions.

People we spoke with told us they were happy with the way there meals were prepared as well as how they were supported to maintain a nutritionally balanced diet. One person told us, "Yes, they do cook. They make good food". Another said, "They cook food for me, It is fine." We saw comments made by people to the registered manager when he carried out spot checks, complementing the care worker's cooking skills. We were also told how the community centre where the service was based, provided culturally specific food and care workers ensured that, where required, the person was supported to access to this.

People were often supported by staff to access GP appointments as well as access to other health services to ensure they were able to maintain good health. We saw actions and outcomes from appointments in people's case files.

Good

Is the service caring?

Our findings

People who used the service and their relatives were positive about the attitude and approach of the staff that visited them and told us they felt the staff were caring. One person told us, “They respect me”, another said, “She respects me and before she does anything she asks me.” The registered manager said they expected staff to treat people who used the service “With total care and respect.”

The registered manager told us that care workers supported the same people every day as much as possible in order to ensure consistency and for staff to build relationships with people. Staff we spoke with confirmed that they supported the same people and some had done this for many years. One staff member told us she supports a person with dementia and at times it was challenging. She said that she had to be patient and understanding and that body language was important and sometimes “just a smile” would help them feel settled.

During our inspection we saw a real sense of community at the centre and this was demonstrated by the holistic support offered to people using the domiciliary care service .This was reflected in the care records where we saw evidence of people being assisted with benefits and housing issues by the workers at the centre and this was particularly evident when people had no family support or assistance. The centre was made up of many volunteers, some of which were retired professionals who came in to do health checks and exercise classes. All of the facilities were open to people using the domiciliary care service and staff and volunteers supported them with access.

Staff we spoke with were very clear that treating people with dignity and respect was a fundamental expectation of the service. They told us they gave people privacy whilst they undertook aspects of personal care as much as possible. All of the staff had been working at the service between seven years and twenty years including the registered manager and the centre manager. They told us they were totally committed to ensuring people were well looked after and received support from people that understood their needs and particularly their culture. One staff member said, “We want to make sure people are happy and well cared for, and if that happens people live longer.”

Staff we spoke with had a good understanding of equality and diversity and told us about the need to treat people as individuals. They were aware of people’s life histories from conversations they had with people but also because staff understood their culture and were part of the same community. The registered manager told us that all of the care workers were female and he would really like to see male care workers supporting people. He told us he was hoping this would change in the near future. There was an equalities policy in place in order to provide guidance for staff.

Requires improvement

Is the service responsive?

Our findings

People and their relatives told us they received care and support that was responsive and met their needs. One person said, “They asked me what I needed and then helped me to put it in place”. Another person told us that the registered manger and staff regularly asked them about what they required and helped them to put things in place to support them.

We saw there was a care plan on each person’s record. However, we found the quality of most of them to be inconsistent and different formats were used. Although we did see evidence of care plan reviews by the local authority, this was not translated into a care plan reviews by the provider. Two out of the four people we spoke with told us they were not actively involved in planning their care, although they did say they directed care workers with tasks they needed to be completed. On one record we looked at, we did see a good example of a very recent review carried out by the provider, which included a form entitled ‘About me’. This had different sections, for example, ‘my health’, ’how best to support me’, ‘what safeguards need to be in place (including ‘check pressure areas’). The registered manager confirmed that he would be using this new format when reviewing care plans in the future. He told us the service very much relied on the local authority to review care plans and that this did not always happen on a regularly basis. Further discussions showed he had a good awareness of people’s individual needs and circumstances, and that he knew how to provide appropriate care in response. He told us “I pay frequent visits to the person’s home and in this way am aware of their changing needs.” He acknowledged that formalising care plans and reviews was an area of weakness and that this would be rectified straight away. This is evidence of a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to actively express their views and be actively involved in making decisions about their care and treatment. We saw evidence on people’s records of liaison with other professionals such as GPs, community nurses and occupational therapists. It was evident that the local GP surgery relied on the care workers to facilitate communication with their patients as well as people relying on care workers to communicate their views. We saw follow-up e-mails from a GP expressing their gratitude that one person was accompanied to the surgery for an important procedure. In another care record, we saw that a care worker had returned a letter to the dentist which they had earlier translated for the person.

Staff knew how to support people to make a complaint. One said, “People have information on how to make a complaint and if they approach me about any issue I would talk to the manager.” One person we spoke with said “The Chinese Community Centre asks me from time to time regarding the service and I tell them. There are staff who speak the Chinese dialects from Hong Kong and Malaysia. They are doing very well.” Another said “I did not make any complaint. If I did not want her I would just say that I did not want her to come.”

The service had a complaints policy and a copy of this was detailed in the communication folder kept in people’s homes. There was a system in place for addressing any complaints and ensuring feedback was given to the complainant and any learning had taken place. There were no complaints recorded at the time of our visit.

Feedback from commissioners as well as health and social care professionals was positive. They felt that the service provided a valuable resource for people from the Chinese community who required care and support.

Good

Is the service well-led?

Our findings

People that use the service thought it was well managed and provided care and support that met their individual needs. One person said, "It's very good, for example, they would tell me beforehand who would come to help before the holiday time and the person's name." Another said, "The manager is very good and the service is very good."

The registered manager and the centre manager told us they were committed to ensuring the service was equipped to meet the needs of people and were focused on supporting people from a Chinese background to ensure all aspects of their culture and beliefs were considered and respected. People were supported to access other services provided at the Chinese Community Centre so, as well as being supported at home, this 'one stop shop' approach provided reassurance, alleviated isolation and enhanced people's general wellbeing.

The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. He also undertook unannounced spot checks to review the quality of the service provided. This included observing the standard of care provided to people and visiting people to obtain their feedback. The spot checks also included looking at care records, including the recording of medicines that were kept at the person's home to ensure they were appropriately completed. There was also observation of how staff cooked meals for people. We saw minutes of a service user consultation meeting held recently by the manager with service users who lived in a local sheltered Housing scheme. The agenda for this meeting included 'home safety workshop' and 'service user questionnaire'. The manager told us he found this way of interacting with groups of service users to be very valuable and informative. We also saw a copy of a survey completed in 2014 where the outcome was generally good. We saw evidence of good analysis and, where there had been concerns raised, they were investigated and any changes or learning identified was shared with staff in order to improve the service. The registered manager provided quarterly monitoring information to the local authority commissioning team and we saw records of previous monitoring visits that had taken place.

The service used an electronic monitoring system which would alert management if a care worker had not arrived at a person's home at the scheduled time and was also used as a tool for performance management. The system was integrated with payroll and generated time sheets to ensure staff were paid accurately for the times they worked.

There were appropriate policies and procedures in place to support and guide staff with areas related to their work and they could access them from the office.

People and their relatives told us that the management team, including the registered manager were responsive and always looked for ways to make things better. Staff spoke highly of the registered manager, one staff member said, "He has a lot of work to do, we meet once a month and its very useful as he explains things". They received regular guidance and supervision through telephone calls, emails and face to face meetings.

We saw that an annual report was produced each year for the Camden Community Centre and this provided a section on the achievements and plans for the domiciliary care service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The registered person did not carry out, collaboratively with the relevant person, an assessment of and review of the needs and preferences for care and treatment of the service user to ensure services are appropriate and meet their individual needs. Regulation 9 (3) (a)