

Cultural Dignity 'n' Care Limited

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Inspection report

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Date of inspection visit:
30 October 2019

Date of publication:
07 January 2020

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

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 our inspection there were seven people receiving support with personal care.

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

People using the service were happy with the care they received. At our last inspection we found that missed and late visits were causing people some concern. Since that time, we found that the registered manager had written to people using the service to acknowledge and apologise for the shortfalls in the service. There were systems in place to monitor that calls were taking place and people told us they were happy with the service they received. This reflected some progress made by the service since our last inspection. However, we were not yet assured that governance systems were robust enough to drive and sustain improvement. This was a breach of regulation.

The registered manager and staff knew people being supported very well and could tell us about their care needs. People and staff told us they felt able to raise issues or concerns with the registered manager and felt confident they would be addressed. However care plans didn't fully reflect the person centred nature of the support being provided. In places, care plans were not detailed enough to ensure that people got the support they needed. We also found that risk assessments were not always completed in full so that there was a clear overall picture of the risks associated with a person's care. These areas of the service required improvement.

Staff received training and support to help them perform their roles effectively. This included key topics such as safeguarding and mental capacity. Staff performance was monitored and checked through spot checks and supervision.

People told us, and we saw from their feedback to the provider that they were happy with their care and support. One relative described it as "brilliant" and they were "very impressed".

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

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 requires improvement (published 19 April 2019) when two breaches of

regulation were found. This was a focused inspection and did not look at all aspects of the service provided. At the last comprehensive inspection (published September 2018) we also found breaches of regulation. We asked the provider to submit action plans in relation to these breaches and these were checked at this inspection.

This service has been rated requires improvement for the last three consecutive comprehensive inspections.

At this inspection enough improvement had not been made and the provider was still in breach of regulations.

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 meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Cultural Dignity 'n' Care 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

The inspection was carried out by two inspectors.

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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the 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 used all of this information to plan our inspection.

We reviewed all information available to us prior to the inspection, including notifications and any information of concern. Notifications are information about specific incidents and events, the provider is required to send us by law.

During the inspection-

We reviewed the care files for all seven people being supported with personal care. We reviewed staff files to look at training and recruitment and the provider's quality monitoring documentation.

After the inspection –

We attempted to speak with all seven people receiving person care, or one of their relatives. We spoke with one person using the service and one relative. We also looked at comments on the provider's own quality monitoring forms to gain a picture of people's views and experiences. We attempted to speak with a number of staff but were only able to gain feedback from one.

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 remained the same.

At our last comprehensive inspection we found people were experiencing missed and late visits. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that people were happy with the service they received and hadn't experienced any difficulties arising from missed visits.

At a focused inspection carried out in March 2019 we found that recruitment processes were not robust enough to ensure risks to people using the service were minimised. This was a breach of regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of regulation. However the rating for this key has remained as requires improvement as we were not yet assured that systems for ensuring people's safety were fully robust.

Assessing risk, safety monitoring and management

- There was a system in place to monitor whether visits were taking place as scheduled. The registered manager told us staff were not all fully compliant with this system yet because they didn't always 'log in' to the system when carrying out care. This was being addressed through continuing to remind staff of the importance of the system.
- We viewed data for the last three months and saw that for each person being supported with personal care, over 90% of visits had been completed as scheduled. For two people 100% of visits had been completed and for the others, the figure was between 90 and 99%.
- We weren't able to speak with everyone using the service, however we didn't receive any feedback that late or missed calls were causing concern for people. One person told us "they are very very good at that" when asked whether staff attended as scheduled." A relative told us there had been occasions when staff were running late but that they were also phoned if this was the case.
- There was a risk assessment in place for the homes of people being supported.
- We found that with risk assessments relating to people's individual care needs, part of the risk assessment template for some people wasn't completed. There was a section of the form which required a score out of 10 to be identified to illustrate the overall level of risk for a person. This hadn't been completed in the files we reviewed.

Staffing and recruitment

- At our last inspection we found that recruitment checks weren't always carried out for staff in a robust way. At this inspection, we saw records to show that a DBS check had been carried out for most of the recently recruited staff. We also saw evidence of photo identification on file, as well as references.

- However, we did see that for one member of staff, there was no evidence of the DBS check on file. The registered manager told us that this person had joined the company with a recent check already completed and so had allowed them to begin work using that. We saw evidence that the manager had submitted an application for their own check, though the results of this were not yet known. There was no risk assessment on file in relation to the person starting work without a new DBS check.
- For one member of staff for whom information of concern had been highlighted on their DBS check, we saw that the manager had carried out checks to assure themselves of the person's suitability to work for the service.

Systems and processes to safeguard people from the risk of abuse

- One person told us they had no concerns about safety, although sometimes had difficulty with them and staff understanding each other. The person told us this wasn't a big concern and they found ways of managing.
- There were body maps in place for people highlighting any areas of the skin where there were bruises or marks when the person joined the service. The registered manager told us they had implemented this in response to previous concerns that had arisen. This was a positive way to protect people and facilitate any future safeguarding investigations.
- Staff received training in safeguarding so that they understood their responsibilities and knew what to do if they were concerned.
- We found evidence that concerns about a person's welfare was reported to the safeguarding team in the local authority and to Care Quality Commission, as required.

Using medicines safely

- One person using the service was receiving support with medicines. Staff signed a Medicines Administration Record (MAR) sheet to record when medicines had been given. The MAR chart didn't list individual medicines; however, these were contained in a dossett box and there was a separate list of medicines prescribed for the person in their file.

Learning lessons when things go wrong

- At our last inspection, we found that missed and late visits were causing some concern for people. At this inspection, we saw that the registered manager was attempting to address these issues.
- We saw from people's care files that people had received a letter from the provider, apologising for the disruption to people's care in relation to missed visits.

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's needs were assessed prior to receiving care and support. This covered a range of people's needs to ensure that staff had the full picture of the person and how they wanted to be supported.

Staff support: induction, training, skills and experience

- Staff received training and support to enable them in carrying out their roles effectively. This included areas such as safeguarding, mental capacity and health and safety.
- New staff had opportunity to shadow established members of staff to help them settle in to their role.

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

- Where people were receiving support with eating and drinking, this was detailed in their care plan. Any particular details about a person's likes and dislikes were recorded as well as any allergies.

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

- Most people being supported were able to access healthcare appointments independently or were living with family members who were able to support them with this.
- If people were receiving support from other healthcare professionals, this was documented in their care plan. For example, one person received support from the district nurse for a skin condition. This meant staff were aware and could share concerns with the nurse if they needed to.
- Any health conditions a person had were outlined in their care plans, so that staff were aware and could take account of this when supporting the person.

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

- Information about a person's capacity was included in their care documentation. For example, one person had a power of attorney appointed to make decisions on their behalf and this was recorded in the person's care plan.
- There hadn't been any occasions when the service had been involved in making best interests decisions for a person. However, staff had received training in the subject and understood the main principles of the legislation.
- Staff gave examples of how they put the principles of the Act in to practice by giving people choice for example and accepting that people may sometimes decline care.

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 were treated well and with dignity and respect. We were not able to speak with all of the people who used the service so we also reviewed the service's own quality monitoring as evidence of this.
- One person, in their quality monitoring form stated "The staff are excellent, I cannot knock them it's a pleasure to have them".
- A relative we spoke with told us the service was "brilliant" and "better than all the other agencies we've used". They commented they were "very impressed".
- In another telephone monitoring form, a person was recorded as reporting how staff often stayed longer than their allotted time in order to carry out extra tasks such as going to the shop for the person.

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

- People and their family or representatives were fully involved in the assessment and care planning process.
- People were asked for their views regularly to ensure the care they were receiving was suitable and met their needs.

Respecting and promoting people's privacy, dignity and independence

- Staff were aware of promoting people's independence and enabling them to make choices about their own care and support.
- Staff talked to us about they maintained people's dignity when providing care, for example by closing door and using towels to cover people when supporting with personal care.

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 had care plans in place. These were created with the full input of the person being supported and their representatives.
- We found that records weren't always fully person centred in nature or contained all necessary information. For example, care plans were brief and only gave basic details of the care people wanted. In some records there was information that a person needed support with their personal care, but no further detail about the specific support people required.
- The registered manager told us that staff had access to an app which gave more details such as whether the person wanted a shower or bath. The registered manager showed us how this system worked.
- One member of staff told us how they took time to find out about a person, such as how they liked their tea and what time they liked to go to bed.
- A relative told us how the service tried to send regular staff so that there was continuity of care. They told us that when new staff came, they took time getting to know the person and understanding their needs.
- The registered manager and staff were knowledgeable about people's care needs and able to tell us about how people liked to be supported. However, records didn't fully reflect this.

We recommend that care plans are reviewed to ensure they are fully person centred and contain all necessary information about the person's care 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.

- There was information contained in people's care files about how they communicated. For example, whether they were able to do so verbally and whether they were able to use the phone.

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

- Although staff support for social activities wasn't always part of the person's support package, details about the person's life were included in their care documentation. For example, one person had regular visits from a friend on certain days.

Improving care quality in response to complaints or concerns

- There was a process in place for managing and responding to complaints.
- People told us they would feel able to go to the registered manager with any concerns.

End of life care and support

- There was nobody receiving end of life care at the time of our inspection.

Is the service well-led?

Our findings

Our findings - Is the service well-led? = Requires Improvement

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.

At our last comprehensive inspection we found that quality assurance systems were not fully robust. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection some improvements had been made but the service was still in breach of this regulation because we weren't yet assured that systems were robust enough to drive and sustain improvement.

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

- At the time of our inspection, the number of people receiving support with personal care was small and this helped the registered manager and staff deliver good, person centred care.
- Records weren't consistently describing the care that people received in sufficient detail and we have recommended that the provider reviews this.
- People were given opportunity to feed back about their care and felt able to raise any issues with the registered manager. This demonstrated a positive and open culture where communication was encouraged.

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

- There were some systems in place to monitor the service provided and ensure people were safe. This included telephone monitoring so that the registered manager had regular contact with people to check on whether they were receiving a good service.
- We saw that when shortfalls had been found at our last inspection in relation to missed and late visits, the registered manager was open and honest about this and wrote to people using the service to apologise for the lapses in service.
- We also saw evidence of spot checks taking place. These provided evidence that staff were providing good, safe care.
- One person told us, "when there was a problem, I spoke with (name of registered manager) his is when the registered manager attends calls unannounced to check on care delivery.

- However, quality assurance systems were not yet fully effective at identifying concerns and driving improvement. Although the service had made improvements since the last inspection, overall the rating for the service remained as requires improvement.

This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We saw that the provider understood their responsibility to make notifications to the Care Quality Commission when necessary. We viewed copies of these sent to the Care Quality Commission prior to our inspection.

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

- A relative told us how the registered manager phoned and visited them regularly to check on the service and whether they were happy. They told us they would be happy to phone and speak with the registered manager if they had any concerns.

- One member of staff told us the registered manager was approachable and fair and they could raise any issues or problems with them.

Continuous learning and improving care; Working in partnership with others

- Prior to the inspection the registered manager told us about an incident when an accident had occurred whilst staff were supporting a person. The registered manager told us they took positive action in response to this, by retraining staff and holding one to one meetings with them to go through the importance of safety.

- Since the last inspection, we saw that action had been taken in response to feedback from previous inspections. For example, in response to concerns about recruitment, we saw that further assessment had been carried out on a person with a conviction highlighted on their DBS check.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems were not yet sufficiently robust to identify shortfalls in the service. Regulation 17 (2) (a)