Dhek Bhal

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 15, 16 and 25 April 2018 and was announced. The service was last inspected on 8 January 2016 and there were no breaches of the regulations found at that time.

The inspection was prompted in part by a notification of an incident following which a person using the service was put at risk. This incident may be subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated there were potential risks to other people using the service. These related to the management of safeguarding risks. As part of this inspection we examined those potential risks.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community . Not everyone using Dhek Bhal receives regulated activity. The service offers support to people in the South Asian Community and provides a respite service for carers of South Asian elders through a sitting service. This service offers a break to family members who are the main carers. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they provide personal care, we also take into account any wider social care provided.

There was a registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were kept safe and risks minimised. There were safe and consistent numbers of suitably qualified staff to meet the needs of people. The service was able to provide people with their agreed individual packages of care.

People using the service were protected because staff understood their responsibility to safeguard vulnerable adults. The staff team had received training in this subject. There were safe systems in place to support people with their medicines. Medicine systems were reviewed and checked regularly to monitor for any errors or shortfalls.

People had positive comments and feedback about the care staff. People had clearly built up warm close relationships with the staff who visited them. People said staff were kind and respectful and understood how to provide the care and support they required.

People and their relatives were encouraged to make their views known. People were involved in making decisions about their care. People knew how to make a complaint and were encouraged to share their views and opinions about the service they received.

There were quality monitoring systems in place to fully check the quality of the service provided. The experiences of people who used the service were used as a key part of how quality was checked and monitored.

There was a positive management culture within the service. The registered manager was very committed in their role. They had a clear vision for how they wished to develop the service through good practice and continuous improvement.

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 remains good	**Good**
Is the service effective? The service remains good	**Good**
Is the service caring? The service remains good	**Good**
Is the service responsive? The service remains good	**Good**
Is the service well-led? The service remains good	**Good**

Dhek Bhal

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 was planned to check whether the registered manager 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.

Before the inspection, we reviewed the information we held about the service from the Provider Information Return (PIR). The PIR is a form in which we ask the registered manager to give us some key information about the service, what the service does well and any improvements they plan to make. We also reviewed other information we held about the service such as from notifications. A notification is information about important events which the service is required to send us by law.

This inspection took place on 25 April 2018 and was announced. We gave short notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the office to support the inspection.

The inspection team was led by an inspector .The team included a member of CQC staff who was fluent in the languages that people who used the service speak. We spoke to four people and four relatives by phone interview to ask them their views about the service.

We reviewed information about people's care and how the service was managed. These included three people's care records and three people's medicine records, along with other records relating to the management of the service. These included training, support and supervision records and staff employment information .We viewed quality assurance audits, minutes of staff team meetings and results from questionnaires that the provider manager had sent to people.

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Good

Is the service safe?

Our findings

There were systems in place to protect people from the risk of harm and abuse. Staff told us they had safeguarding training in their induction. The staff also told us they had regular refresher training from an external trainer and this kept them up to date in this subject. Safeguarding was discussed at monthly staff meetings, especially if there was a related story in the news. Staff could name types of abuse, identifying physical, including improper manual handling, mental and verbal abuse. Staff could also identify the signs of abuse, such as changes in behaviour, fear, physical marks or wounds. All staff said they would report any concerns to management who they said were certain to take swift action.

People were supported by the service to stay safe in their own homes. This was in ways that aimed to minimise restrictions on people's freedom of movement. People were supported to install key safes where appropriate to ensure their safety. Staff told us that home security had been discussed with people. Information about how to safely access each person's home was clearly set out in risk assessment records. Each person had their own written risk assessments in place. These set out the support required by the person. Whether equipment was required to help to support people to stay safe was also clearly recorded. People identified as risk of falls had an assessment in place that set out how to keep them safe. Health and safety risks in people's homes had been clearly identified.

We read assessments that were carried out of each person's premises. This was to try to reduce risks to staff and people who used the service. When possible environmental health and safety risks were identified suitable actions were put in place. We read guidance for example, to ensure that staff could use plugs and electrical equipment safely. This was applicable to staff who cooked and cleaned in people's homes. We also read guidance to ensure that people were supported safely in their bathrooms and shower rooms.

Some people were supported with their medicines and this was done safely. Staff told us, and records showed that they went on regular medicines training. There were regular checks of staff and records. This was to ensure the staff were managing and giving people their medicines safely. Staff knew what to do if they identified a medicines error at a person's home. We saw there were regular audits completed to ensure any issues were identified quickly and action taken swiftly. There was up to date guidance for staff who dealt with medicines .A copy of this guidance was given to staff in the staff handbook. Staff were trained to check with people that they were willing to take their medicines. Staff made sure people knew what they were for. The medicines were stored safely, documented, administered and disposed of in accordance with up to date guidance and law.

Staff recruitment processes and procedures were thorough and minimised the risks of unsuitable or unsafe staff being employed. Checks were in place, such as a Disclosure and Barring Service (DBS) check. A DBS check highlights whether a person is barred from working with vulnerable adults and whether they have any convictions that might affect their suitability for the role. There was photo identification of each person as well as references from previous employers.

There was an emergency contingency plan in place. This was to be followed to protect people and ensure

the service could still be carried out in the event of a crisis or emergency. This included what the service would do in the event of severe weather such as snow. Access to the office was via a keypad system for security. This meant it was secure for staff and people who visited.

Good

Is the service effective?

Our findings

People received care that met their needs. Every person we spoke with and their relative said that the staff were very supportive. People told us staff did what was asked in the way that they preferred. There were systems in place to assist the staff to provide effective care and support. Staff told us there was good communication via 'observation sheets', 'logs', daily visit notes, texts from senior staff, and phone calls. For example, staff recorded when a family was concerned a diabetic person wasn't sticking to their diet. These systems helped ensure staff knew how to encourage and support people appropriately.

To assist staff to keep up to date with people's needs there were newsletters and these included staff meeting notes for those who did not attend. One staff member told us that they received updates from senior staff on their return from annual leave. This could include for example if visit times had changed. Another said they had been kept up to date while one of their clients was in hospital as their visits were put on hold. Staff told us visit records were to include: "what happened and what we did." Another said they also wrote about how the person was, mentally and physically." The staff member said they were to write "What I do, how the person feels, and what we've done together."

Occasionally, staff told us they made visits with a second carer and said there was good teamwork during these. One staff member explained that one of them would cook while the other did other duties such as cleaning. One staff told us they had supported a person for many years. They said they knew them well and passed on their knowledge to any new staff. This helped new staff to support people according to their wishes.

People were supported to see relevant health and social care professionals when they needed additional support with healthcare needs. There was evidence of health and social care professional involvement. This was seen in people's individual care records and showed support was given when needed on a regular basis. For example, GPs, district nurses, physiotherapists and occupational therapists supported people with specific health matters if required.

People were well supported with their nutritional and hydration needs. When it was part of their car package, people were supported to maintain a balanced diet. Staff supported people by preparing meals, drinks and snacks. We saw information in care plans that set out what actions were needed. The staff told us they looked out for changes in people's eating habits and in consultation with them would contact health professionals if they were ever worried about them.

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 who lacked mental capacity to make particular decisions were protected. It is important a service is able to implement the legislation in order to help ensure people's human rights are protected. The registered manager and staff demonstrated they understood the principles of the MCA and put them into

practice. Before people received any care and treatment they were asked for their consent and care staff acted in accordance with their wishes. People's individual preferences were acted upon, such as how they wanted their personal care delivered.

Staff were monitored by unannounced spot checks of the care they provided when on visits to people. The registered manager or another member of the management team visited people. They usually arrived unannounced when they were visiting a person. The staff's overall performance was checked and observed and clear feedback was then given. Records showed their performance was discussed openly with them afterwards as part of their learning and development. Records also showed that people were asked what they thought of the staff member as part of the spot check process. Discussions about working with people, any learning or actions identified following training and other issues were recorded. This was after each formal one to one supervision meeting. This was also confirmed when we reviewed the staff training and supervision records.

Staff had been on regular training and were being properly supported and supervised in their work. Staff were encouraged to attend regular training. Staff told us they received training (often from external trainers) and information at staff meetings. Subjects included giving people choices and respecting their preferences. Staff told us topics included dementia care and this was also included at staff meetings, first aid, safeguarding, manual handling training, food hygiene, medicines, manual handling, infection control, assertiveness, fire safety, risk assessment.

Good

Is the service caring?

Our findings

People told us how kind and caring the staff were .One person said they were" excellent". Other comments included "I am very grateful to Dhek Bhal for caring for my wife "

Everyone told us staff always treated them properly and were very respectful of them. There were numerous cards from relatives thanking the registered manager for a very caring and supportive service. Staff had demonstrated their care for people by attending the funerals of people they had supported. This had been very much appreciated by families.
Relatives also thanked the registered manager and team for the patient approach of staff who they said had got to know their family member extremely well and supported them in a consistently caring way. Further feedback we read included " X (carer) was the most devoted and caring person I have ever met. They had a special relationship with my relative and he loved them so much. They are a real asset to Dhek Bhal. "

The staff team were mindful and aware of confidentiality. One staff member told us they were careful not to speak to people about other clients or tell them where they were going for their next visit. They said that this was especially important as people knew each other and would ask after other people. They went on to explain it might be easy to get drawn into that and speak about other people.

People's privacy and dignity was respected. Staff understood the need to ask people's permission before carrying out any tasks and consult with them about their care needs. The staff also were aware of the need to make sure that personal information was not shared inappropriately. Staff had their own copy of the service's confidentiality policy to help them understand how to respect confidentiality. People nearly always received care and support from a regular team of staff. People told us they valued being able to build trusting relationships with them. The visit schedules also showed that there were consistent staff for people at most visits.

There were clear up to date policies in place to support staff to respect equalities and diversity and human rights. Each staff member was given their own copy of this information. Staff had to sign to say they had read this information and understood it.

The registered manager also provided independent support and advocacy services for people for whom English was not their first language. They told us they regularly visited people for whom English was not their first language. They spent time with people supporting them with challenges they may face around their health and social care needs. For example, negotiating with other services they were receiving.

Good

Is the service responsive?

Our findings

To support people to receive a flexible service they were matched with carers who it was felt they would get on with. If people did not bond with the staff who came to see them this was addressed in an open way. New staff would go with a senior member of staff to meet a person in their home before giving any care. For new staff they would shadow another staff member to see how the person liked their support given. People told us that if they were unhappy with the staff they could speak to the office staff and they would be changed. Several people confirmed they had requested another member of staff and this was acted on promptly.

There were care plans in place to guide staff and ensure that people received care that was person centred. Care records showed that each person's care and support needs were assessed with their full involvement. This was to write an individualised and unique care plan for them. During the assessment process, senior staff met people and families. They consulted them and asked them about their life histories, likes and dislikes and their particular wishes around their care. Areas discussed included who they wanted to provide them with care and what times and dates suited them. People's cultural, spiritual and social needs were also discussed with them. People were asked to say how they wanted these to be upheld and respected by staff. For example people were asked for the gender of staff that provided them with personal care and support. People told us this helped them to feel that staff respected them and it kept their dignity.

Care reviews were carried out regularly and people told us they were involved in this process. For example, people told us they were regularly asked if they were happy with the care, and the staff member as well as the time and duration of the visits. We saw that records of these discussions were kept in each person's care records. These records showed that people were regularly consulted about their care.

There were systems in place to plan and deliver care in a flexible responsive way. A system was used by the office staff for care management .This system showed that office staff monitored visit plans and visits carried out. They also monitored communication from people who used the service. Office staff had a responsibility to plan and rearrange visits with staff and people. Their role was also to address any shortfalls around visits and to put in place future plans to improve how these were organised.

People knew how to make a complaint or make their views known about the service. The registered manager and other senior staff went to see people who used the service or rang them up on a regular basis. There was a system in place for managing complaints. People were given their own up to date copy of the complaints procedures and this was kept in their home. We found complaints had been investigated and a response given to the person. We also saw that where any concerns or complaints occurred the registered manager was open and transparent. They reviewed how this could be prevented and what learning there was for the future.

Good

Is the service well-led?

Our findings

All staff told us the senior staff were approachable and listened to them. They also told us they were available on the end of a phone 24 hours a day. Some senior staff often worked overnight. One staff member told us they had rung a senior staff member not realising she was on holiday. She answered and sorted out the matter they were ringing about. If the senior staff didn't answer immediately, they rang back promptly. Staff felt sure the senior staff would not just give advice but would also come out to where they were working if the staff needed such support. One staff member said of the registered manager, "The boss is a very caring person" she told staff if they were doing well and motivates them. "She always says, keep up the good work."

Staff told us several of the people they supported attended a day centre run by Dhek Bhal and here they spoke with senior staff to exchange views about the service, and given the opportunity to make suggestions or complaints. Other people were visited at their homes by the registered manager or other senior staff to discuss the service. Staff described the registered manager as "very professional" and someone who "maintains the standard of their organisation." Another staff member said "She goes to clients' houses to make sure we are doing good work. It's good to have that." A staff member told us they had received positive feedback from managers about her work, saying "It comes from somewhere", and she knew the registered manager had visited the person she supported. One staff member told us the registered manager visited bereaved families after a client's death.

The provider had worked recently on a collaborative piece of work with the Local Healthwatch in Bristol. This had been to support people around tackling loneliness and social isolation in the South Asian community. Healthwatch had completed a short film about this this collaborative piece of work. The service had also worked closely with the local police and fire safety officers to support people in their own homes. They had put in place a project to support people who used their services. Guidelines and advice around general safety and fire safety was passed on to people from liaison meetings with member of the police and fire services.

To promote engagement and prevent isolation the provider ran a number of other projects for people who used the service. These included a Day Centre Project for South Asian women. The Project was established so that women could meet for friendship and mutual support at a convenient location and maintain independence. The Day Centre provides the following services, south Asian meals, as well as advice and information on welfare rights, housing, health and other relevant issues. We saw many people who used the service attending the Day centre that was located next to the office. The atmosphere was lively and we saw that the registered manager was very engaged with all of the people who were attending this service.

We saw some of the people who used the service also attending the provider's day centre. The registered manager knew people very well and spent time with people who wanted to see her during our visit. This showed that people were easily able to see the registered manager if they needed to. The registered manager also had a very in depth knowledge of the needs of everyone that Dhek Bahl supported. This was demonstrated to us during our inspection. They talked very knowledgably and with real insight about each

person.

Staff were rewarded and recognised for providing a high quality service. Staff who had performed extremely well over the last year had been rewarded with an increase in salary for their efforts. This was clear evidence that the provider worked to their own values. It also demonstrated how the staff were appreciated when they went over and above in their day to day roles and responsibilities.

The provider's values were understood and embedded into the staff practise. The staff knew the key values for the organisation. These included people having rights and responsibilities and being entitled to dignity and respect. They also knew the values included the right of people to a quality service to meet individual needs.

People had contact numbers for the registered manager in the front of the folders in their home, and also went to the office to speak with senior staff there. The staff told us when asked if people's views were sought, "Always". Staff also told us that people were asked if there were any changes they would like and were sent a form to complete giving their feedback.

The office team all had clear roles and worked together effectively. This benefited people and staff if they needed to contact the office as they knew who to speak to for help. Different staff oversaw staff employment, managing and monitoring quality. Other senior staff oversaw the matters related to the care people receive and visit plans as well as day to day staff issues or concerns. For example, if staff needed to talk about visits they went to the office staff member concerned. When we spoke with the senior staff they conveyed that they had a clear understanding of what their particular roles and responsibilities were. There was also effective communication, for example when calls came through it was always answered promptly and dealt with by the staff member responsible for the issues raised. People were given plenty of time was to say how they were and exactly what they needed. Staff knew people who used the service whenever they rung up and were respectful and supportive in their responses. Action was then taken to ensure that calls were followed up by the senior staff responsible if this was then needed.

Checks were undertaken after incidents and accidents. Care records and risk assessments were also regularly reviewed. This information was then used to look for trends and themes. This was to ensure people were receiving a service that was safe and of a standard that met their needs. Where actions were needed, these had been followed up. For example certain risk assessments were recently reviewed. Spot checks were also conducted on the care staff provided on a random basis. These checks enabled the management team to make sure that staff arrived on time and supported in the way they preferred.

Staff were supported by a number of systems in place to encourage them to easily make their views known to the registered manager. The staff told us they went to team meetings regularly .The staff also said their views were fully listened to and taken into account. The registered manager said they really appreciated the importance of teamwork and staff support. Staff meetings were also used as an opportunity for staff to keep up to date with current work practices and issues affecting the needs of the people they supported.

The policies and procedures that we viewed including safeguarding, whistleblowing and data protection were up to date and based on current guidance.