

Bhandal Care Ltd

Bhandal Care

Inspection report

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Website: www.bhandalcare.co.uk

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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

Bhandal Care is a domiciliary care agency. The service provides personal care to older and younger adults, who may also be living with physical and sensory disabilities, dementia, mental health or learning disability and / or autism. At the time of our inspection there were 28 people using the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people

The service was not able to demonstrate how they were meeting some of underpinning principles of "Right Support, Right Care, Right Culture.

Right support: We have made a recommendation about care plans. Care plans did not always have sufficient detail on behaviours that challenged to ensure staff provided consistent care. Care plans and risk assessments were in place for other areas of people's care needs. Systems were in place to help protect people from the risk of abuse. There were enough staff for people to receive timely care and checks on the suitability of staff to work at the service had been made. Steps were taken to help prevent the risks from infections. Medicines were managed safely and lessons were learnt when things went wrong.

Right care: 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. People's needs were assessed and staff were trained in areas relevant to people's care needs. People were supported to eat and drink well and staff worked with other agencies to help people receive effective care.

Right culture: Some improvements were still required in the management of the service. Staff treated people well and people were supported to express their views and be involved in their care. People were supported with their independence and their dignity and privacy was respected. The provider looked to improve the quality of care in response to feedback. People's communication needs were assessed and staff checked people's preferences and choices. The provider involved people, staff and relatives in the running of the service and worked in partnership with other agencies involved in people's care.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 20 February 2023). At our last inspection we found breaches of the regulations in relation to assessment and risk management of people's care needs, staff recruitment processes, staff deployment, skills and knowledge, complaints systems, record keeping and management of the service.

The provider completed an action plan after the last inspection to tell us what they would do and by when to improve. At this inspection, we found the provider had made some improvements and some improvements were still required and they remained in breach of regulations.

This service has been in Special Measures since 20 February 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out this inspection to follow up on action we told the provider to take at the last inspection.

Enforcement and recommendations

We have found breaches in relation to the management of the service at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

We have made a recommendation in relation to care plans for when people express distress and agitation. We will check if the provider has acted on any recommendations at our next comprehensive inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Bhandal Care

Detailed findings

Background to this inspection

Inspection team

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and 1 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

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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

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

We received feedback from the local authority who commissioned care from the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 31 October 2023 and ended on 10 November 2023. We visited the location's office on 7 November 2023.

We spoke with 7 people and 6 relatives of people who used the service. We spoke with 4 staff in total, including the registered manager and 3 care staff.

We reviewed the relevant parts of 4 people's care plans and 3 people's medicines records. We looked at audits, policies, training records and 3 staff recruitment files.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection we have rated this key question requires improvement. This meant 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.

Assessing risk, safety monitoring and management

- Care plans and risk assessments did not always contain guidance for staff to follow when people expressed distress or agitation. For example, records showed 1 person had some behaviours that challenged however, it was not clear what this could look like. Staff told us and daily logs recorded that different approaches were taken by staff to managing any behaviours that challenged. We made the provider aware and following the inspection, the provider sent us an updated care plan with more detailed guidance for staff to follow.

We recommend the provider's reviews of care plans ensure people's care needs are identified and provide guidance to staff on how these can be safely met.

- Care plans and risk assessments for other areas of people's care needs were in place. For example, when care staff assisted people to transfer safely or when they helped them with their medicines. Any risks and hazards associated with people's homes had been assessed. These assessments helped to ensure staff were able to provide safe care.

Systems and processes to safeguard people from the risk from abuse

- People were safeguarded from abuse and avoidable harm. People told us they felt safe with the care they received. Staff had completed training in safeguarding and told us how they would identify and report safeguarding concerns. This helped to ensure staff understood how to keep people safe.
- The provider had a safeguarding policy in place and had made safeguarding referrals to the local authority when needed. Information on safeguarding and who to report concerns to had been shared with people when they joined the service. These actions helped to protect people from abuse.

Staffing and recruitment

At our last inspection we found the provider had failed to complete all the required checks on staffs' suitability to work at the service and to deploy enough staff to safely meet people's needs. This was a breach of Regulation 19 (Fit and proper persons employed) and regulation 18 (Staffing) 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 now meeting this regulation.

- The provider ensured there were sufficient numbers of suitable staff. At this inspection, most people told us staff arrived on time and stayed for the full length of the call. Records showed the provider planned time for staff to travel in between care calls and staff told us they had enough time to care for people. There were

sufficient numbers of staff deployed to meet people's needs.

- The provider operated safe recruitment processes. Checks were made on employment history, references and with the Disclosure and Barring Service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. These checks helped the provider make decisions to recruit staff who were suitable to work at the service.

Preventing and controlling infection

At our last inspection we found people's care needs had not always been assessed and risks, including those from infection, were not always mitigated. This was a breach of Regulation 12 (Safe care) 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 now meeting this regulation.

- At this inspection we found people were protected from the risk of infection as staff were following safe infection prevention and control practices. People told us staff would use personal protective equipment when providing personal care. One relative told us continence pads had not always been placed in the appropriate bin. We made the provider aware of these comments and they told us they would reiterate correct processes with staff.
- The provider had a policy in place for infection prevention and control and they checked staff were following this. These actions helped to keep people safe.

Using medicines safely

- People were supported to receive their medicines safely. Medicines administration record (MAR) charts showed staff recorded when they had assisted people with their medicines and any prescribed skin creams. These showed people received their medicines on time and as prescribed.
- Staff had been trained in medicines management and had their competence checked. Staff told us the steps they completed to ensure they provided medicines in line with good practice guidance. This helped to ensure risks associated with medicines were reduced.

Learning lessons when things go wrong

- The provider looked to learn lessons when things had gone wrong. For example, records showed the provider investigated any issues raised with them to understand what had occurred. People, relatives and staff were involved in reaching conclusions and identifying actions that could help to prevent incidents reoccurring.

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 our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection we found the provider had not always ensured staff were suitably competent to meet people's care needs effectively. This was a breach of Regulation 18 (Staffing) 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 now meeting this regulation.

Staff support, training, skills and experience

- The service supported staff to have the skills, knowledge and experience to deliver effective care and support. At this inspection, most people felt staff had the skills and knowledge to care for people effectively.
- Staff told us they completed an induction and worked with an experienced member of staff before providing care on their own. This helped staff gain the relevant skills and experience they needed.
- The provider had oversight of what training staff completed and made regular checks on their knowledge and competence. We found some checks on staffs' competence could be more robust and the provider told us they would implement improvements. Training and checks on staffs' knowledge helped to ensure people received effective care from staff who had the skills and knowledge to do so.

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

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes. Assessment processes considered any equality and diversity needs and how these could be met. For example, if people required information to be discussed with them rather than giving them information to read.

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

- People were supported to eat and drink enough to maintain a balanced diet. People told us staff supported them if they needed any help with their meals and drinks. One person told us, "Staff make my breakfast, cereal or toast, whatever I want."
- Care plans and risk assessments were in place where staff provided care with people's meals and drinks. Records showed what foods and drinks staff had supported people with. Staff told us they would leave snacks and drinks out so people could eat and drink in between calls. This helped to ensure people were supported to eat and drink enough.

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

- The provider ensured the service worked effectively within and across organisations to deliver effective

care, support and treatment. Records showed where other health care providers had been contacted for advice and guidance. For example, staff had contacted district nurses when they identified a change in a person's skin integrity. This helped to ensure people received effective and timely care.

- People were supported to live healthier lives, access healthcare services and support. Care plans identified where people required support to attend any health appointments. The provider had changed call times to accommodate appointments and where agreed, had supported people to attend any health appointments. This helped to ensure people had access to healthcare services.

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 MCA 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 was working in line with the Mental Capacity Act.

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 our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good. 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 well supported. People told us staff were caring. One person said, "I really love [name of staff member], they are lovely." Another person told us, "They are all very caring and they listen if I want to talk." A relative told us, "Every single carer has been wonderful, they are all fantastic."
- Staff told us they enjoyed seeing the people they cared for. One staff member told us, "I like to make sure I give them the best." People were supported by staff who treated them well.

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

- People were supported to express their views and make decisions about their care. One person told us, "Yes, I choose just about whatever I want." Staff told us they worked to involve people in their care. One staff member told us, "I basically make sure people have a say and I always ask them what they prefer."
- Records showed where people had discussed their care with the provider and their views and choices were respected and included in how their care was provided. This helped to ensure people were involved in decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted. Staff told us they provided care in ways to promote people's privacy, dignity and independence. For example, staff told us, "We will get the washing bowl ready and then [name of person] can wash themselves." Another staff member said when they provided personal care they would, "Make sure all the doors and blinds are closed and [provide] cover with a towel." This helped to promote people's independence and respect their dignity.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection we found the provider had failed to operate an effective system to identify learning to improve the quality of care in response to complaints or concerns. This was a breach of Regulation 16 (Receiving and acting on complaints) 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 now meeting this regulation.

- People's concerns and complaints were listened to, responded to and used to improve the quality of care. The provider had introduced processes to ensure any complaints would be reviewed and resolved. People and relatives had been kept informed of any outcomes.
- Records showed details of complaints and relevant incidents were kept. This helped the provider to ensure complaints and incidents were managed in line with their own policies and procedures.

Planning personalised care

- People were supported as individuals, in line with their needs and preferences. Care plans reflected people's preferences for care and staff told us they checked with people prior to care to ensure their preferences and choices would be met.
- Information was available to help staff know what was important to people and to know about some of their life experiences. This helped people receive personalised care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard. People's communication needs were understood and supported. For example, assessment processes used a variety of communication methods and the provider checked to ensure people understood relevant information.

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

- People were supported to maintain relationships, follow their interests and take part in activities that were relevant to them. Where agreed, staff supported people in the local community and to attend any relevant appointments. This helped to prevent social isolation.

End of life care and support

- No-one received any end of life care at the time of our inspection. The provider told us this would be provided working along with the local district nurse team if and when required.



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 our last inspection we rated this key question inadequate. At this inspection we have rated this key question requires improvement. 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 inspection we found the provider had not operated effective systems to assess, monitor, improve service quality and care delivery and identify and reduce risks. Records were not always accurate, contemporaneous, and complete. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements had been made and other improvements were still needed. At this inspection, we found the provider remained in breach of regulations.

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

- Whilst some improvements had been made, not all of these had been fully embedded. The provider did not as yet have a fully supported management structure. The provider's systems did not always effectively monitor the quality of care provided to drive improvements.
- Systems and processes to ensure quality performance, risks and regulatory requirements had not always been effective. Whilst some statutory notifications had been submitted to CQC, we found other notifiable incidents had not been reported since our last inspection. We made the provider aware and shortly after our inspection they sent through further statutory notifications. However, this meant that the provider's systems to ensure compliance with regulatory requirements were not yet fully embedded.
- The provider had not consistently created a learning culture at the service and business contingency measures were not always effective. For example, the provider had planned for work to take place on their digital records and this meant a large number of the files we requested to see on the day of our inspection were unavailable. These were sent to us later in the week for us to review. However, there had been no contingency planning prior to this event to ensure copies of records remained available at the office location during the planned IT work.

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

- Following our inspection, the provider told us they would continue to develop their business contingency plans with the input of their staff teams. They sent us a completed learning review of a recent incident and identified how the chance of this reoccurring had now been minimised.
- The provider operated other systems and processes to effectively check on the quality and safety of services. For example, audits were in place to check on medicines safety. Regular spot checks were

completed on the care people received. These systems helped to check on the quality and safety of the services provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and open culture at the service. People told us they thought the service was well-managed. One person told us, "I am very happy with the service." People told us they felt they could speak openly with both the registered manager and the deputy manager.
- The provider had systems to provide person-centred care that achieved good outcomes for people. People and relatives were involved in their care planning and this helped to ensure people received good care outcomes. For example, 1 person told us, "Being with the agency has really made a big difference to my life; I would just have had to go into a home without them."
- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics. Staff meetings involved staff and gave them a chance to ask questions and contribute their views. Records showed phone calls had been made to people and relatives to gain their views and feedback about the service they received. This helped to ensure people, relatives and staff were involved in the running of the service.

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

- The provider understood their responsibilities under the duty of candour. The provider had a duty of candour policy in place. Records of complaints, safeguarding and incidents showed investigations had been completed and any findings shared openly with those involved.

Working in partnership with others

- The provider worked in partnership with others. People, relatives and staff told us they worked with other healthcare agencies such as district nurses, GP's and local pharmacies to ensure people received the care they needed. The provider had worked with the local authority to provide details on any incidents and potential safeguarding incidents that had been raised with them. The provider worked well in partnership with others.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes did not always effectively monitor the quality of care provided to drive improvements and regulatory requirements were not always met.

The enforcement action we took:

We issued a warning notice.