

Merseyside Chinese Community Development Association

Chinese Wellbeing / Merseyside Chinese Community Development Association

Inspection report

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Ratings

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

Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

About the service

Chinese Wellbeing is a domiciliary care service providing personal care to people living in their own homes. At the time of the inspection 29 people were receiving care.

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. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People spoke extremely positively about the service and the outcomes it helped them to achieve. Chinese Wellbeing worked creatively with other agencies to provide care which had a positive impact on people's health and wellbeing. When people were unwell staff acted promptly to ensure they received appropriate care and treatment. Staff were deployed flexibly to ensure people had the support they needed to make the best use of healthcare services. People were supported to maintain a healthy diet in accordance with their individual needs and preferences. Staff were given an induction in accordance with recognised standards for care staff. Staff were also given regular additional training to improve their skills and knowledge. The service worked in accordance with the principles of the Mental Capacity Act 2005 (MCA).

There was a strong, natural person-centred culture which was evident in our observations and the actions and comments of all staff. Chinese Wellbeing was primarily commissioned to provide personal care. However, we saw numerous examples of staff supporting people to engage in meaningful and culturally appropriate activities which helped people avoid social isolation. The service made very effective use of fundraising and partner organisations to maximise people's opportunities to access activities. People's individual needs and preferences were consistently considered as part of the care planning process. This included supporting the needs of people living with dementia and their relatives. Care and communication methods were sensitively adapted to promote people's independence and choice. People were encouraged and supported to take the lead in assessment and care planning processes with the support of an interpreter. People and their relatives spoke very positively about the caring nature of staff.

The comments and behaviours of the registered manager and other senior staff consistently reflected their commitment to a genuinely person-centred, user-led service. It was clear this had resulted in positive outcomes for people. People using the service and staff spoke about how they or their relatives led discussions about care needs. This was done naturally in response to people's needs, rights and cultural expectations. Managers and staff regularly provided additional services to ensure people's needs were met by working holistically and in partnership with other organisations. The service offered their expertise for the benefit of the wider BAME (Black and Minority Ethnic) community and worked effectively with the local authority and community groups to maximise the impact of their work. Chinese Wellbeing was exceptional at engaging people using the service, their relatives and staff. The service operated as an extension of the family unit and built relationships on trust. Chinese Wellbeing had a proven track record of securing

additional resources and developing productive partnerships with other organisations. Following the last inspection additional partnerships had been developed with other services in the area to further improve outcomes for people. The service placed continuous learning and improvement at the heart of their practice. They made effective use of audits, reports and other forms of communication to monitor and improve the safety and quality of care.

People and their relatives spoke very positively about the caring nature of staff. They told us they were always treated well by staff and were consulted about their care. There was a strong, natural person-centred culture which was evident in our observations and the actions and comments of all staff. Every interaction between staff and people receiving care we witnessed was kind, positive and exceptionally respectful. Staff were well-matched and aware of the wide range of cultures within the Chinese community. People were encouraged to comment on the provision of care and were actively involved in the decision-making process through discussions with staff and regular meetings. Important information was translated by the service and made available in different formats. Staff supported people with their personal care needs in a discreet and sensitive manner. Staff told us how important this was to people and explained how they supported people's right to privacy at all times.

People were well protected from the risk of abuse or neglect and told us the service helped them to feel safe. Systems and processes were in place to reduce the risk of harm. Risk was assessed as part of the management of the service and effective measures had been taken to reduce risk and maintain people's independence. Safe recruitment practices were used to ensure new staff were suited to working with vulnerable people and understood the Chinese culture. Appropriate checks were completed before new staff started work. Staff were deployed in sufficient numbers to meet people's needs and provide safe care from a consistent team. Medicines were well-managed and people were supported to administer their own medicines with minimal prompting. Staff understood the need for effective hygiene standards to reduce the risk of infection. Staff recorded incidents and accidents in sufficient detail to aid analysis and reduce risk.

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

Rating at last inspection

The last rating for this service was Outstanding (published 17 February 2017).

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?

Outstanding ☆

The service was exceptionally 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?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

Chinese Wellbeing / Merseyside Chinese Community Development Association

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 conducted by two inspectors, an Expert by Experience and an interpreter. An Expert by Experience 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 homes.

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 a short period of notice for the inspection because we needed to give people the opportunity to

meet with the inspector in their own homes.

Inspection activity was completed on 9 September 2019. We visited the office location on 9 September 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the nominated individual, registered manager, service development manager and two care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were well protected from the risk of abuse or neglect and told us the service helped them to feel safe. One person told us, "Yes I feel very safe. They [staff] treat me really well." One relative commented, "I feel very confident to leave [relative] with the team."
- Staff had completed training in adult safeguarding and were aware of their responsibilities to report any concerns.
- Systems for reporting concerns were robust and aligned to the requirements of the local authority and the Care Quality Commission.

Assessing risk, safety monitoring and management

- Systems and processes were in place to reduce the risk of harm.
- Risk assessments were completed in relation to a range of health conditions and environments.

Assessments were sufficiently detailed and regularly reviewed.

- Risk was assessed as part of the management of the service and effective measures had been taken to reduce risk and maintain people's independence. For example, one person using the service was supported to have a walk-in shower installed.

Staffing and recruitment

- Safe recruitment practices were used to ensure new staff were suited to working with vulnerable people. Appropriate checks were completed before new staff started work.
- Staff were deployed in sufficient numbers to meet people's needs and provide safe care from a consistent team. Comments included, "I am always kept informed as to who is coming and when," and "They have never let me down."
- Staff were specifically recruited who had knowledge of Chinese cultures and languages.

Using medicines safely

- Medicines were well managed and people were supported to administer their own medicines with minimal prompting.
- Staff completed training with an accredited provider before they supported people with their medicines and had their competency assessed regularly.
- Records were produced in English and Cantonese to help people understand what medicines they were taking and were subject to regular audits.

Preventing and controlling infection

- Staff understood the need for effective hygiene standards to reduce the risk of infection.

- Staff were provided with personal protective equipment (PPE) and used it appropriately when providing personal care.

Learning lessons when things go wrong

- Staff recorded incidents and accidents in sufficient detail to aid analysis and reduce risk.
- Senior staff provided examples where they had used information effectively to improve practice.

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 Good. At this inspection this key question had improved to Outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Supporting people to live healthier lives, access healthcare services and support

- Chinese Wellbeing worked particularly well with other agencies to provide care which had a positive impact on people's health and wellbeing. The service worked creatively and flexibly with commissioners and healthcare professionals to ensure people could remain in, or return to, their homes. In one example, a person had an increased risk of falls following an operation and was considered for a residential care placement. Chinese Wellbeing worked closely with healthcare specialists to create a safer home environment, secured additional care hours and adapted the way care was delivered. This meant the person was able to return to their own home after leaving hospital.
- The service targeted common health issues and developed effective responses. For example, an initiative to raise awareness about the dangers of high blood pressure led to the production of a leaflet in Chinese and several referrals to GP's. Three referrals were identified as high-priority and arranged for the same day.
- The service was also involved in projects to maintain and improve people's health and wellbeing. They had developed partnerships with two housing providers to promote movement and exercise for people receiving care and the wider community.

Staff working with other agencies to provide consistent, effective, timely care

- When people were unwell staff acted promptly to ensure they received appropriate care and treatment. Staff were deployed flexibly to ensure people had the support they needed to make the best use of healthcare services. One person told us, "If I need to see a doctor they will help me." While a relative said, "They [staff] will come and take them to the doctors."
- In one example, the service worked with a person receiving care, their GP and a pharmacist when staff identified the person was not taking their medicines as prescribed. Their intervention and support ensured the person received the necessary information and reassurance to start taking their medicines again.

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

- People were supported to maintain a healthy diet in accordance with their needs, preferences and culture.
- People confirmed staff knew their preferences and prepared meals and drinks accordingly. One person said, "They [staff] will ask me what I like to eat, how I like it cooked and how much I want to eat. They are very good cooks."
- Staff told us how each person had a specific preference for the way their food and drinks were prepared and served. This was reflected in care records and shared with new staff during their induction.
- Where people preferred cooking methods which were potentially unhealthy, staff advised people appropriately. For example, some people were supported to reduce the level of salt in their meals to

improve their health.

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

- Staff were aware of the relevant standards and guidance and used this effectively to assess people's needs and plan their care. Where culturally-specific guidance was not available, the service developed its own and made it available to other agencies in the area.
- People were involved in discussions about their care and their outcomes were good. Comments included; "They [staff] always try to solve any problem," and "They will accommodate anything."

Staff support: induction, training, skills and experience

- Staff were given an induction in accordance with recognised standards for care staff. Staff were also given regular additional training to improve their skills and knowledge. Training was matched to people's needs and regularly refreshed.
- Staff told us they felt well supported. We were provided with personal examples when the provider had been exceptionally supportive and flexible. For example, some staff were supported with their faith and cultural needs by the adaptation of their duties and responsibilities.
- Records indicated staff received regular group and individual supervision.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- Staff had completed training in relation to the MCA and understood their responsibilities.
- The service was working in accordance with the principles of the MCA. People were asked for consent and given choices in relation to their care and other important decisions.

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 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

- People and their relatives spoke very positively about the caring nature of staff. They told us they were always treated well by staff and were consulted about their care. Comments included, "They [staff] are extremely friendly, caring and considerate," "They always make sure I am comfortable" and "They are always asking if there is something else they can do."
- There was a strong, natural person-centred culture which was evident in our observations and the actions and comments of all staff.
- Every interaction between staff and people receiving care we witnessed was kind, positive and exceptionally respectful. For example, staff observed people throughout lunch and were quick to anticipate and attend to people's needs for support. Each aspect of care and support was provided discreetly, gently and respectfully.
- Staff were clear about their responsibilities in relation to equality and diversity and supported people appropriately. Staff were well-matched and aware of the wide range of cultures within the Chinese community. They explained how care had to be adapted to meet individual needs and preferences. In particular, they highlighted the need to continuously demonstrate respect for older people and address them by a preferred title.

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

- People were encouraged to comment on the provision of care and were actively involved in the decision-making process through discussions with staff and regular meetings. Important information was translated by the service and made available in different formats.
- People told us staff discussed decisions with them and offered choices before providing care. One person told us, "They came and asked me what I wanted."
- Important decisions were recorded in care records and regularly reviewed.
- Most people had capacity to represent themselves or had a family member to act as an advocate. In some cases, the service had provided advocacy and interpreter services to people free of charge.

Respecting and promoting people's privacy, dignity and independence

- People spoke positively about the way in which staff respected their rights to privacy and dignity in all aspects of their care. One relative said, "I am very happy. There are no bad things and they are always polite and courteous."
- Staff explained how they supported people with their personal care needs in a discreet and sensitive manner. Staff told us how important this was to people and explained how they supported people's right to

privacy at all times. One person explained how staff had helped them to regain independence in relation to one aspect of personal care which had helped their health and wellbeing.

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 Outstanding. At this inspection this key question remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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.

- Chinese Wellbeing was exceptionally good at developing activities to improve people's health and wellbeing.
- The service was primarily commissioned to provide personal care in people's homes. However, we saw numerous examples of staff supporting people to engage in meaningful and culturally appropriate activities which helped people avoid social isolation. This included activities within their own homes and local communities.
- The service made very effective use of fundraising, volunteers and partner organisations to maximise people's opportunities to access activities. For example, on the day of the inspection a large event had been organised at a restaurant to celebrate the Mid-Autumn Festival. The Mid-Autumn Festival is also known as the Moon Festival and Harvest Moon Festival. The ritual is celebrated mainly in Chinese and Vietnamese communities. On this occasion it was combined with birthday celebrations and recognition awards for staff and volunteers. The entertainment was both modern and traditional and based on Chinese culture.
- People clearly enjoyed the activities which had a positive impact. One relative told us, "The trips get [relative] out so they can see what goes on and expand their experience in the open to increase their confidence. [Relative] loves the music, they did not want to go home and kept saying they wanted to listen to another song."
- Some people were reluctant or unable to go into the community for activities and we were provided with examples how staff worked creatively to ensure people were engaged and stimulated. One relative commented, "My [relative] used to go but is not mobile any more so they come in every Monday and Wednesday to talk to [relative] and play games. [They] cannot go to the activities so the activities go to [them]."
- Activities were organised after consultation with people using the service and achieved positive outcomes. The service used a recognised process for identifying and recording people's progress towards agreed outcomes. A relative said, "My [relative] was very introverted when [they] joined but after three to four weeks [they] started joining in. The day trips can be difficult because of [their] condition but [they] do look forward to them."
- Staff clearly understood the importance of supporting people to develop and maintain relationships. Contact details and other relevant information was kept in care records and staff ensured relatives were kept informed in accordance with people's wishes. People were supported to use technology to keep in touch with relatives living overseas.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We saw evidence people's individual needs and preferences were consistently considered as part of the care planning process. We also saw their needs and preferences were reflected in the way care was provided.
- Staff considered the needs of people living with dementia and their relatives. Care and communication methods were sensitively adapted to promote people's independence and choice. For example, flash cards (cards with images and words) were used to help people make choices.
- People were encouraged and supported to take the lead in assessment and care planning processes with the support of an interpreter. Where this was not practical because of people's health conditions, relatives and professionals were fully involved in decision-making. Any plans to provide or change care were discussed with people beforehand. One relative told us, "The whole family is involved in determining what care [relative] needs. We ask [relative] and [they] tell us. It is reviewed when something changes." While another said, "We all join in and make sure it is suitable. Someone comes out and reviews it every six months."
- Staff knew people's personal histories and their likes and dislikes. They used this information to hold conversations and to suggest activities. For example, at our request, staff shared information about one person's past employment and where they lived. The same information was recorded in their care record.
- One person we spoke with had declined to have a formal care plan. Their relative said, "We do not have a care plan. That is our choice." Staff were instructed to discuss what care was required on each visit and to assess whether it was safe and appropriate.

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.

- Staff understood the need for effective communication and met the requirements of the AIS.
- Important information was made available in a range of accessible formats and languages to help people understand and to promote their involvement.
- Staff were able to explain how different people needed alternative methods of communication. They also told us how people gave permission for important information to be shared with other agencies and professionals for the benefit of the person. We saw evidence this resulted in improved health and wellbeing outcomes for people and their relatives. For example, Chinese Wellbeing staff had improved the experience of care for people by working in partnership with carers from other agencies who did not speak any of the Chinese dialects.

Improving care quality in response to complaints or concerns

- The service dealt with complaints in accordance with their own policy and best-practice guidance.
- None of the people we spoke with said they had made a formal complaint. They each said they would feel comfortable raising any issues with any member of staff.
- We were told how the service had responded positively when concerns were shared.

End of life care and support

- The service did not routinely support people receiving end of life care. However, people's end of life wishes were recorded in care files. We were provided with examples of how people's wishes had been supported by the service previously. In one example, the service worked with health and social care professionals to ensure a person had enough support to return to their home following a terminal diagnosis.

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 Outstanding. At this inspection this key question remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Throughout the inspection the comments and behaviours of the registered manager and other senior staff consistently reflected their commitment to a genuinely person-centred, user-led service. It was clear this had resulted in positive outcomes for people. Information and examples provided during the inspection supported this view.
- People using the service and staff spoke about how they or their relatives led discussions about care needs. This was done naturally in response to people's needs, rights and cultural expectations. We saw evidence in care records people and their relatives had been involved and consulted.
- Managers and staff regularly provided additional services to ensure people's needs were met by working holistically and in partnership with other organisations. In one example, a married couple were placed at risk of becoming homeless. The service worked with them and local agencies to secure suitable accommodation and access to benefits.
- The service offered their expertise for the benefit of the wider BAME (Black and Minority Ethnic) community and worked effectively with the local authority and community groups to maximise the impact of their work.

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

- Chinese Wellbeing was exceptional at engaging people using the service, their relatives and staff. The service operated as an extension of the family unit and built relationships on trust.
- The service used a personalised approach which was specific to people and their relatives. Communication and engagement methods were adapted to ensure they were culturally appropriate and met individual needs and preferences. For example, alternative approaches were used for people originating from different parts of China or those living with dementia.

Working in partnership with others

- Chinese Wellbeing had a proven track record of securing additional resources and developing productive partnerships with other organisations. Partners included; the local Care Commissioning Group, a dementia advice and support group and other organisations providing care and support to ethnic groups in the region.
- Following the last inspection additional partnerships had been developed with other services in the area to further improve outcomes for people. This included effective working relationships with social, healthcare and education colleagues. One recent project was delivered after securing funding from a national

foundation. The project helped people to adapt to changes in their lives relating to; finances, health, bereavement and social isolation.

- The nominated individual and registered manager explained how partnerships with commissioners were managed to ensure the service only received safe, appropriate referrals. In one example, the Chinese Wellbeing declined to offer a service because it could not be done safely and would not generate a positive outcome. They successfully negotiated to ensure an alternative package of care was delivered in partnership with another care provider.

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

- The managers and staff each had a clearly defined role within the organisation but adapted their roles to suit the needs of people using the service. For example, the nominated individual and registered manager were fully involved in supporting people during events and group activities.
- Each of the staff we spoke with understood their role and responsibilities. The service had staff allocated to specific roles with responsibility to cascade learning. For example, a health and safety officer was responsible for producing new guidance for staff following significant incidents. In one example staff had been asked to move a person who had fallen. The staff refused in case their actions caused further injury. This was used as an example for other staff to follow.
- The nominated individual and registered manager clearly understood the regulatory requirements of their roles and acted accordingly.

Continuous learning and improving care

- The service placed continuous learning and improvement at the heart of their practice. They made effective use of audits, reports and other forms of communication to monitor and improve the safety and quality of care.
- Lessons learnt from incidents and accidents were shared with staff to improve practice. We saw evidence in care records where changes and adjustments had been made following incidents or changes in care needs.
- The views of people using services and their relatives were collected through regular conversations and surveys. The results of the most recent survey were very positive. Information was used to improve people's experience of care. For example, new activities and trips were planned in response to people's comments and requests.

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

- There had been no recent occasions when the service had to act on its duty of candour. However, it was clear from conversations and audit processes, openness and honesty were expected of all staff.
- Staff told us they would not hesitate to inform senior staff of a concern or error. We saw evidence errors and performance issues had been recorded, reported and addressed appropriately.