Cultural Dignity 'n' Care Limited

Cultural Dignity 'n' Care Limited

Inspection report

Kings Centre
16-18 King Square
Bristol
Avon
BS2 8AZ

Tel: 01275268010
Website: www.culturalcare.co.uk

Date of inspection visit:
09 July 2018

Date of publication:
14 September 2018

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Cultural Dignity 'n' Care is a domiciliary care agency registered to provide the regulated activity of personal care. They provided care and support to people in their own homes. At the time of the inspection the service was provided to five older people.

After our last Inspection in October 2017 we asked the provider to complete an improvement action plan . This was because we had identified shortfalls in aspects of all our key questions. Is the service Safe? Is it Effective? Is it Caring? Is it Responsive? and is it Well Led?

At that inspection we had found that staff recruitment procedures were not robust enough. Pre-employment checks had not been completed satisfactorily in all cases. The management of medicines and the support provided to people with medicines had not been fully safe.

Staff induction training and the on-going mandatory training for all staff required improvement. The feedback we had received from relatives we spoke with during the inspection did not evidence that they were always happy with the service their family member received. We also found that care plans did not provide the care staff with the information they needed to be able to support people with the tasks they needed. The service had not been well led as the views and experiences of people using the service had been gathered but the feedback had not been acted upon.

At this inspection we found that some actions had been taken to address some of the shortfalls identified at our last inspection. The management of medicines and the support for those people who needed assistance, was safe and clearer records were now maintained.

We found that staff recruitment procedures were more robust and safer. Pre-employment checks were being completed.

Staff induction training and on-going mandatory training for all staff had been completed and was up to date.

The feedback we had received from relatives we spoke with during this inspection showed overall they were happy with the service.

The service continued to require improvement for the key question: is the service Well Led? This was because quality auditing systems were not fully effective and did not always pick up shortfalls in the service. We saw clear evidence that the provider acted on the views and experiences of people using the service.

There was a registered manager for the service, they were also the provider. 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.

The service was not fully safe. This was because there were occasions when visits did not take place or were late. This impacted on the safety and wellbeing of the people concerned. The provider was in the process of reviewing how staff were deployed. This was to ensure there were no missed or late visits in the future.

The service had improved and was effective. A new system of staff supervision was now being used to check and monitor staff performance and development.

People and relatives praised the caring nature of all the staff they saw. Relatives told us all the staff were very kind to their family members.

The service people received was responsive. This was because care plans provided staff with the information they needed to support people with the tasks and care they needed. Feedback from relatives and people was clear that staff were flexible and responsive to people's needs.

There was evidence that the provider acted on feedback about the service although this was not always recorded.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back 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

The service was not fully safe.

Visits were not always planned in a way that meant they were always on time . There had been occasion when visits had not happened, this put those people at risk .

Medicines were managed safely.

Staff knew how to keep people safe and how to report abuse.

Staff recruitment procedures were now safe.

Is the service effective?

Good

The service remains requires improvement

Staff supervision systems had been introduced but were not yet being consistently and regularly carried out . This meant there was a risk people were being supported by staff who were not consistently and properly supervised.

Staff had now been trained to understand the requirement's of the Mental Capacity Act and its impact on people.

Is the service caring?

Good

The service has improved to good

People were cared for by staff who were caring and attentive

People were treated withdignity and respect.

Staff knew people well and respected their choices and preferences.People felt involved in planning their own care

Is the service responsive?

Good

The service has improved to good

People and families felt they received care that was responsive to their needs.

Care plans showed how to meet each persons range of needs.

People felt able to make their views known to the registered provider.

Staff supported people with their social care needs.

Is the service well-led?

Requires Improvement

The service has improved to requires improvement.

The systems in place to monitor and improve the quality of the service were not fully effective in identifying and acting on areas that needed improvement.

People and staff thought the deputy manager and the provider were visible and responded to issues.

People were given the opportunity to be involved in the development of the service.

Cultural Dignity 'n' Care Limited

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 checked 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.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 site visit activity started on 9 July 2018 and ended on 19 July 2018. We visited the office location on 9 July 2018 and 19 July 2018 to see the manager and office staff; and to review care records and policies and procedures. Both of our inspection days were unannounced.

The membership of the inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had an area of expertise in caring for older people

We carried out telephone interview with four people who used the service, five relatives, and five staff. We spoke to one social care professional.

We looked at three people's care records, medicine records and risk assessments. We reviewed staff records including staff employment checks, supervision records and training information. We also looked at many records and systems to do with how the service was run and quality audited.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in October 2017 we had found that staff recruitment procedures were not safe. Pre-employment checks were not robust and the potential for unsuitable staff to be employed was increased.

At this inspection we found that action had been taken to make staff recruitment procedures safe. Recruitment procedures were robust and reduced the risk of unsuitable staff being employed. Records showed checks had been completed before new staff started working with people. For example, interview questions explored candidate's careers to date, as well as any employment gaps in their working history. The recruitment checks and systems in place helped ensure new staff were suitable and safe to work with vulnerable people.

We found at our last inspection procedures in place for staff to record medicine administration were inconsistent.

At this inspection we found the registered manager had acted and medicines management systems had improved to make them safe. The service ensured people received required medicines safely. Medicine administration records were provided for staff to complete. Senior staff checked these at regular intervals. Senior staff also spoke with people to check they were being given their medicines when they needed them. Staff had their practical competency assessed before they administered medicines to people. This ensured people received their medicines safely.

Staffing levels and visits were planned to safely meet each person's range of care needs. However, relatives and people told us there were many occasions over the last six months since our last visit when visits had been unreliable. For example, staff turning up late, or not turning up, or only one staff member turning up when two were required. One relative told us this had happened twice in the last three months. Another person said this had also happened on "two or three occasions" recently.

The provider was transparent in their response. They told us they were aware of these examples of visits failing to happen in the ways people needed. They showed us how they were addressing these shortfalls and failings directly with the staff team. Memos were sent to staff reminding them of the procedures in place to ensure a safe and consistent service. For example, staff were reminded by memo, email and a smart phone App not to take last minute leave as this directly impacted on the services people received. This meant people were at risk of receiving unsafe care and treatment.

The provider sent us further information after our visit. They told us when staff were running late they will always call the office or out of hours staff. The provider also explained ' We will then inform the service user or their relative of the situation to reassure them that someone is on their way. We always keep our services users and families aware of the situation and would never knowingly leave them unsafe. All staff are aware of the 15 minutes max lateness, when staff are running late they will always call the office or out of hours to inform us their running late however, our policy is that we will always contact relatives to inform them that the staff are running late. When staff are working in pairs if we have been informed that the second person

hasn't turned up or running late, the staff will call the office or out of hours to inform us that the second person has not arrived yet. In this situation if the staff member is more than 15 minutes late we would call staff that's waiting and let them know that the person is on their way. More often both the registered and deputy manager will cover shifts, this happens on occasions when the scheduled member of staff hasn't turned up or are running late. We never knowingly leave a service user unsafe by not turning up for a scheduled visit, and we always inform staff members who has arrived first not to do any personal care until the second person has arrived.'

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and family members told us they felt safe and comfortable when carers were in their home. One person said, "I know them all and I trust them, they let themselves in, and lock up when they leave." Another comment was, "My relative who is confined to bed is perfectly safe with the carers, they use a hoist and sliding sheet when moving her and are competent when using them; they make sure the door is locked after they leave."

People received care from regular carers which helped towards continuity of care; this was appreciated by both people and families and contributed to their safety. There were a core team of five carers. One relative told us, "My X can have any one of these; X has got to know them all and enjoys the different experiences they bring."

People were kept safe from the risk of abuse and avoidable harm. This was because staff had training to understand how to protect people from abuse. The staff were aware of how to recognise abuse and knew the correct action to take if they were concerned about someone. They were clear about the requirement to report any concerns. They were also confident the provider would take appropriate action but also would report to other authorities such as the Police or Local Authority Safeguarding team if needed. The provider contacted us after our visit. They sent us written confirmation that three recent safeguarding concerns had all been concluded and the people concerned were not at risk.

Staff had a copy of an up to date safeguarding policy which included information on how to report safeguarding concerns and the Local Authority safeguarding process. An up to date whistle blowing policy was also in place. This gave staff the information they would need if they wished to raise concerns about staff conduct externally.

Good

Is the service effective?

Our findings

At our last inspection in October 2017 improvements to staff training were required.. This was because not all the staff had regular training in subjects relevant to the people they supported.

At this inspection we saw that action had been taken and all staff had been on a range of training and update sessions. For example, we had found that mental capacity training had been completed with all of the staff. This was an important topic to cover as it helped ensure that staff protect people's human rights.

People and family members were confident carers had the knowledge, training and skills to care for them well and confirmed all their needs were being met. One person told us "I believe they have been well trained, I have no problems with that; they are able to cope when he is getting funny and agitated and deal with it well by chatting with him." Another person said, "They are good at their job, they have had good training and know what to do; they are able to use the equipment such as the hoist and sliding sheets; I would say they are competent. I can't say about training but I have no worries, they are as good as gold."

Staff we spoke with told us they were now supported through supervision and appraisal and we saw records that confirmed this. Spot checks were carried out by the provider to assess staff competency in many areas including; treating people with dignity and respect, supporting independence and choice, and medicines management. A staff member told us "We do have spot checks, they come out making sure we are providing the care, they check medicines, our uniform, hygiene control." Another staff member told us, "We had supervision recently, we get emails on a regular basis, we had a team meeting a few weeks ago."

People spoke positively about the support they received to eat and drink enough and maintain a balanced diet. We saw evidence in people's daily records of staff supporting people with meals based on the person's choice. Many people could either make their own meals and drinks or had a family member or friend who helped them.

To help ensure that staff knew how to provide effective care we saw an initial assessment of people's needs was completed by the provider. This was done when people started using the service and included their physical, mental health and social and emotional needs. Needs assessments also included people's support preferences in relation to their religious, cultural and dietary needs. Care plans considered people's needs in relation to disability, gender, marital status, race and religion.

The Mental Capacity Act 2005 (MCA 2005) provides a legal framework for making 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 people lack mental capacity to make decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People gave their consent to the care agreed with the service and to the care plan and risk assessments undertaken. People signed to confirm their consent. Where people were thought not to have the capacity to consent to all or some parts of their care, a mental capacity assessment was undertaken. This meant that discussions and decisions about people's care were taken in their best interests.

Good

Is the service caring?

Our findings

At our last inspection in October 2017 some people felt staff were not always kind and caring. At this inspection the feedback from people about the caring nature of staff was universally positive.

Staff were kind and caring. People and their relatives gave us positive feedback about the staff who supported them. One relative told us that staff were "very friendly and understanding." People and their relatives really emphasised to us how kind, caring and respectful carers were without exception. Everyone we spoke with said that staff maintained their dignity and privacy during all care interventions.

One person said, "I like all my carers, they are very kind and treat me nicely, they are as good as gold and look after me as if I was one of their own, I would be lost without them." Another comment was "My X gets excellent care, they really know her well, they have a good relationship and are always laughing and joking; at their instigation they arranged for a hairdresser to visit fortnightly, one of the carers stays to assist." Further feedback was, "I am very pleased with the carers and the care they give; they are so kind and very respectful and they make sure my X is not exposed and keep his dignity when doing personal care."

One person also told us that two carers had taken them out for lunch the previous day as it was their birthday, this had really pleased and touched them and they were very appreciative. Staff also take this person out for a drive regularly which is the only time the person can get out. Another relative told us staff were, "Really friendly and I do see them when they are there and they plait mum's hair and go above and beyond. They are really good. She has three visits a day. "

People and family members told us carers did not appear to rush care and always stayed for the allotted amount of time. Staff would stay for a cup of tea and a chat if time permitted, which was welcomed by people who lived alone. One person told us "They never rush the care, and make sure there is nothing else that needs doing before sitting and doing their notes."

We heard conversations on the telephone between the office staff and people who were receiving care and support in their own homes. The staff was caring in their approach and respectful and courteous while dealing with enquiries on the telephone.

Good

Is the service responsive?

Our findings

At our last inspection in October 2017 we found care records contained insufficient information to ensure that staff could meet people's needs and provide person centred support. There was no information about the specific support people required with tasks or how they should be carried out to ensure independence could be encouraged.

At this inspection we found care plan processes had improved. Care plans showed how to meet each person's needs. For example, we saw care records set out the type of care each person needed and how staff were to assist the person so they were properly supported. Care records showed that each person's care and support needs were assessed with their full involvement to develop a care plan for them. As part of the assessment process, the provider met with people and asked them about their life histories, likes and dislikes and their preferences. These included who they wanted to provide them with care and what times and dates suited them.

Care reviews were carried out regularly and people told us they were involved in this process. For example, people told us the provider often asked if they were happy with the care and.

People's cultural, spiritual and social needs were discussed with them. People were asked how they wanted these to be upheld and respected by staff. For example, people could specify the gender of staff that provided them with personal care and support. People told us this helped to feel that staff respected them and it maintained their dignity.

Relatives spoken to were aware of their family members care plan and had input into it, they were happy that it reflected their current needs. One relative told us, "Because of my X's sleeping routine, care has been adjusted to suit their needs, and they have reversed the order of breakfast and personal care." Comments included; "We have had a review recently and the manager checked the risk assessment." A further comment from a relative was "I was involved with my X's care plan and am happy it meets X's current needs; it is changed as X's needs change. X has regular reviews, I am invited to attend but X has the capacity to make their own decisions."

People knew how to make a complaint or make their views known about the care and service.A log book was kept of compliments and complaints and this showed action was taken in relation to individual concerns raised. The service user guidebook included information on how to feedback a compliment or complaint, how to contact the office and how to contact CQC.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in October 2017 we had found that relatives and people did not feel their views were listened to. At this inspection people and relatives told us their views were listened to and acted upon. The provider had also sent out a survey to people. The results gave feedback that had been positive, although this process was not yet completed. This was because the results had not yet been fully reviewed and then used to 'drive up' standards even further.

Quality audit systems were not fully effective. This was because they were not being completed in an organised and systematic way. The provider was checking the quality of care and service in an informal way and could clearly explain to us how they did this. Relatives and people also told us this happened. However, this information was not always recorded and evaluated. For example, the provider had identified the concerns raised by people and families around late or missed visits. The provider was very aware that actions were needed to address this. We saw they had addressed the issues with staff after they had happened. However, a process of overall improvement in how visits were planned was still needed. This was to prevent these failings reoccurring.

However, this had not been formally picked up via the providers quality auditing systems. The provider must ensure quality assurance systems are effective and enable them to continuously improve the service.

The provider contacted us after our visit. They told us, 'We have an online database called 'care planner' that is used to produce and monitor our service user visits. Our staff will receive their rotas electronically on a Friday for the following week. Staff are familiar with the system that is in place, all staff are aware of the 15 minutes max lateness, when staff are running late they will always call the office or out of hours to inform us their running late however, our policy is that we will always contact relatives to inform them that the staff are running late.'

The provider also told us after our visit ' We organise our auditing by filing our service users' names in alphabetic order using our administration audit and action plan form. Our systematic way of producing our audits is carried out on a 3-monthly basis, we use a checklist to complete our audits and if there are any actions required the system we use will make it clear and we will act upon them.'

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This inspection was the second inspection since the service had been registered under its current registration. The previous inspection identified failures to meet the fundamental standards of care, the service was awarded an overall rating of requires improvement with four key questions rated as requires improvement, and Well-led rated as inadequate. This meant that overall the quality of care and service people received was rated as less than Good for two inspections in a row. CQC regulate health and social care services to find out what the quality of care and support is like for people. We use these key questions as a fundamental part of our approach.

At this inspection we have continued to find shortfalls in the safe, effective and well-led domains with two breaches of the regulations. We recognise the provider has taken some actions to address the shortfalls identified at the previous inspection and this is reflected in the three domains of effective, caring and responsive now being rated as good. The overall rating of Requires Improvement reflects the breaches and shortfalls found and the need for further action by the provider.

One relative told us matters were addressed by the registered provider. They told us "They do ring up to find out how we feel. The registered provider does listen, she will hold meetings with the carers as a group to address concerns if it's an attitude thing its always addressed." A staff member told us" If I had a problem the provider would address it. "

The service had a vision of remaining a small company focused on providing person-centred care. Staff understood this vision of the service and told us they were happy in their roles. People were also clear about the service's vision and felt it was reflected in its work. One relative commented that the service was," culturally just what my relative needs."

The provider said the visions and values of the service were communicated to staff in team meetings, and they tried to imbed them into training and into how staff communicate with each other in the workplace.

The provider and new deputy manager understood their responsibilities in the service. Staff told us they knew when to contact the registered provider, including if a person was unwell or their needs had changed. Staff knew that should they need support from the provider, this was available.

There were policies and procedures in place to support how the service was run. These included safeguarding, whistleblowing and data protection guidance. Staff were given their own copy of these policies and procedure to support them to provide safe and effective care.

Staff meetings were held and the minutes of these meetings that demonstrated good practices were shared among each other to help improvements to be made. The staff told us they attended team meetings and if they could not then an email was sent to them or a message via the providers own online App account. Staff minutes confirmed that meetings took place regularly.

The provider understood their role and responsibilities and the requirements of the Health and Social Care Act 2008. They knew when notifications needed to be sent to the Care Quality Commission and we had received notifications when they were required.