

Cultural Dignity 'n' Care Limited

# Cultural Dignity 'n' Care Limited

## Inspection report

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Date of inspection visit:  
07 March 2019

Date of publication:  
23 April 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service: Cultural Dignity 'n' Care Limited. Are a Homecare service. The service provides personal care to around 6 people in their own homes. Some people also receive support with shopping and domestic duties that are not regulated by CQC.

People's experience of using this service:

- People continued to feel happy with the care and support they received.
- Relatives of people also said staff were friendly and cared for family members properly and in a caring and positive way.
- People had no concerns about safety or well-being when with the staff.
- People received flexible care and support from a small team.
- There were enough staff to keep people safe. Risks to people were managed in ways that kept them as safe as possible. Guidelines were in place to help staff when supporting people.
- For three staff there were significant gaps in staff recruitment checks and there was no assurance these staff were safe to work with people who were vulnerable.
- The provider failed to have in place robust and effective systems and processes to ensure the quality and safety of service.

Rating at last inspection: The service was rated requires improvement at our last inspection in July 2018.

Why we inspected: We inspected in response to an allegation of some missed care visits, and an allegation that some staff did not have the required employment checks carried out against them. These checks are to help ensure staff are safe to work with people.

Enforcement You can see what action we have taken at the end of the report.

Follow up: We will be following up and monitoring the service. This will be published when our processes are complete.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Details are in our Safe findings below.

### Is the service responsive?

**Good** ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led

Details are in our Well-Led findings below

# 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by an allegation that staff worked at the service who did not have a DBS check, or references in place.

#### Inspection team:

The team was made up of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

**Service and service type:** 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:

The inspection took place on 7 March 2019 and ended on 13 March. We visited the office location on 7 March and 13 March to see the manager and office staff; and to review care records and policies and procedures.

#### What we did:

- ☐ We reviewed the Notifications we received from the service.
- ☐ We looked at three people's care records.

- ☐ We looked at the records of accidents, incidents and complaints. We also checked audits and quality assurance reports.
- ☐ We spoke to three people using the service; and two relatives.
- ☐ We also spoke to seven members of staff.
- ☐ After the inspection the provider/manager wrote to us and gave us some additional evidence and information.

# Is the service safe?

## Our findings

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

RI: ☐ Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

### Staffing and recruitment

- Three staff worked for the provider who did not have a Disclosure and Barring Service check (DBS). The helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.
- There was also no application form and no evidence of employment history or proof of identification for these staff. This put people a risk because there was no check in place to make sure these staff were safe and suitable.
- Staff told us the staff concerned provided personal care to people at the service. After our visit we spoke to a social worker for one person. They confirmed this person was receiving personal care.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People gave us mixed feedback about the timeliness and reliability of visits.
- One person told us, "The time of their arrival has improved over the last few months but it certainly isn't 100%. We did have two or three missed calls over a month or so and I did have to talk to Claudette about that. Thankfully it hasn't occurred since."
- Another person said "They're not always on time and it can get frustrating particularly if I'm waiting to do something. My partner is on dialysis at the minute and I like to be there to support him but they seem to have changed my time on a Monday for my visit which means I'm too late by the time I'm ready to be able to go with him. I've never experienced any totally missed calls though."
- Staff felt they had safe work environments with sufficient information given to them before they went to a place. The manager carried out spot checks, at people's homes; this included observing staff at work, making written notes, questioning the staff and person.
- The team received an emailed or texted rota on a Friday. One member of staff said the manager occasionally rang them at the end of the day to check they had received it. Another staff told us they did not receive a rota but as they only supported one person they knew when their visits were.

### Systems and processes to safeguard people from the risk of abuse

- The staff who we spoke with had completed adult safeguarding training within the last year.
- They understood the correct safeguarding procedures should they suspect abuse.
- They were aware that a referral to an agency, such as the local adult services safeguarding team should be made.

## Assessing risk, safety monitoring and management

- Staff told us they had completed health and safety training.
- A recent staff member told us they had been on a day of health and safety training, in the first few weeks of their employment. The training had included learning about how to care for people safely. For example, it included hazards and what to do if someone choked. Another gave the example that if a door was 'broken' when they arrived at a home, before going in they would inform the office who would contact the police.
- Staff knew about risk assessments. Two staff told us about risks related to kitchens such as hot stoves for people living with dementia.
- Another staff member spoke about risks such as windows, doors and stairs. This staff member gave us the example of one person who put themselves at risk of falling because they wanted to use their toilet rather than the commode provided nearer to them.
- Staff also said that risk assessments were part of the written care plans in people's homes. One staff member said, "The manager tells you everything before you go."
- Staff understood how to meet a person's mobility needs safely. For example, one staff member said staff were shown during induction and training shifts. If a person had a new hoist, staff always worked with another staff member who would know how to use it. They also understood risks when they supported a person with bedrails. The staff member was not aware of a written risk assessment in relation to this. They knew however they had to check rails were properly locked and the bed was at its lowest height.

# Is the service responsive?

## Our findings

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

Good: ☐ People's needs were met through good organisation and delivery

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us the service was responsive. One person said "Yes, I also said that I preferred male carers if possible. At the minute I have one very nice chap who has come for the last few days and it would be good if I could keep him permanently."
- Another person said in response to whether being asked about changes to who came to see them "If that happens, one of the other staff who I know will usually be able to fit in. I don't always know until they come through the door but if there is a problem, to be honest it doesn't make much difference to me, as long as it is someone I know who is filling in for them."
- A further comment about how visits were planned and reliability was "That's only really happened when my carers have been going away on holiday, and then it was one of the other carers, who I know, who was able to fill in for her while she was on holiday."
- People also felt involved in how their care was planned. One person told us. "One of the first questions I remember being asked, was what time I would like to have the help to get me washed and dressed and what time I like to be getting ready for bed. They also asked me what time I like my visit to take place."
- Staff knew the details of the care plans in people's homes. The staff told us care plans included asking the person what they wanted.
- Another staff member told us about someone living with dementia and the information in their care plan. This included how to help them move, the time of their shower and what they wanted to eat. Staff also told us about the records they made of their visits. The information staff wrote about included, what position the person was left in, the care they had given, and what medicines people had. Staff also said they recorded the person's mood as well. Staff told us a written personal history was in each care plan file. One staff member said this included a record of the person's preferences, adding that most people could say what they wanted.
- For new people the staff were sent rotas with information about support the person required. There was a verbal handover as well, and staff went with a colleague who knew the person already if it was someone new to them. Some staff also told us relatives could give them information/guidance. A couple of staff told us the manager or office staff went with staff on their first visit to a person to show them what was required.

Improving care quality in response to complaints or concerns

- People felt there had been improvement in response to concerns and complaints. One person said, "They seem to have been a lot keener to listen recently, and I've appreciated that."
- Another person told us, "They have really listened to me since I spoke to them about the couple of missed calls that we had had, together with the fact that they would occasionally send a new carer into his home without thinking about how someone was going to explain what was needing to be done. The last couple of months have been much better and therefore, I think yes, I would recommend them to others now."

- Further feedback included "We've only really had one issue I spoke to the office straight afterwards about it and they apologised and said that they wouldn't send her to us again. Since then, everything has been as it should be and I would happily recommend them."
- Staff understand how to raise concerns. Staff told us this meant that if they thought staff were not doing as they were supposed to do they should report this to senior staff, and were confident they would respond appropriately. One told us they felt this because they had reported concerns to management and they had been resolved.

# 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

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Leadership of the service was unsafe because we found unsafe practice. For example, the manager employed three staff who did not have DBS checks or references. This had not been picked up by quality audit checks. It in turn put people at risk as there were no checks in place to ensure these staff were safe.
- The manager/provider of the service had failed to act openly. This was because they had confirmed after our visit that three staff at the time did not have suitable staff recruitment checks in place. They said the staff concerned did not support people with personal care. The manager told us they believed this meant this matter was not a matter for CQC. However, the people supported by these staff were receiving some personal care.

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

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

- Staff told us the senior staff were helpful when they had sought advice. The staff member said the manager had reassured them and told them they could call if there were any problems.
- Another staff member said the manager "shouts a little bit sometimes". They also said the manager had reflected on this when the staff member expressed this view to her. They understood each other better now. They said "She's very nice, if you learn. She likes to do everything properly she's very strict." And "I'm happy. I like my job now."
- Staff told us they had no problems in contacting and speaking with the manager or office staff if necessary. They said the manager sometimes worked 'hands on' to cover absences if no one else could be found.
- Staff said the manager had reassured them and told them they could call if there were any problems.
- Staff said senior staff treated everyone fairly and equally. The manager always acted to resolve any conflicts such as personality clashes.
- Staff told us senior staff were available to them, easily contacted and helpful. One staff member said that the manager sent a text and email message to communicate if phones were going to be out of action.
- Staff told us there was good team-working, such as when two staff worked together for visits, and that they covered each other's absences. One, when asked if colleagues had necessary skills, told us that when working in pairs she guided other staff members by saying "We're not in a rush. We've got an hour!", adding

they had plenty of time to do what was needed.

- The team knew the values of the service. They said the manager respected staff and expected them to respect others, and 'teamworking' was another value. Another member of the team said, "The manager wants the best for her service users". A staff member also said, when asked what the services does well "Communication, with and between staff". A further comment was "The manager is "amazing. She's strict but fair. She makes sure staff are doing a good job, are turning up, she steps out of the office when needed. She gets cover if someone needs it, with enough notice. She's inspirational."
- Staff told us they received feedback at spot-checks and supervisions that was positive and left them understanding what was expected of them in future. Some had been told about feedback from colleagues as well as service users. One commented that if it was good, the manager thanked staff.

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

- Staff were not aware of any surveys for staff or service users. People's views about their care and the staff were sought during spot checks, but staff only said they themselves received positive feedback about their performance and didn't seem aware of any other use for the feedback.
- Staff had influenced the development of service delivery and practise: One staff told us they noticed some of the visit times on rotas were wrong in that they were not the service user's preferred times, so they informed the office and this was addressed.

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

- People spoke positively about the management of the service. One person said the manager was "very nice and very helpful. "Another person said "I've certainly spoken to a lady called Claudette who usually sorts any problems out that I've got."
- They do listen to you when you have concerns and I think they genuinely do want to put things right," I've been much happier since I changed agency last November, than I was for the last few years with the last lot of carers. Yes, it is taking time to settle down, but I appreciate that the carers know what they're doing and really seem to care about me as a person, which never happened before."

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 monitoring systems were not fully effective.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Some staff did not have any pre employment checks and references .