

Culture Care Agency Limited

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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?

Good 

Is the service well-led?

Good 

Overall summary

The inspection was carried out on 11 March 2015 and was announced. We gave 72 hours' notice of the inspection to ensure that the staff we needed to speak with were available.

Culture Care Agency Limited is a domiciliary care service which provides personal care services to people living in their own homes. At the time of our inspection there were 13 people using the service.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood how to keep people safe and free from harm and the service considered people's capacity in accordance with the Mental Capacity Act (MCA) 2005. There were enough safely recruited staff employed to meet people's identified needs, and provide a flexible service when necessary.

Summary of findings

Assessments were carried out to identify people's support needs. These included risk assessments to ensure people were safe, while taking into account their wishes to retain as much independence as possible in their day to day lives.

Staff prompted people to take their prescribed medicines and understood their responsibilities. They knew how to respond to any medical emergencies or significant changes in a person's well-being, in keeping with the provider's policies and procedures.

Staff had appropriate training to understand and meet people's needs. They received support and guidance from an experienced registered manager and care co-ordinator.

Staff were provided with information about people's routines, interests, and cultural and/or religious observances. People's privacy, dignity and entitlement to confidentiality were respected and promoted.

Staff had the skills and knowledge to respond to people's changing needs. Care plans were regularly reviewed and updated as required.

People were provided with written guidance about how to complain about the service, including information about how to access advocacy support to assist with making a complaint.

The service was described as being well-managed and there were systems in place to listen and respond to people's views.

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?

The service was safe.

There were enough staff to meet the needs of people who used the service.

People were protected from the risk of abuse and staff understood their responsibilities in relation to protecting people from abuse.

Systems were in place to ensure that people's medicines were properly administered.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills to meet people's needs. Staff received regular training and supervision, to support them to carry out their roles and responsibilities.

Staff informed people's relatives and/or representatives if they had any concerns about a person's health, and they liaised with medical and healthcare professionals if necessary.

Good



Is the service caring?

The service was caring.

People were supported by caring and thoughtful staff.

People and their representatives liked and trusted the staff.

People's privacy and dignity were respected.

People were provided with contact details for advocacy organisations that could assist them to make a complaint about the service.

Good



Is the service responsive?

The service was responsive.

Assessments were conducted and care plans developed to address people's needs.

Care plans provided detailed information about people, so that staff could provide a meaningful service.

There was an established system for people and their representatives to make comments and complaints. People thought that the provider would take any complaints seriously.

Good



Is the service well-led?

The service was well-led.

Care staff told us they were supported by the registered manager and other management staff.

People and their representatives told us that the management team were dedicated and keen to help.

Good



Summary of findings

The registered manager carried out regular audits and checks to monitor and develop the quality of the service.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 of Culture Care Agency Limited took place on 11 March 2015 and was announced. We told the provider three days before our visit that we would be coming. We did this because the registered manager and senior staff are sometimes out of the office visiting people who use the service and supporting care staff; we needed to be certain that someone would be in. One inspector conducted the inspection.

Before the inspection visit we reviewed the information we held about the service. This included the previous

inspection report, which showed that the service met the regulations we inspected on 30 July 2014. We also checked any statutory notifications sent to us by the registered manager about significant incidents and events that had occurred at the service, which the provider is required to send to us by law.

People funded their care packages through direct payments from their local council, which meant they had chosen to buy services from the provider. During the inspection visit we spoke with the care co-ordinator and the registered manager. Afterwards we spoke by telephone with two people using the service, two care workers and the professional representative (independent social worker/case manager) of a person using the service. We looked at a selection of records about people's care and how the service was managed, which included four people's care records and four staff recruitment, training and support records. We checked some of the policies and procedures, the complaints log, and audits carried out by the registered manager and care co-ordinator.

Is the service safe?

Our findings

People told us they felt safe with care staff. One person using the service told us, “They (staff) are all so good to me, I feel so safe when the girls are at my home.”

Staff understood how to recognise the signs of abuse and report it. Both care staff described the actions they would take to support a person if they suspected or witnessed abuse. The provider’s safeguarding policy and procedure stated that any safeguarding concerns must be reported to the local authority’s safeguarding team. Records showed that staff had received safeguarding training during their induction, followed by refresher training. This meant that staff had the knowledge and skills to recognise abuse and knew how to respond appropriately. Care staff were aware of the provider’s whistleblowing policy and how to use it, if required.

Care records demonstrated that risk assessments were conducted to promote people’s safety and provide guidance for staff. There were risk assessments in place for moving and handling people, and supporting people who were at risk of falls. There were also environmental risk assessments for areas in a person’s home. Care staff explained to us the reporting process for any accidents or incidents that occurred and the registered manager demonstrated that they took appropriate actions if required. Records showed how the provider had promptly and sensitively liaised with other professionals, for example community mental health nurses and a GP, when they identified that a person using the service was experiencing personal difficulties which placed him/her at risk.

People told us they received care and support from a limited number of care staff, which meant they could get to know staff and receive a consistent service. The representative of a person using the service told us, “It is a bespoke service and a family business. I have seen that if one of the regular care staff is ill, the management team will come down and take over.” A member of staff told us they provided care and support for one person five or six days a week and enjoyed developing a positive relationship with them. The registered manager and the administrator provided on-call support and advice during out-of-office hours. Records showed there were occasions when the care co-ordinator visited people at home during out of office hours, for example to support people upon discharge from hospital.

The staff recruitment files showed that checks were made to ensure that staff were suitable for employment with people who used the service. Each file contained two relevant references, which had been verified for their authenticity. There was evidence that people were eligible to work in the UK, criminal records checks, and proof of their identity and address. One person told us about the questions they were asked at their interview, which were similar to the questions in the interview notes in staff files.

We looked at the provider’s medicines policy and procedure, which provided appropriate guidance for staff. The registered manager told us that he audited all of the daily records written by staff to check that staff correctly recorded when they had prompted people to take their medicines. The care co-ordinator also checked how staff supported people with their medicines through conducting ‘spot check’ visits to people’s homes and speaking by telephone with people, their relatives and representatives.

Is the service effective?

Our findings

People told us they were happy with their care. One person said, “They are great, I can’t recommend them enough” and another person said, “It’s good.” The representative of a person told us, “The service is excellent and they always get it just right.”

People received care from staff with appropriate training and support to meet their needs. Records demonstrated that staff had received training including infection control, food hygiene, equality and diversity, health and safety, and moving and handling. The provider had developed an annual training plan which included mandatory training and other training specific to the needs of people who used the service, for example mental health awareness and palliative care. Care staff told us the training was useful and interesting.

Staff informed us they had one-to-one meetings with the registered manager every two months. The supervision records we looked at demonstrated that detailed discussions about the welfare of people using the service and staff training and development, took place during the supervision sessions. Appraisals had been carried out for all staff that had worked at the service for at least a year.

The care co-ordinator told us that she met with prospective people and their relatives in order to carry out an assessment of people’s needs before a package of care started, and then introduced care staff to a new person. A member of the care staff told us they had shadowed more experienced staff in order to get to know a person, before they were allocated to support the person at weekends. This meant that care staff were provided with appropriate guidance and support to meet people’s identified needs.

Staff had received basic awareness training in the Mental Capacity Act (MCA) 2005. Where people had capacity, plans had been signed by the person who used the service to demonstrate their agreement with their plan of care. If people lacked the capacity to make decisions about their own care, plans were developed in people’s best interests and signed by family members and/or their chosen representative. Staff told us they always asked people how they wished to be supported and checked that people were happy for them to proceed with receiving their personal care.

We looked at a care plan which had very detailed guidance for staff about how to support a person to meet their nutritional needs. It included information about what type of food needed to be in the fridge every day so that the person could always make a sandwich of their choice. The person’s representative told us they were “delighted with how staff do their best to help [person using the service] cope at home.” Each care plan provided information for staff about whether they needed to support people with preparing drinks and meals, and if people needed prompting or assistance to eat and drink.

People’s files had contact details for their GP and other significant health and social care professionals. The care co-ordinator confirmed to us that most people were supported by their relatives to attend health care appointments and liaise with health care professionals. We saw that the care co-ordinator supported people to access health care when necessary, which was evidenced in people’s files. The care co-ordinator told us they were familiar with liaising with external professionals as they used to work for a local authority as a social worker.

Is the service caring?

Our findings

Comments from people about the staff included, “They are brilliant”, “nice” and “They are all lovely.” People told us that their care staff were reliable and the office team informed them if a member of staff was held up in traffic and would be late.

Staff were able to describe how they maintained people’s dignity, privacy and confidentiality. For example, staff explained that they would support a person to receive personal care for washing and dressing, or assistance with toileting, in a private room with the curtains pulled and the door shut. Care plans showed that people were consulted about their chosen routines and preferences. One care plan included information about a person’s favourite television programmes, so that staff could engage him/her in meaningful conversations.

We saw that the management team kept in touch with people to support their wellbeing. For example, people

were sent letters last summer that included an NHS leaflet about how to keep safe and healthy during hot weather conditions. Other general letters from the provider were also written in a reassuring and caring manner. This meant people and their relatives were encouraged to feel at ease with the provider.

We saw examples of how the management team offered their support to people. For example, one person using the service had raised an issue of concern with a statutory organisation, which was not related to their personal care service. The care co-ordinator had written to the statutory organisation to explain how this issue was impacting upon the person’s wellbeing.

People and their relatives were given written information about the service. This included information about advocacy organisations that people could contact if they needed support to make a complaint about the service, and contact details for a range of voluntary organisations that people might find useful.

Is the service responsive?

Our findings

People were assessed by the care co-ordinator before they started using the service.

The assessments and care plans demonstrated that people's needs and wishes were carefully discussed with them and/or their representative. For example, one person wanted support to read religious magazines and books during a weekly respite service provided for their relative. The care co-ordinator had matched the person with a member of the care staff that had a knowledge and interest in this literature. The representative of a person told us how the service had responded well to the person's changing needs following a hospital admission.

Records showed that people's needs were reviewed annually or more frequently if required, to make sure that any changes in a person's needs were identified and addressed. Care plans for new people were reviewed after six weeks, six months and 12 months. However, the care co-ordinator told us these dates were flexible and reviews could be brought forward if necessary. She told us that care

staff contacted her if they thought there were significant changes in people's needs, which we saw in people's daily records. The service had supported a person during a challenging experience, which demonstrated that staff were responsive when complex situations arose.

The service had procedures in place to respond to problems and emergencies. People using the service, their representatives and staff confirmed they could always contact a member of the management team during out of office hours if necessary. Staff told us they were allocated sufficient time to travel between visits to people, which meant people did not ordinarily experience delays that impacted upon their safety and wellbeing.

People told us they knew how to make a complaint and had been provided with information about how to make a complaint. The service had a complaints policy and procedure, which included guidance about how to refer a complaint to an independent authority if people were not satisfied with the provider's response. We were not able to look at how the service responded to complaints as they had not received any within the last couple of years.

Is the service well-led?

Our findings

People told us the service was well managed. The representative of a person using the service told us, “I have used this service for my client for many years. Its’ strength is that it’s small with a hands-on, committed management team.”

There was a registered manager at the service, who was also the proprietor. He set up the agency 15 years ago, having previously worked in senior roles in social services departments. Staff told us they liked working at the service and felt supported by the management.

The registered manager and the care co-ordinator monitored the quality of the service by regularly speaking with people and their relatives to ensure they were satisfied with the quality of their care. The care co-ordinator carried out spot checks to people’s homes, which were announced visits for people and their relatives but unannounced for care workers. The service employed a full-time

administrator and a part-time clerical worker, which enabled the registered manager and the care co-ordinator to focus upon meeting the needs of people using the service.

We looked at the results of the most recent surveys for people using the service and their representatives, which were sent out last year. The survey was detailed and included questions about how people thought the service could improve. There was a good response rate and most people described their care as being ‘excellent’. The remainder thought it was ‘very good’.

The registered manager and the care co-ordinator checked the quality of the daily records written by staff. The registered manager told us that these records were looked at to make sure that staff were delivering the care identified in people’s care plans and to ensure that people were written about in a respectful manner. We looked at a sample of the daily records, which were detailed and personalised. The management team monitored for any emerging trends in regards to comments, complaints, accidents and incidents.