

Culture Care Agency Limited

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Inspection report

153-159 Bow Road
Bow
London
E3 2SE

Tel: 02089811119

Date of inspection visit:
21 January 2020
22 January 2020

Date of publication:
26 February 2020

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 ●

Summary of findings

Overall summary

About the service

Culture Care Agency Limited is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to younger disabled adults and older people, some living with dementia. 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 the provider was supporting 17 people in the London Boroughs of Tower Hamlets, Newham and Waltham Forest, with 10 people receiving personal care.

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

People and their relatives were positive about the kind and caring support they received from their care workers, including the helpful attitude of the management team. A comment in one person's review stated, 'We are very happy with the service and the way our [family member] is looked after.'

People received person-centred care and records had detailed information for care workers to follow. People's cultural needs were met and staff had a good understanding of how people liked to be supported.

People were supported by staff who knew them well, had a good understanding of their needs and knew how to keep them safe. Feedback confirmed replacement and cover care staff were experienced and understood people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People and their relatives were confident with the management of the service and felt comfortable approaching them, knowing they would be listened to regarding their care and support.

People were supported by a staff team who felt fully supported in their role and praised the management of the service. Staff were confident any necessary action would be taken if they raised any issues and were motivated to provide the best care possible.

A health and social care professional told us they wished they could use the service more, but appreciated the provider did not take on new referrals if they felt they would not be able to fully meet people's needs.

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

Rating at last inspection

The last rating for this service was Good (published 4 August 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Culture Care Agency Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector 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 service.

Service and service type

Culture Care Agency Limited 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. A registered manager is a person who is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the provider three days' notice because we needed to ensure somebody would be available to assist us with the inspection.

Inspection activity started on 21 January and ended on 29 January 2020. We visited the office location on 21 and 22 January 2020 to see the management team and to review care records and policies and procedures. We made calls to people and their relatives between 22 and 23 January 2020. We contacted five care workers between 23 and 29 January 2020 and spoke with three of them.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We contacted one local authority commissioning team and also reviewed the previous inspection report. We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records. This included four people's care and medicines records and four staff files in relation to recruitment, training and supervision. We also reviewed records related to the management of the service, which included quality assurance checks, policies and procedures and minutes of team meetings.

We spoke with five staff members. This included the care manager, the office manager and three care workers. The registered manager was not available during the inspection as they were away on authorised leave.

We made calls to 10 people and spoke with three people and five relatives.

After the inspection

We spoke with two health and social care professionals who had experience of working with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had appropriate children and adults safeguarding policies in place and were aware of their safeguarding responsibilities. New staff discussed safeguarding during their interview assessment and completed safeguarding training.
- Staff had a good understanding of their safeguarding responsibilities and were confident any issues or concerns would be dealt with by the management team. One care worker said, "We know that if we see or notice any kind of abuse, we need to report it to the office right away."
- People and their relatives told us they felt safe using the service and staff had a good understanding of this. One relative said, "They check on the staff to make sure they are doing the right thing and safeguarding seems to be taken seriously."

Assessing risk, safety monitoring and management

- Risks to people were assessed before the service started and there were clear guidelines in place for staff to follow to ensure they kept people safe. Information was in place for risks related to people's mobility, transfers with mobility equipment and the management of pressure sores.
- One person had a condition where their skin would bruise easily. There were detailed guidelines about how transfers were to be completed, with an agreement in place for a body map to be completed and to report any marks or bruises. We saw records that any marks were regularly recorded and reported to the office. Their relative said, "It is inevitable that marks might appear, but they have good training and the staff work well."
- Care workers understood the risks to people they supported and described how they managed them to keep people safe. Relatives were positive about how care workers kept their family members' safe when using a hoist or managing risks to skin integrity.

Staffing and recruitment

- There were sufficient levels of staff to support people and systems in place to ensure people received their calls on time. The provider used an Electronic Call Monitoring system (ECM) where care workers logged in and out of their visits through the person's landline.
- We reviewed samples of ECM data for 166 calls over a one week period and did not identify any major issues related to timekeeping. We saw examples where care workers had stayed longer than their scheduled time.
- People and their relatives were positive about the timekeeping and punctuality of care visits, adding they were informed if their care workers were running late. Comments included, "They are excellent, arrive on time and give their full time, sometimes extra" and "There's always two of them and I know exactly when they are coming."

- The provider followed safer recruitment procedures to ensure staff were suitable to work with people who used the service. Disclosure and Barring Service (DBS) checks for staff had been completed at the time of recruitment along with appropriate references and identity documents. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- There were procedures in place to ensure people received their medicines safely. People had been assessed and care records included information about people's medicines, including the level of support required and who was responsible for providing support. For example, one person had guidelines in place where medicines were to be placed on a spoon one by one, placed in their mouth and then checked it had been swallowed before the next one.
- Staff completed medicines training and medicines procedures were regularly discussed and reviewed in team meetings and staff supervision. Staff had a good understanding of their responsibilities and could explain in detail the procedures they needed to follow. One care worker added, "The training was easy to understand and explained very well. It was really good."
- Staff completed medicine administration records (MARs) when this was required. Samples of MARs for two people had been completed correctly and procedures were in place for them to be returned and checked to pick up any errors.
- People and their relatives were positive about the support they received and had no concerns with how their medicines were managed. One person said, "We have our medicines and staff note down what they have given. I know I can call the office if there were any problems."

Learning lessons when things go wrong

- There were procedures in place for the reporting of any incidents and accidents across the service. Although there had been no safeguarding or serious incidents, we saw staff were regularly reminded about recording and reporting any concerns to the office.
- The provider had discussed high profile safeguarding incidents that had been reported in the media during team meetings to use as learning for staff and to raise awareness about their responsibilities.

Preventing and controlling infection

- There was an infection control policy in place and staff completed training in infection control and food hygiene. It was discussed with staff during their induction programme and checked during home visits to ensure safe and hygienic practices were being followed.
- People's care records had guidelines for staff for when to use personal protective equipment (PPE). For one person, there were specific guidelines in place for how clinical waste should be removed and disposed of. Samples of people's daily logs showed that care workers regularly recorded their use of PPE, their cleaning tasks and removing any waste.
- Staff confirmed there were no concerns regarding the supply of PPE as it was always available and kept in people's homes.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had been assessed before they used the service or when their health needs changed. We saw one person had been assessed three times since September 2018 due to a review of their needs.
- People's care was delivered in line with best practice guidance. The provider had NHS guidelines for staff to follow on how to check for pressure sores during personal care, including diagrams showing areas of the body that were at risk when a person was sitting up or lying down. One person had guidelines from an occupational therapist to ensure the correct moving and handling principles were explained, including a checklist of all hoisting tasks.

Staff support: induction, training, skills and experience

- People were supported by staff who had an induction and completed shadowing visits before they first started. The office manager said the amount of shadowing depended upon how experienced the care worker was, but they would always get feedback from the lead care worker before they were signed off.
- The induction programme for new staff was based around the Care Certificate, which discussed the 15 essential standards in detail across four days. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment. One person told us when there was a change in care worker, they always seemed well trained before coming to their home.
- Staff completed regular training throughout the year, which also included dementia awareness, mental health awareness, diabetes management and stroke awareness. Staff were positive about the training they received. One care worker said, "The training is good. Everything is easy to understand and it is explained well."
- Staff received regular supervision which gave them the opportunity to discuss any issues or concerns they had in their role, including updated guidance and reminders about their key responsibilities.

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

- People were supported to eat and drink if this was part of their agreed care and support needs. People's care records had information about what support was required, including nutritional risks, preferred foods and any cultural requirements. There was also information about people's relatives who were involved and what their responsibilities were.
- We saw detailed examples in daily logs about people being offered choice and having their preferred foods during their visits.
- People and their relatives were positive about this support. One relative confirmed staff had a good understanding of their family member's nutritional needs, including their swallowing difficulties and they were supported safely during mealtimes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's health and wellbeing and supported people to access healthcare services if their needs changed. Where care workers had raised concerns about one person's swallowing difficulties, the care manager made the appropriate referral to the speech and language therapist.
- Staff had a good understanding about checking on people's health and welfare during their visit and knew what to do if they had any concerns. Records from team meetings discussed the importance of communication and any concerns should be reported to the office.
- Daily logs showed care workers regularly reported and recorded any changes in people's health and wellbeing. One care worker said, "I have had to call the ambulance before. I know that we also need to inform the office about any issues."
- People and their relatives were positive about the support provided and how staff took the appropriate action if they noticed and changes in their health and wellbeing. One relative said, "As my [family member] is bedbound, they do a good job checking their body and if there are any changes, they let me know. They always make sure they are comfortable."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- The provider followed best practice and ensured people were involved and had consented to their care and support. Consent forms were in place to confirm people agreed their personal information could be shared with health and social care professionals, including the CQC during inspections.
- Care records confirmed if people needed support making decisions in their best interests and whether relatives or representatives were involved. Where one person had capacity but was unable to sign to consent to their care due to a health condition, it was clearly recorded why and their relative was involved in the process.
- Staff discussed the MCA during their induction and had guidance about capacity, including the legal definition and what to do if a person's lacks capacity. One care worker said, "I know that I cannot make them do anything they don't want. If I offer support and they refuse or don't want it, I can encourage them but have to record and report to the office."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives were positive about the caring relationships that had been built and the kind nature and attitude of the staff team. Comments included, "They go the extra mile and always give attention to detail" and "Our carer puts her heart into everything." In one person's feedback form, they said they felt proud to have the care workers they had as the service was excellent.
- People confirmed that where possible, they had regular care workers who understood their needs. Comments included, "We have had one carer for 11 years and [family member] responds well to her" and "When staff change they try to ensure that one carer knows [family member] so it is continuous."
- Staff understood the importance of building positive relationships with people and respected people's equality and diversity. Equality and diversity was discussed in detail during the induction to ensure people were treated as individuals and placed positive value on the differences in the community and places of work. Diversity was also a regular agenda item during staff supervision to discuss any issues or concerns.
- We saw spot checks had been carried out to people during periods of hot weather last summer to check how people were managing in the heat. This included providing fluids for people between their care visits who lived alone or were more at risk of dehydration.

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

- People and their relatives told us they were always involved in making decisions about their care and support. We saw invites were sent to people regarding review meetings, ensuring the scheduled times were convenient for them and their relatives.
- In one person's feedback form, their relative commented, 'We were involved, listened to and encouraged to state our views during the review. We are very appreciative and they have been obliging with the additional support we have asked for.'
- We saw examples where the management team had supported people on their behalf to manage other issues or concerns. For example, the office manager had contacted a plumber when a person was having maintenance issues. We saw positive feedback from a health and social care professional that this support had been invaluable.

Respecting and promoting people's privacy, dignity and independence

- Staff were regularly reminded about the importance of respecting people's privacy and dignity and promoting their independence. Privacy and dignity issues were discussed during the induction, with example situations of when this could be compromised. It was also discussed during supervision and spot checks observed how care workers spoke and interacted with people in their home.

- Care records had detailed guidance and instructions about how people liked to have their personal care carried out, including how they could be encouraged to remain independent. Annual reviews also asked if people felt their independence had been promoted. One relative said, "As well as personal care, they enable choices and independence."
- Only one person told us they felt their independence was not always promoted, regarding an evening care task. We discussed this with the office manager who followed it up with the person. As this specific care task had been provisionally agreed by the funding authority, the office manager discussed this with the person and arranged to update the care workers so they no longer offered to support the person with this task until they changed their mind.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records included detailed person-centred information about their needs and preferences which helped staff understand how they liked to be supported. Care workers had a good understanding of people's needs and samples of daily logs showed people received the care they wanted. One relative said, "One carer helps the with their cognitive behaviour. She takes time to talk to them."
- One person had detailed information about how they liked their hair plaited and were supported to have their nails done. Another person had specific instructions for different days and tasks depending on their schedule. Two relatives told us that even when the care worker changed, replacement staff were always aware of the care needs.
- We saw the provider tried to be as flexible as possible to help meet people's needs. We saw one person's evening call had been added to the morning call to provide more suitable support, in line with the relative's wishes.
- Health and social care professionals were positive about the service and confident people would receive personalised care. One health and social care professional said, "They know their clients really well. They really give a lot of consideration to make sure they can meet people's needs."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded at their assessment, with information for staff to know how best to communicate with them. Annual reviews checked if people and their relatives had copies of their care plans and discussed if everything was understood. A comment in one person's feedback form stated, 'Everything is always explained in detail.'
- We saw that service user guides were available in large print and other accessible formats upon request.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received support to access the local community or activities of interest if this was part of their agreed care. One person was regularly supported into the community and helped with their shopping. Another person told us staff arrived earlier for calls twice a week to support them to the day centre.
- The provider discussed people's cultural and religious needs and supported them if needed. One person's care plan had information about them being supported with reading religious literature. We saw positive

feedback in a feedback form that this support had helped the person keep abreast with their faith. We spoke with the relative who confirmed staff read the Bible during visits. Another relative said, "They address cultural issues and like helping [family member] bake Asian food."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and people and their relatives were regularly reminded about the complaints procedure and if they had any concerns during reviews and monitoring calls. There had been no formal complaints since the last inspection. The office manager said, "We try to liaise with people as much as possible and sort out any little issues they might have before they can escalate."
- People and their relatives were comfortable raising any issues or concerns with the staff team. Comments included, "I'm not afraid to approach the management staff and know who to call if needed" and "They are open to listening, it takes away any friction."

End of life care and support

- End of life care was not being provided at the time of the inspection. End of life training had been given to staff in August 2019 to enable them to support people if this was needed. The management team were aware of the support they could access from health and social care professionals if they started to support people at this stage of their life.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team aimed to put people and their relatives as the main focus of their service to ensure they received person-centred care and people were confident in the support they received. Comments included, "When we contact them they are very helpful and they ask what they can do to ensure independence. The communication is good and it is working well" and "I would 100% recommend them to others. They deserve a good report."
- Team meetings and staff supervision discussed working relationships with people and the importance of colleagues co-working relationships and professional behaviour when in people's homes, to ensure people received a good service.
- Care workers spoke positively about the management team and the culture of the service. Comments included, "They listen to us and I'm fully confident in the management of the service" and "For me, the management is excellent. I love my job here."
- Both health and social care professionals were positive about the management team. One added, "We have a good relationship, we get a good response and we feel confident with them managing people's care."

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

- Although the registered manager was unavailable during the inspection, the management team were aware of their responsibilities regarding notifiable incidents and had displayed their CQC inspection rating on their website. There had been no notifiable incidents since the last inspection.
- Regular team meetings and staff supervisions were held to update and remind care workers about their role and responsibilities. Staff were reminded logbooks were legal documents and needed to be completed clearly and accurately. Staff were given information about the CQC standards and regulations during their induction.
- Care workers were reminded about the importance of logging in for care visits and any persistent failure to do so may result in disciplinary action. We also saw role plays and scenarios were discussed in supervision to further remind staff about their responsibilities.

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

- The provider sought people's views about the care they received through surveys called 'Have your Say'. The most recent surveys had been completed in July 2019 and the findings had been analysed. All feedback was positive, with all respondents saying they would likely recommend the service.
- People's annual reviews also asked if the service was working well and if they were satisfied with their support. One relative said, "I can't fault the agency. There are different personalities with all staff and they all work well with the family."
- Care workers told us they felt fully supported and complimented the working environment. Comments included, "They try and help us as much as they can. We get love and support from them. They respect us which makes it a good place to work" and "They are caring and understanding and look out for us. If you have problems, they sort it out."
- The office manager acknowledged one of the constant challenges they faced was the retention of staff, which had limited the number of referrals they had been able to take on. The provider had an employee retention scheme and had signed up to a staff package that offered a range of perks and high street and online discounts to reward staff for their hard work.

Continuous learning and improving care

- There were systems in place to monitor the service and ensure people were happy with their care. Management and care worker meetings reviewed the support people received and issues across the service. Telephone monitoring calls were also completed to get feedback about people's care.
- People's daily records and MARs were returned to the office to be audited to check for any errors or recording issues. One person said, "[Office manager] is particularly helpful and tries to ensure the right people are there at the right time. They do check to make sure everything is OK and complete books with what they've done."
- People, their relatives and care workers confirmed there were regular spot checks in people's homes to ensure people received good standards of care and if any improvements were needed. Not all spot check records were formally recorded, however the office manager said this was something they were aiming to implement more frequently.

Working in partnership with others

- The provider liaised with a range of health and social care professionals in relation to people's care and support. Management staff had attended training courses organised by the local authority in relation to moving and handling and pressure sore awareness.
- Management staff had attended provider forums with the local authority to discuss issues within the borough.