Chinese Association Of Tower Hamlets

Chinese HomeCare Specialists

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 26 and 27 January 2016 and was announced. The provider was given 24 hours' notice because we wanted to be sure there would be someone at the office when we called. We told the registered manager we would return on the second day. At our previous inspection on 1 August 2014 we found the provider was meeting the regulations we inspected.

Chinese Homecare Specialists is a domiciliary care agency which provides personal care and support to people in their own homes. At the time of our visit the service was providing support to 29 people. The majority of people who used the service and the care workers who supported them used Cantonese as their first language. All of the people using the service were funded by the local authority.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us they felt safe using the service and care workers understood how to protect people from abuse. Staff were confident that any concerns would be investigated and dealt with. All staff had received training in safeguarding adults from abuse and had a good understanding of how to identify and report any concerns. However, training was not refreshed on a regular basis.

People's risks were managed and care plans contained appropriate risk assessments which were updated regularly when people's needs changed. The service had a robust recruitment process and staff had the necessary checks to ensure they were suitable to work with people using the service. People had regular care workers to ensure they received consistent levels of care.

People who required support with their medicines received them safely and all staff had completed training in the safe handling and administration of medicines. However, training was not refreshed on a regular basis.

Care workers received an induction training programme to support them in meeting people's needs effectively and were always introduced to people before starting work with them. They shadowed more experienced staff before they started to deliver personal care independently and received regular supervision from management. They told us they felt supported and were happy with the supervision they received.

Staff understood the principles of the Mental Capacity Act 2005 (MCA). Care workers respected people's decisions and gained people's consent before they provided personal care. However, the service did not ensure where appropriate, that people had signed their care plans in agreement with the care to be provided.

Care workers were aware of people's dietary needs and food preferences. Care workers told us they notified the registered manager or the assistant homecare manager if they had any concerns about people's health and we saw evidence of this in people's care plans. We also saw people were supported to maintain their health and well-being through access to health and social care professionals, such as GPs, occupational therapists and social services.

People and their relatives told us care workers were compassionate and caring and knew how to provide the care and support they required. Care workers understood the importance of getting to know the people they supported and showed concerns for people's health and welfare.

People told us that staff respected their privacy and dignity and promoted their independence. There was evidence that language and cultural requirements were considered when carrying out the assessments and allocating care workers to people using the service.

People were involved in planning how they were cared for and supported. An initial assessment was completed from which care plans and risk assessments were developed. Care was personalised to meet people's individual needs and was reviewed if there were any significant changes, with health and social care professionals being contacted to authorise changes in care received. People and their relatives were actively encouraged to express their views and were involved in making decisions about their care and whether any changes could be made to it.

People and their relatives knew how to make a complaint and were able to share their views and opinions about the service they received. There were also surveys in place to allow people and their relatives the opportunity to feedback about the care and treatment they received. These documents were provided in both English and Chinese.

The service promoted an open and honest culture. Staff felt well supported by the registered manager and assistant homecare manager and were confident they could raise any concerns or issues, knowing they would be listened to and acted on. The registered manager valued staff and appreciated the work they did.

There were processes in place to monitor the quality of the service provided and understand the experiences of people who used the service. This was achieved through regular communication with people and care workers, supervision and a programme of other checks and audits. However the registered manager failed to notify the CQC about an incident involving the police and a safeguarding concern that had been raised which is a legal requirement of the provider's registration.

We made three recommendations in relation to staff training, consent and medicines records.

We identified one breach of the Regulations in relation to notifications and you can see what action we told the provider to take at the end of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Not all aspects of the service were safe.

Staff had a good understanding of how to recognise and report any signs of abuse and protect people from harm however safeguarding training wasn't refreshed on a regular basis to ensure that their knowledge was up to date.

Medicines were administered and recorded by staff who had received relevant medicines training however this training wasn't refreshed on a regular basis to ensure that staff remained competent to carry out this task.

Risk assessments were in place to identify the areas of risk and to reduce the likelihood of people coming to harm.

The provider took appropriate steps to ensure robust staff recruitment procedures were followed and there were sufficient staff to meet people's needs.

Is the service effective?

Requires Improvement

The service was not always effective.

The registered manager and staff understood the legal requirements of the Mental Capacity Act 2005 (MCA) but the registered manager didn't always ensure people using the service or an appropriate representative signed their care plans to consent to the care they received.

People received care and support that met their needs and reflected their individual choices and preferences.

Staff were aware of people's health and well-being and responded if their needs changed. People had access to health and social care professionals, such as GPs, social workers and occupational therapists.

Is the service caring?

Good

The service was caring.

People and their relatives told us they were happy with the care and support they received. Care workers knew the people they worked with and they were treated with respect and kindness.

People, including relatives and health and social care professionals, were informed about their health and well-being and were actively involved in decisions about their care and support, in accordance with people's own wishes.

Care workers promoted people's independence, respected their dignity and maintained their privacy.

Is the service responsive?

Good

The service was responsive.

Care records were discussed and designed to meet people's individual needs and staff knew how people liked to be supported. The information was easily accessible and available in English and Chinese.

People and their relatives knew how to make complaints and said they would feel comfortable doing so. The service gave people and relatives the opportunity to give feedback about the care and treatment they received.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well-led.

The provider did not meet the CQC registration requirements regarding the submission of notifications about serious incidents, for which they have a legal obligation to do so.

People and their relatives told us that the service was well managed and the registered manager and assistant homecare manager were very kind and approachable. Staff spoke highly of them and felt they were supported to carry out their responsibilities.

There were audits and meetings to monitor the quality of the service and identify any concerns. Any concerns identified were documented and acted upon.

Chinese HomeCare Specialists

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.

The inspection took place on the 26 and 27 January 2016 and was announced. We gave the provider 24 hours' notice of our inspection as we wanted to be sure that somebody would be available to speak with us.

The inspection team consisted of one inspector and a Cantonese interpreter who was responsible for contacting people after the inspection to find out about their experiences of using the service. A Cantonese interpreter was required because the majority of people using the service and care workers couldn't communicate as effectively in English as it was not their first language.

Before the inspection we reviewed the information the Care Quality Commission (CQC) held about the service. This included notifications of significant incidents reported to the CQC and the report for the last inspection that took place on 1 August 2014, which showed the service was meeting all the regulations we checked during the inspection. We contacted the local authority safeguarding adults team and the local Clinical Commissioning Group. We used their comments to support our planning of the inspection.

We spoke with six people using the service, eight relatives and eight staff members including the registered manager, the assistant homecare manager and six care workers. We looked at seven people's care plans, seven staff recruitment files, staff training files, staff supervision records and audits and records related to the management of the service.

Following the inspection we contacted four health and social care professionals who had worked with people using the service for their views.

Requires Improvement

Is the service safe?

Our findings

All the people we spoke with told us they felt safe when they were receiving their care. One person said, "They are very trustworthy. I feel really safe when they are here." Another person said, "I do feel safe yes, especially when helping me get in and out of the bath." One relative told us they thought their family member was safe and said, "I've got no worries at all that [my family member] isn't safe."

Staff had received appropriate training in safeguarding and were able to explain what kinds of abuse people could be at risk of, what could be the signs of this abuse and what they would do if they thought somebody was at risk. This topic was covered during the staff induction process and a copy of the safeguarding policies and procedures was given to staff, which was outlined in the home care worker manual. This was available in both English and Cantonese because the majority of care workers used Cantonese as their first language. The registered manager showed us records of all the safeguarding training in staff files. These indicated that once this training had been completed during the induction it wasn't regularly refreshed. We discussed this with the registered manager who told us that it was an important topic that was constantly discussed throughout the care workers employment with the service, for example, during supervision meetings, staff appraisals and further NVQ training undertaken. However, they said they would look to review this training on a yearly basis to ensure staff knowledge was kept up to date. The service had produced leaflets on protecting people against abuse and had English and Chinese versions available for people who used the service and care workers.

There were sufficient care workers to provide all the calls to people who used the service. The registered manager told us they had been trying to recruit new care workers but had been finding it difficult to recruit Chinese speaking staff. Due to this, the service had turned down potential contracts of work from the local authority. At the time of our inspection there were 22 care workers employed in the service. The registered manager told us they tried to ensure consistency with their care workers, which was important to people using the service. Comments from people included, "They are very punctual and always send replacements if people can't make it" and "They always turn up on time, they are very professional." One relative told us that if the care worker was sick, they would always be notified in advance and send somebody else who they already knew. The relative added, "If they ever do run late, they always call to let us know." Staff understood the importance of arriving on time for their calls and knew to call the office with plenty of notice if they couldn't make their shift.

The seven staff files that we looked through were consistent and showed that the provider had robust recruitment procedures in place. We saw evidence of criminal records checks and photographic proof of identity and address. The provider asked for two references and people couldn't start work until they had been verified. Staff files also included a job description, contract agreement, fitness for work letter and training records. One relative said, "They are very forward thinking and very thorough in their work."

There was a procedure to identify and manage risks associated with people's care. Before people started using the service an initial assessment of their care needs had been carried out by the local authority to determine how many hours of support were required to meet their needs. The registered manager or

assistant homecare manager attended these assessments then discussed with the person and their family, if appropriate, how they would meet their needs. They identified any potential risks to providing their care and support. Some of the risk factors that were assessed related to people's daily routine, mobility, medicines, social stimulation and physical health and well-being. They also carried out a risk assessment on the safety of the person's home environment. For example, they checked to see if people had smoke detectors and how care workers could access people's homes.

This information was then used to produce a care plan and risk assessment around the person's health needs. The care plan contained details about the level of support that was required and information about any health conditions the person had. The information in these documents included brief guidance for care workers in how to manage risks to people. Care workers knew about individual risks to people's health and well-being and how these were to be managed. Records confirmed that risk assessments had been completed and care was planned to take into account and minimise risk. For example, one person had been assessed as being at risk from pressure sores. This was highlighted in the needs assessment and risk assessment and detailed information was given about checking the condition of the person's skin and recording any concerns. Care plans and risk assessments were updated on a yearly basis or if there were any significant changes to a person's needs. We saw that risk assessments had been updated when people's needs changed and their care package had either been increased or decreased to reflect these changes to ensure that people were kept safe..

Some people were supported with their medicines as part of the overall care package they received and their care plans contained information about their medicines. This included the name of the medicines and how the person's medicines were dispensed, whether any relatives were assisting with the medicines or if people didn't require any support with this. This demonstrated that the provider took into account people's ability to self-administer medicines and provided the level of support they required. Care workers administered medicines to people safely and as prescribed. One care worker said, "We only give medicines that are in the blister pack and that have been prescribed." Care workers had received training to administer medicines safely during their induction and records we saw confirmed this; however after the induction medicines training wasn't refreshed at regular intervals to ensure that care workers maintained the skills to continue to support people with their medicines safely.

Care workers recorded and signed in people's daily log records that medicines had been given. We were unable to look at any samples of medicine administration record (MAR) sheets as the provider didn't use this system to record medicines but we saw a copy of a daily log record that showed where it had been recorded and signed that people had received their medicines as prescribed. The assistant homecare manager told us they stressed to all the care workers that if they had any concerns with people's medicines they had to call the office straight away and also record it in the daily log sheet. This would then be recorded in people's case notes in their care plan. We saw records in people's case notes where care workers had contacted the office about medicines and the information was recorded. Care workers knew to contact senior staff if they had made a mistake or had any concerns with medicines, and told us they would feel supported to do so. One care worker said, "If I found a problem with people's medicines, I would speak to the manager and also write it down in the work diary."

We recommend that the provider seeks advice from a reputable source about how often care workers should receive training in safeguarding and medicines awareness to ensure their skills and knowledge remain up to date and enable them to fulfil their responsibilities in keeping people safe.

Requires Improvement

Is the service effective?

Our findings

People told us their care workers understood their needs and circumstances and had the right skills to support them. Comments included, "They know how to do their work and have the right experience" and "I'm very happy and reassured, I'd give them 10 out of 10." One relative said the care workers were excellent, "They are doing a great job and I've got no complaints at all with them."

Staff had to complete an induction programme when they first started employment with the service. This programme covered a range of policies and procedures to highlight the role of the care worker and the registered manager told us it could take up to two weeks to complete depending on the availability of the care worker. We looked at their policies and procedures which included subject areas such as safeguarding adults from abuse, incident reporting, confidentiality, dealing with emergency situations and dealing with behaviour that challenges the service. Training was also provided as part of the induction which was in the form of classroom based sessions or practical skills such as safe moving and handling. Staff were given mandatory training about medicine administration, infection control and moving and handling. All of the staff files we looked at had certificates that confirmed the training and induction process had been completed.

Staff also received training which was specific to people's individual needs. One care plan highlighted that the person could be at risk of pressure sores. The registered manager had arranged for training in pressure sore awareness. We saw training certificates within the staff files that confirmed this. We spoke with one care worker about the training and they told us it was really useful. "They showed us the different levels of pressure sores and also pictures, it is really good to know." Care workers had to work towards covering the 15 standards of the Care Certificate. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment. The service also supported care workers to receive further training in vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve these qualifications, candidates must prove that they have the ability and knowledge to carry out their job to the required standard. Some care workers already had the qualification before stating their employment with the service. We saw certificates in staff files that confirmed care workers had either completed the qualification or were currently working towards completing it. The registered manager also told us they had made contact with other organisations to provide external training sessions for care workers. We saw certificates that confirmed staff had completed training in Dementia Awareness which had been organised by The Alzheimer's Society.

The assistant homecare manager told us that all new care workers were introduced to people first before they started work with them and were shadowed on their first day by another care worker. After this they would be able to work independently but could contact the office at any time if they had any concerns. They would then have supervision and spot checks every three months with an annual appraisal. We saw copies of documents related to supervision records showing that care workers were given the opportunity to discuss the people using the service, if they had any concerns and any training needs. Care workers told us they received regular supervision, sometimes more regularly than every three months. One supervision record showed a care worker had highlighted concerns about a person who refused to eat. After discussing

with staff the care worker came up with the idea of encouraging the person to eat by sitting down and eating with them. Staff also received annual appraisals and told us they were satisfied with the support they received and their input during the meeting. The registered manager told us it was very difficult to get every member of staff together for a team meeting but he and the assistant homecare manager had case management meetings every three months. They discussed each person using the service and then spoke with the care worker to give them an update. We saw minutes of the last two meetings which highlighted updates and any actions needed.

Staff understood the main principles of the Mental Capacity Act 2005 (MCA). The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and assistant homecare manager had a good knowledge of their responsibilities under the legislation and we saw records of a person who was supported to attend a best interests meeting as they lacked capacity. The service didn't provide any specific training on the MCA but told us it was always discussed during supervision. Five out of six care workers we spoke with understood the importance of this in regards to their role as a care worker.

Staff told us they always asked for people's consent prior to providing personal care for them. They told us that people sometimes needed encouragement when having personal care needs met. One person said, "They always ask me for permission before carrying out their work." One care worker said, "I always explain to them what I'm doing. I give them enough time to understand everything." Where appropriate, the views of people's relatives were sought when assessing risk and developing care plans. One relative said "I speak to them all the time and I've always been involved with the care planning." We saw some people's care records had been signed by people to say they agreed to the care package being delivered however some care plans only had the signature of the assistant homecare manager, especially when they had been updated. Therefore there was not always evidence in the care records that people had consented to their agreed care and support.

Some people required care workers to support them with meal preparation. This information was recorded in their care plan along with the level of staff support needed and if anybody had any specific dietary needs. We were unable to look at a sample of daily log sheets as they were kept in people's homes but people told us they were asked what kind of food they wanted to eat. One person said, "They prepare food I like. They ask me first what I would like and then they prepare it." One relative told us, "I tell them what food they like and they cook it for them." This showed that care workers asked people what they wanted and were also familiar with the dietary requirements of the people they supported.

Care workers said they helped people manage their health and well-being and would always contact the office if they had any concerns about the person's healthcare needs during a visit. If they felt the person required a GP they would speak with the person first, then contact their next of kin or the office. One care worker said, "If I had concerns during a visit, I would report it to the office promptly, tell the family and write it down in the work diary." Senior staff and care workers also helped to support people attend appointments or make referrals to healthcare professionals. For example, one person was supported to obtain a shower chair to make it safer when they received personal care. We saw the assistant homecare manager had contacted the local authority to make a referral then saw the case notes and the care plan had been updated once it had been authorised. One person told us, "When my family member hasn't got time to take me to the doctor, [care workers] take me." One health and social care professional said that the assistant homecare manager was always present for meetings that involved people using the service. We saw information in people's care records where staff had made contact with a number of health and social care

professionals, including GPs, occupational therapists, social workers and interpreters. When interpreters had been unavailable the registered manager and assistant homecare manager had been able to step in to make sure healthcare appointments and meetings hadn't been cancelled.

We recommend that the provider seeks guidance and support from a reputable source regarding appropriate training for staff about their responsibilities in relation to the Mental Capacity Act 2005 (MCA).

Good

Is the service caring?

Our findings

People told us they were well supported by the service and thought the staff were respectful and caring. Comments from people included, "They respect me, the two care workers are really good", "They are very friendly and very caring" and "They are very respectful and cooperative. I appreciate what they do." Relatives were positive about the staff. One relative said, "They can communicate with him in his language, they know what he likes." Another relative told us that they were very professional and were very good with their family member. One health and social care professional told us that care workers were very reliable, caring and respectful to the people they worked with. In their most recent annual satisfaction survey, there was a 100% response rate when people were asked if they were treated with respect and helped to stay independent.

People were assigned a designated care worker. The registered manager told us that they looked at care workers level of skill, suitability and geographical location to help them match people up to provide a consistent and reliable service to people, which helped to develop caring relationships. If the regular care worker wasn't able to make their shift they always tried to replace them with another care worker they had already met. One relative said, "They try to keep the same carer and they are very good with that. Consistency has always been a concern with other agencies." Another relative highlighted the importance of having the same care worker and said, "It is very helpful for me, I couldn't manage without them." Care workers knew the people they were working with and were able to communicate with them in their own language. People using the service and their relatives highlighted how important this was as the majority of people couldn't communicate in English. One person said, "They know me very well. They speak with me in my language and understand my culture." One relative said, "They are very caring. They speak in the same language which is very reassuring for my [family member]. I'm very grateful they are there."

We saw in one person's case notes that they had suffered a fall. We noted that their care worker had shown a particularly caring attitude and concern for the person's wellbeing at this time. Another person had a fall when the care worker was present. The case notes showed that the care worker had dialled 999 straight away, before making contact with the office and the next of kin. This information was recorded in the daily log sheet and also detailed in minutes of a team meeting. This showed care workers showed concern for people in a caring manner and responded to their needs in a timely way.

The people using the service and relatives we spoke with confirmed they were involved in making decisions about their care and were able to ask care workers for what they wanted. The registered manager told us they visited people in their homes and always made sure, where appropriate, a relative was present with the person. He added that after the assessment had been carried out and the person was aware of how much support they were entitled to, they would listen to people's preferences and find out how they wanted their care to be carried out. The assistant care manager said, "We always talk to them about their care. We explain what has been discussed and if they are happy with it." When asked about being involved in decisions about their care, one person said, "Yes I am involved. They talked to my family too."

There were instructions in people's care plans about how staff should support people in their daily routines. A copy of the care plan was left in the person's home and the registered manager made sure they had

regular contact to make sure their views were listened to. Even though the registered manager and the assistant homecare manager could communicate with people in Cantonese, they also told people about other Cantonese speaking organisations that they had links with through the Chinese Association of Tower Hamlets.

People told us staff respected their privacy and dignity. We received many positive comments about how respectful care workers were when they worked with people and how people were encouraged to be as independent as possible. One person told us that when they first started they helped them to have a shower but after having support they are now able to do it by themselves. Care workers had a good understanding of the need to ensure they respected people's privacy and dignity. One care worker told us that they always encouraged the person to be as independent as possible but reassured them they were there and gave them plenty of time, without making them feel uncomfortable. Another care worker told us it was important to respect people, they talked with them very calmly and always asked them if they wanted parts of their body to be covered up during personal care. We saw evidence in care plans that it had been highlighted during the assessment that care workers should always knock first and close the door when supporting people with personal care.

Good

Is the service responsive?

Our findings

People told us they were happy with the care and support they received from staff and that they were listened to. One person told us, "I'm involved in care and they treat me very well." Another person said, "They listened to my views and were able to do what I wanted." A relative told us that they always had to chase up previous agencies in the past for information but it wasn't the case with this one. One health and social care professional told us they could contact them at any time and were always responsive to meeting people's needs.

We spoke with the registered manager and the assistant homecare manager about the process for accepting new referrals. All of the people that received care from the provider were funded by the local authority. If people made contact directly to the provider, they would schedule a home visit to discuss people's needs and then support them with the referral to the local authority. When people were assessed for their eligibility for care, they would be present at the assessment to discuss with the person and their family what care and support they would be able to provide within the limits of the authorised budget. They would then discuss their preferences for care workers and start to set up their care folder, with needs and risk assessments being completed, in English and Chinese, before delivering a service. The registered manager told us that they provided a cultural service and were able to communicate with people in Cantonese and Mandarin as the majority of people couldn't speak English. The service user agreement guide was given to people to keep in their home. It set out a detailed overview of what people could expect and highlighted a range of policies and procedures. This was also made available in English and Chinese.

When it had been agreed and people wanted to start using the service, the registered manager told us that people and, where necessary their next of kin were always involved in the development of their care plan. One person told us they were always involved in decisions about their care and they came out to visit them regularly to see how they were doing. One relative said, "I always get updated and am always given the option to be involved with any reviews." The registered manager told us that they introduced care workers to people first to make sure they were comfortable with them. They followed this up during the first three months of service with either telephone calls or home visits, depending on the needs of the person. If care workers had any concerns about the person the assistant homecare manager would make contact to see if people's needs were being met.

The service was reviewed on an annual basis but if there were any significant changes to people's needs the review was brought forward. We saw records within people's care plans that when concerns had been highlighted, action had been taken. In one person's care plan we saw evidence that a care worker had highlighted their concerns and the assistant homecare manager contacted social services and requested an urgent review as the person's needs had changed. We saw confirmation of the request and what action had been taken in their case notes. Another person was highlighted at being at risk of social isolation. We saw the request for extra hours to be used to escort them to a local Chinese lunch club where they could meet people and enjoy food that met their cultural preferences.

Care plans were well laid out and had the Chinese translation for the majority of documents produced by

the service, especially people's personal information and needs assessment. Each care plan contained a personal information sheet which had details about the person, their next of kin contact, their GP or other health and social care professionals and what medicines they were prescribed. It identified health issues and their level of communication. Care plans also had other relevant information, such as people's assessments from the local authority, records of healthcare appointments and quality assurance monitoring forms. We weren't able to see samples of the daily log records as these were kept in people's homes and not brought back to the office. The assistant homecare manager sent us a copy after the inspection to show what care workers filled out during their visit. Care workers recorded what care and support they had carried out including what medicines had been taken, what food had been prepared and if people had been supported to pay any bills or collect their pension. These logs were produced in English and Chinese and people and care workers had to sign them after each visit. One care worker told us that after they had been introduced to the person, they went through the care plan so they were aware of how to support people. If it was updated then they would be contacted to be made aware of any changes.

There was evidence that the provider listened to people's preferences with regard to how they wanted staff to support them. Each care plan had information about the tasks that had to be completed and within people's case notes the care was recorded. One person highlighted how they wanted to access the local community and take part in activities. We saw they had been supported to enrol on courses such as yoga and photography, at a local college. Staff had helped with the application process and also escorted them and got actively involved. Another person's case notes highlighted that they asked if they could change the time and day when they received their care. Once it had been authorised by the local authority the service was able to accommodate the request which showed they actively listened to people and tried to accommodate their needs. The registered manager told us that they were happy to change times and be as flexible as possible to meet people's needs. One relative said, "They are always very flexible and have been really good with changing times at short notice."

People and their relatives said they were happy with the service and would feel very comfortable if they had to raise a concern. Comments included, "They always listen to my concerns, they are very approachable" and "I've never had to make a complaint but I know how to and know who to speak to." In the most recent annual satisfaction survey, 10 of the 13 people who responded said they were aware of the complaints procedure. There was an accessible complaints procedure in place in both English and Chinese and a copy was given to people when they started using the service. The registered manager told us that they always encouraged people to let them know if they had any concerns during their reviews. One care worker said, "When I talk to them, I want to make them feel that they can talk to me and let me know if they have any concerns." We spoke with one relative who told us that he didn't think a care worker was suitable for their family member. After speaking with the assistant homecare manager they were able to change the care worker. We looked at the compliments and complaints file. There were compliments in both English and Chinese and at the time of our inspection the service hadn't received any complaints.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed he had been formally registered with the Care Quality Commission (CQC) since January 2011. He was present on both days we visited the office and assisted with the inspection, along with the assistant homecare manager.

The registered provider is required by law to notify the Care Quality Commission (CQC) of important events which occur within the service. We saw records during our inspection about two significant incidents which should have been reported to us which had not been. These were safeguarding concerns that were raised in relation to pressure sores and an incident that was reported to the police.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We have requested that in future all notifications are sent to us in a timely fashion so that, where needed, action can be taken.

People using the service and their relatives were very happy with the way the service was managed. One person told us, "He is a very kind man and very helpful. He is always available, I don't have any problems." Comments from relatives included, "I've got a really good relationship with the manager. They are very supportive and always available" and "They are very open and helpful. If I have any problems I know that I can give them a call." Health and social care professionals told us they were always very supportive in trying to meet the needs of people they worked with.

Care workers told us they were well supported by the management team and had positive comments about the management of the service. They said if they had any problems they could contact the office and speak to the registered manager or the assistant homecare manager. One care worker told us, "If I have a problem I can call them and they always try to help me. They are doing a good job for me." Another care worker told us that they were very supportive and always encouraged them to do well. The registered manager told us that they knew the care workers played a very important role in making a positive difference to people's lives. He said, "We give them praise and support, we are here for them and try to be as understanding as possible." Care workers felt that the service promoted a very open and honest culture and care workers knew about the whistle-blowing policy. Even though none of the care workers we spoke with had any concerns they all said they were confident that any concerns would be dealt with straight away.

The main quality assurance monitoring system the service used was their annual satisfaction survey. The registered manager told us that if they saw areas of concern, they would look into it and speak with the person to get their views. He told us that they wanted to pinpoint patterns of good and bad care and take action to improve. The annual satisfaction survey was carried out by a Cantonese speaking volunteer organisation. The registered manager said this was done to make sure people could feel more comfortable if they wanted to highlight concerns. The survey covered areas such as frequency of visits, whether people felt involved, how satisfied they were with the service and it also gave an opportunity to rate their care worker and explain why they marked them that way. From the most recent annual survey, 67% of people were very satisfied with the service and 33% were satisfied, with no negative comments.

The registered manager had internal auditing and monitoring processes in place to assess and monitor the quality of service provided. The registered manager and the assistant homecare manager had quarterly case management meetings where they discussed each person and highlighted any issues. We saw minutes of the last two meetings and any action points were followed up and recorded in people's case notes. Specific audits of people's daily log records and medicines were completed when they had reviews. The registered manager told us that they went through the daily log records to see if there were any mistakes. If they felt there were any inadequacies about the record they would investigate it, by speaking with the person and the care worker. People's medicines were recorded on the daily log sheet. As the provider did not use a separate recording form, such as a medicine administration record (MAR) sheet and have regular medicines audits, it would be difficult to effectively monitor if staff were supporting people with their medicines appropriately. In addition, any patterns or trends relating to medicine errors would not be highlighted in a timely manner which may have put people at risk of receiving inappropriate or unsafe care.

All accidents and incidents were recorded in the daily logs and in people's case notes, but not within a separate book. The registered manager and assistant homecare manager would go through people's individual case notes during their quarterly team meeting and review any incidents or accidents that had happened. We saw evidence that when an incident or accident had been recorded, it had been followed up and plans put in place to minimise the risk of it happening again. The local authority also monitored the time keeping of care workers. Care workers had to log in on the service users telephone which was managed by the local authority every two weeks. We spoke with the local authority and they had no concerns regarding the time keeping of care workers.

We recommend the provider seeks guidance from a reputable source about best practice in relation to recording and monitoring the administration and prompting of medicines.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We 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 18 Registration Regulations 2009 Notifications of other incidents The registered provider had not notified the Commission without delay about serious incidents in relation to service users. Regulation 18 (1), (2) (e)