

Mrs Claudette Adassa Anderson

Cultural Dignity 'n' Care

Inspection report

Unit 26, Easton Business Centre,
Felix Road, Bristol, BS5 0HE
Tel: 0117 9415397
Website: www.cultural-dignity.org.uk

Date of inspection visit: 9 January 2015
Date of publication: 06/03/2015

Ratings

Overall rating for this service

Good 

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?

Good 

Overall summary

This inspection took place on 9 January 2015. The inspection was announced, which meant the provider knew we would be visiting. This was because we wanted to make sure the provider, or someone who could act on their behalf, would be available to support the inspection.

Cultural Dignity 'n' Care provides care and support to people in their own homes. The provider managed the day to day running of the agency. This was the first inspection of Cultural Dignity 'n' Care at this location. The agency had previously been based at another location nearby.

People told us they felt safe when staff visited them and provided their care. A range of checks were carried out on staff to confirm they were suitable for the work. However the recruitment process was not thorough enough to ensure people were always well protected.

Assessments had been undertaken to identify risks to people when care was provided. Staff had received training and guidance which helped to ensure people were protected from abuse.

People had individual plans which set out the care and support they had agreed to receive. People's rights were protected because staff understood their responsibilities in relation to the Mental Capacity Act 2005.

Summary of findings

Staff had got to know people well and did what was expected when they visited. One person commented that staff had "Adapted to my ways very well." We were also told that staff "Stay for the right amount of time." People told us the staff were caring. They said the staff were friendly and respected their dignity and culture. One person commented "They try and fit the service to the person, rather than the other way round." The provider was described as being "At the end of the phone" if

people had any concerns. There were arrangements in place for obtaining people's feedback about the service. Staff told us they felt supported in their work and were kept up to date with any developments.

We found one breach of the regulations during our inspection. You can see what action we told the provider to take at the back of the full version of the report.

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 not consistently safe. People told us they felt safe when staff visited them. However the recruitment process did not always ensure people were well protected.

Risks to people were assessed, for example to identify the support people needed with mobility. This helped to ensure people were safe when receiving care from the staff. Staff received training so they would recognise abuse and know how to report any concerns they had about people.

Requires Improvement



Is the service effective?

The service was effective. Staff received training and support which helped them to do their jobs well. People's rights were protected because staff understood their responsibilities in relation to the Mental Capacity Act 2005.

People had individual plans which set out the care and support that had been agreed. This helped to ensure that staff worked in a consistent way which met people's needs.

Good



Is the service caring?

The service was caring. People told us they had good relationships with the staff who visited them. Staff provided care in ways which respected people's culture and backgrounds.

People told us they usually saw the same staff and they appreciated the continuity this provided.

Information had been recorded about people's interests and their personal preferences. This helped to ensure staff got to know people as individuals and provided a personalised service to people.

Good



Is the service responsive?

The service was responsive. People received care which met their needs. Staff stayed for the right amount of time and completed the tasks that had been agreed.

People received a flexible service which was responsive to changes in their circumstances. Staff provided support with activities in the community and helped people to find the services they wanted.

People had been given the information they needed, for example about how to raise any concerns or pass on their views.

Good



Is the service well-led?

The service was well led. Overall, the service was meeting people's needs and staff felt well supported.

Good



Summary of findings

In their role as manager, the provider had a flexible approach and kept in close contact with the people who used the service.	
--	--

Cultural Dignity 'n' Care

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.

Prior to our inspection we reviewed the information and notifications we had received about the service. A notification is information about important events which the provider is required to tell us about by law.

During our visit to the office of Cultural Dignity 'n' Care on 9 January 2015 we met with the provider. We looked at some policies and procedures and a number of records. These included three people's care records, three staff members' employment records, quality assurance reports and other records relating to the running of the service.

Following the visit to the office we spoke with three people who used service and with the relative of another person. We also spoke with three staff members and with a social care professional.

Is the service safe?

Our findings

People responded positively when we asked if they felt safe when staff visited and provided their care. Records showed a range of checks had been carried out on staff to determine their suitability for the work. For example, references had been obtained and information received from the Disclosure and Barring Service (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with vulnerable adults. Other checks had been made in order to confirm an applicant's identity and their employment history.

However, there were shortfalls in the procedure for recruiting staff and when these checks were made. The documentation did not provide a clear record of the recruitment process and show which checks were completed before staff started work. Where there were gaps in information about the applicant, an assessment of their suitability to start working with people had not been documented. The registered person said staff were supervised at work when the usual checks had not been completed or when certain information was outstanding. However, the arrangements for supervising staff had not been recorded. They also told us that people receiving care had not been informed of staff in this situation and been given the opportunity to express their views.

This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they knew what to do and who to contact if they had any concerns about the service. They said they could speak to the provider or to one of the staff. People had been given the agency's office number and also the number for a mobile phone which was used outside of office hours. One person told us they had been given a

leaflet about the service which included this information. Feedback from people and staff indicated there were enough staff to support the number of people using the service.

Staff had an understanding of abuse and knew the correct action to take if they were concerned about a person being at risk. Staff had received training in safeguarding and there was a written procedure to follow. One staff member told us the training had made them feel confident about knowing what to do. In the staff meeting minutes, we saw that scenarios relating to people's safety and wellbeing had been discussed. This helped to ensure that staff were well informed about the action to take to protect people from harm in different situations.

Staff told us they carried identification with them which confirmed their role with the agency. Procedures were also in place so staff knew how to gain access to people's homes. Staff told us that the practical arrangements had been agreed with people on an individual basis. This helped to ensure people were safe from unauthorised visitors.

Action had been taken to reduce the risk of people being harmed when receiving care. People's records showed hazards and the risk of harm had been discussed with them and assessed. For example, the use of a hoist had been assessed to ensure this could be used safely with the person in their home. Where risks had been identified, these were highlighted in people's care records so all staff would be aware of them and what to do to ensure people's safety.

The provider told us that staff did not administer medicines to people, although would prompt people to take their own medicines. This form of support was recorded in people's care records.

Is the service effective?

Our findings

People told us the staff worked effectively and had enough time to do what was needed. One person told us their care worker "Does a good job." Another person described one of the care staff as "Brilliant."

Staff members said they felt well supported in their work. One staff member, for example, told us they had received "A lot of back up from the supervisor" and "Good support" from the registered person. Staff told us about the different ways in which support was provided. One staff member commented "We do have our one to ones", when they discussed their work and any concerns with their manager.

We were told about 'spot checks' which took place when a staff member was observed at work by the supervisor or the provider. A staff member said the provider "Comes to see how we are doing." Staff told us if they had any issues they could also go to the office.

People said the staff were competent in the tasks they carried out. When describing their care, one person told us they needed support with a hoist and that the staff "Know how to use it." Staff said they had received the training they needed. One staff member commented "I've done all the training" and another said they were "Well equipped for what I do".

When in the office, the provider told us about the programme of training that was accessed 'on-line' by staff. This covered a lot of the training staff received, other than those that required a practical element. A staff member told us they were asked on occasions to come into the office for training and to go through certain procedures.

The provider told us there was a flexible approach as to when new staff first went out to care for people. This was to ensure they were confident to carry out their work and to

go out on their own. For example, new staff shadowed and learnt from a more experienced staff member for a variable number of hours depending on their own previous work experience.

Records showed that applicants for care worker posts were asked at interview about their knowledge and understanding of care. A system was used to highlight how well the applicants had performed. This helped to identify the amount of training and level of support new staff required in order to be suitable for the role.

People told us their needs were being met and staff carried out the tasks expected of them. One person commented "They follow a plan", meaning they had a written plan which set out the care and support they had agreed to receive from the agency. Staff said they had the information they needed about the care and support to provide to people on each visit.

People received assistance with preparing food and drinks. The provider told us staff were not supporting anyone who had to take their food and fluids by non-oral means.

Records showed that consent had been obtained to people receiving care and support from the agency. Staff we spoke with had understood their responsibilities in relation to the Mental Capacity Act 2005.

People received support with obtaining other services they needed in relation to their health and care. The provider and staff told us about occasions when concerns had been followed up, for example when equipment was not suitable or needed attention. Some people received care from the community nurse and we were told that visits from care staff were arranged at times when they could meet the nurse. This helped to ensure that there was good communication and sharing of information about the person's care needs.

Is the service caring?

Our findings

People spoke positively about the staff who visited them. They told us the staff were friendly; one person said staff "Have never been rude to them." Other people commented that staff were "Attentive" and "Very helpful and they do as much as they can for you."

People mentioned qualities in the staff they particularly liked, such as one staff member who was cheerful and made them laugh. We were also told the staff understood the need to respect people's privacy and dignity. One person gave the example of staff knowing when it was the right time to leave the room to ensure their privacy.

The provider said that a particular aim of the service was to meet the needs of people from different cultural backgrounds. We were told how this was reflected in the backgrounds of people currently using the service and also in the diversity of staff employed. The provider told us an important aspect of the service was to ensure people and staff who provided their care were a suitable match.

People we spoke with felt their cultural needs were being respected and met. Another person told us it was good for staff to have knowledge of their culture because "They liked things to be done in a certain way." A staff member commented that people felt happier when "Someone from their culture is caring for them." Another staff member said they were well matched with the person they visited and were able to meet their needs.

One person told us the staff had "Adapted to our ways very well." People appreciated having staff visit them who understood how they liked certain things to be done. We were told for example that staff members' knowledge of hair products and certain foods helped to ensure that people received care and support in ways which met their individual needs.

The feedback we received showed that good relationships had been established between staff and the people they provided care to. People said they usually saw the same staff, except at times of holiday or sickness. They appreciated this continuity and the consistency of care it provided.

People's records included information about their interests and individual preferences. This helped to ensure staff got to know people as individuals and supported people in a personalised way. It also provided information when matching staff and people receiving care.

People were given the opportunity to pass on their feedback in surveys that were sent out by the provider. The provider told us they also spoke with people on a regular basis to ensure they were happy with the service and to discuss any concerns. They said that as a relatively small service it was possible to maintain this individual contact with people.

Is the service responsive?

Our findings

People told us the service was responsive to their needs. One person told us "Staff come at the right time and go at the right time." Another person said the staff stayed for the right amount of time. One person commented that staff were "Good with managing time." Staff said they didn't usually experience difficulties in getting to people on time.

People spoke about the flexibility of the service and how staff took account of their changing circumstances. One person, for example, told us they had asked to receive a later visit in the morning and this request had been met. Another person commented "They try and fit the service to the person, rather than the other way round." One person's arrangements included the involvement of a language translator to ensure they maintained good communication with the staff who visited them.

Staff also felt the service was responsive to people's needs. Staff members commented "Each day could be different, there is flexibility" and "You have to adapt to people's needs". We were told by staff that although there were care tasks they had to complete with people, there was also the scope to ask people what else they needed at the time. Some people received support with activities outside their home and they talked to staff about the things they would like to do. One person for example had support with using a local pool.

Records showed people's needs had been assessed. Plans had been produced which detailed the support to be provided by staff on each visit. Staff said the plans gave them the information they needed about people's care needs and their individual preferences.

One person told us they had talked with staff about their day to day needs. They said staff had "picked up their

routine" and knew how they liked things to be done. Our conversations with the provider and with staff showed they were knowledgeable about people's diverse needs and how these affected the care and support they received. People's records and care plans included some information about their religion and cultural needs. However, they did not reflect the more detailed information which we had been told about. The provider said they were currently reviewing the format of the care plans. The review would therefore be an opportunity to consider how this further information could be incorporated into people's care plans. This would help to ensure a consistent approach from staff and the plans reflected a more personalised approach to people's care.

People told us they talked with the provider or supervisor on occasions to discuss their needs and any changes in the visits they received. One person told us they had a folder in their house in which staff recorded what they had done during a visit. Staff confirmed they kept a communication log which included their visit times and details of the care they provided. They said it was also a means of recording any significant events which other staff and the registered person would need to be aware of. This helped to ensure relevant information would be available when people's care was being reviewed.

People's views were being obtained in surveys and in their contact with the provider. A record of complaints and concerns was kept and this showed how particular matters had been followed up. This including ensuring that staff were aware of any changes and improvements that had been made in response to a concern being raised. One person commented that they knew how to make a complaint but hadn't needed to. The provider told us most issues were dealt with informally at an early stage.

Is the service well-led?

Our findings

Cultural Dignity 'n' Care was run by a provider who also managed the service on a day to day basis. The provider had set up the agency and developed the service over time. They were office based, but maintained contact with people through the assessment and care planning process. The provider told us how they responded to the needs of the service, for example by being flexible in their role and covering for the care staff when required.

There were a range of policies and procedures which set out the measures to be taken in relation to different aspects of the service. An external company had produced these and provided updates to reflect changes in legislation and practice guidelines. The provider was reviewing the policies and procedures to ensure these were personalised for the service.

A policy and procedure for quality assurance included details of audits to be carried out. The provider said the audits were being introduced over time as the service developed. A system was in place for monitoring the care staff members' visit times, but not yet implemented. The provider told us this was shortly to put into practice as a new measure to ensure any late or missed calls were promptly identified and followed up.

Information about the service was available in a leaflet and on the provider's website. This included the agency's aims and values. These highlighted the importance of people being treated with respect and receiving a service which met their cultural needs. People's feedback about the agency indicated they were happy with this aspect of the service.

Overall, people spoke favourably about the care and support they received. One person commented that if they had any concerns then the provider was "At the end of the phone." Staff members described the provider as being "On the ball" and "Good at backing staff."

The agency was run from a single office which the provider told us was adequate for the day to day running of the service. A range of on-site facilities were available, including a room which could be used for meetings and training purposes. A lot of communication with staff was 'on-line', with a system in place for sending new procedures and updates to staff. A staff member told us this system worked well. They said that when information was sent to them they were asked to confirm that it had been read.

Staff said they had been given the resources they needed to do the job and they felt supported in their work. Comment was made to us that it would be beneficial for staff to meet together more often as a team. Records showed that meetings had been held on occasions, although these had not been well attended. The provider told us it was difficult to get all the staff together at the same time, but said this was something they would be looking at further.

The provider spoke about their achievement and pride in establishing a service to meet the needs of people from different cultural backgrounds. They had identified ways in which improvements could be made, for example in relation to the upkeep of some records and developing a more systematic approach to quality assurance. There were no immediate plans to expand the service but the provider acknowledged it would be important to ensure the staffing and resources were in place to ensure this was well managed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers</p> <p>The registered person was not always operating an effective recruitment procedure.</p>