

Cultural Dignity 'n' Care Limited

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Inspection report

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Date of inspection visit:
15 April 2021

Date of publication:
25 May 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Cultural Dignity and Care is a domiciliary care agency. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection, eight people were receiving support with personal care.

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

The service had improved since our last inspection and were no longer in breach of regulation. However, we have made one recommendation in relation to quality assurance systems to ensure they are fully effective in identifying and acting on areas for improvement.

People told us they were happy with the service they received and felt safe with staff. Comments included; "Yes, what little concerns I've had she's listened to so I have no complaints." And "I've got a number. I've got a personal number of the lady in charge."

Staff told us they felt well supported and able to talk to the manager if they had any concerns or issues. They told us they had been given good supplies of PPE during the pandemic and had been well supported throughout. Staff had been given training on how to use PPE. Staff had also received training in safeguarding, so they felt confident in raising any reporting issues. We saw that the registered manager worked with the safeguarding authority when required to investigate concerns. There were checks in place to ensure staff were safe and suitable to work.

Not everyone received support with their medicines, however where they did, a medicine administration record chart was used. These were checked by the registered manager. There was clear information in people's care documentation about the medicines they were prescribed. Staff confirmed they had received training in how to administer medicines.

The registered manager was responsive to feedback from our inspection. We saw they worked with other agencies such as the local authority when necessary.

At our last inspection we found a breach of regulation 17, good governance. At this inspection we found improvements had been made. There was clear evidence in people's files they were audited and people's feedback was sought about the service they received. We have made a recommendation to improve quality assurance systems further in order to fully support continual development.

Rating at last inspection (and update)

The last rating for this service was requires improvement with one breach of regulation (published 20 January 2020). At this inspection we found improvements had been made and the provider was no longer in

breach of regulations.

Why we inspected

This was a planned inspection to inspect the key questions of safe and well led. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for cultural dignity and care on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was well led.

Details are in our well led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection site visit was carried out by one inspector. Two assistant inspectors made phone calls to staff and people using the service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection so that arrangements could be made to speak with people using the service. And to assess any risks relating to the pandemic.

Inspection activity started on 15 April 2021 and ended on 20 April 2021. We visited the office location on 15 April 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications and information given to us from stakeholders, such as people using the service and the local

authority. Notifications are information about specific events the provider is required to send us by law.

During the inspection

We spoke with the registered manager. We reviewed three people's care records and four member of staff's recruitment files. We reviewed medicine administration records for one person receiving medicines.

After the inspection

We spoke with two relatives of people receiving care and two people using the service. We attempted a call to one other person, but they declined to speak with us. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relative told us they felt safe with staff and able to report concerns if they had them. They had numbers to contact the office or manager if needed. Comments included, "Yes, what little concerns I've had she's listened to so I have no complaints." And "Yeah I've got a number. Yeah I've got a personal number of the lady in charge."
- Staff told us, "Yes, we did training on safeguarding – normally if I saw something, I would call my office and my manager. (Name of manager) always tell us to contact her if we have any concerns and they send alerts to Bristol City Council. (Name of manager) is really good and always reminds us of what we need to do."
- We saw evidence that the provider worked with the local authority to investigate concerns if they arose. There was documentary evidence of this.

Assessing risk, safety monitoring and management

- Staff took a personalised approach to supporting people and often went above the expectations of their role to ensure people's safety. On one occasion, staff were unable to make contact with a person they supported and so went to their home to check on their welfare.
- On another occasion a member of staff went to check on a person outside of their usual call time because the person had phoned the office feeling unwell.
- There were risk assessments in place for each person. This included an assessment of the person's home environment.
- There was an assessment in place for people's moving and handling needs. For one person we saw this described the support they needed for transferring from the bed and identified the person needed a zimmer frame.
- We did note that in one person's file, the assessment hadn't been completed in all sections in order to give a clear overall picture of the level of risk. The registered manager told us a new member of staff had completed this and they were due to go through the file with them at which point this would have been addressed. The registered manager confirmed shortly after the inspection what they had done in response to this.

Staffing and recruitment

- We saw that newly recruited staff had a Disclosure and Barring Service (DBS) check in place. This is a check that identifies whether a person had any convictions that would affect their suitability to be employed at the service, or whether they are barred from working with vulnerable adults.
- One member of staff had no work or education history listed on their application form. This made it difficult to establish the person's suitability. The registered manager told us the member of staff had not

started any shifts yet and they were still in the recruitment process. We discussed how the member of staff would need a risk assessment before they began working given their lack of work history.

Using medicines safely

- There was clear information in people's files about the medicines they were prescribed and the level of support the person required from care staff. We saw evidence that staff from the office made checks to ensure the list was up to date and reflected what the person was currently prescribed.
- Staff received training in administering medicines. They told us "I have had training with external company on meds and I complete all the MAR charts – I feel absolutely fine with supporting people with their meds." And "You have to always write down in the book and see how many tablets you give. Always look, lunch, morning or tea time (as to when give medicines). You have to write down when they have taken it or refused it. You're always checking."

Preventing and controlling infection

- Staff told us they were provided with personal protective equipment (PPE) and had received training in how to use this effectively during the pandemic. Comments from staff included, "I use my gloves mask and aprons – sometimes I wear two masks. I change mine after every visit and I always have hand-gel in my pocket. I had training around covid – that donning and doffing and information on hand washing." And "We had the donning and doffing of PPE training and every Monday we take a corona test. We have all been communicated with how we would deal with and what we would if a client was showing symptoms. We always have had plenty of PPE and never short and always have had everything I needed."
- One member of staff told us they didn't always change their mask after each visit and this was fed back to the registered manager to ensure PPE was used in the safest possible way.

Learning lessons when things go wrong

- The registered manager was responsive when concerns needed to be discussed and was prompt at investigating and providing their feedback. We saw that the service worked with other agencies such as safeguarding teams to investigate any potential concerns.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the last inspection we found a breach of regulation 17 'Good governance'. At this inspection we found improvement had been made.
- The registered manager had recently recruited two members of staff to support them in running the service. These members of staff had clear roles and it was evident this was working well to improve the service. One member of staff for example had a role to carry out quality and safety monitoring. It was clear from people's files that they had been audited regularly and people had been asked for their feedback as part of this process.
- We saw that improvement to records had been made. For example, MAR charts had been redesigned so they were easier to use and there was a clear up to date assessment of people's support needs in relation to medicines in their file.
- There were some further improvements that were required and these were discussed with the registered manager. For example, we saw that MAR charts were checked. Where there were gaps in charts, the registered manager gave us verbal explanations of these; for example, the person had been in hospital or declined their medicine on that occasion. We discussed how it was important to follow this up with staff to ensure they used the right code on the chart in these circumstances. This would document a clear audit trail of how people were being supported with their medicines. There was a system in place to monitor calls were happening as they planned, However, this wasn't yet being used to its full effectiveness. The registered manager was able to give a verbal explanation of when people had not received their call as planned. However, to further improve, it would be helpful to have documentation to evidence this.
- We found an example of a risk assessment that hadn't been completed fully in relation to moving and handling. The registered manager told us they were due to go through this file with the member of staff who had completed it and would have identified the omission then. It is important that these shortfalls are identified promptly to ensure they are rectified, and people have full information in their files. Shortly after the inspection the registered manager told us they had addressed this with the member of staff concerned.

We recommend the provider reviews their quality assurance systems to ensure they are fully effective in driving improvement.

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

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

- Staff worked hard to support and care for people as individuals and meet their cultural needs. One person for example enjoyed cuisine from the country they were born in and the service were in the process of employing a member of staff who was able to cook meals from that country. The member of staff and person being supported were able to speak in the language of that country too.
- People were asked for their feedback about the service in order to help monitor and plan any improvements required. People's comments gathered as part of this process included, "they do conduct themselves in a professional manner and I'm very happy with them". And "carer has good qualities, I trust her".
- People told us they felt comfortable able to speak with someone if they had any concerns about their care. Comments included; 'Yes, yes I called the office or I message them as sometimes I can't talk.' And, "Yes, I am able to speak to the office when I need to. They are quite approachable."
- Staff told us they felt well supported and enjoyed working for the service. Comments included, "They are good – they have no problem with them. A work for company a long time and I have never had a problem." Another member of staff told us they felt "very supported" throughout the pandemic.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The registered manager engaged in discussion about improvements that were required and provided and email response shortly after the inspection to tell us what they had done in response to our feedback.
- The registered manager worked with other professionals when necessary to ensure people received the support they required. This included social workers and occupational therapists.