Bhandal Care Group (BSB Care) Ltd

Bhandal Homecare

Inspection report

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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

Bhandal Homecare is a domiciliary care service. It is registered to provide personal care to people living in their own homes in the community, including older people and people living with dementia. At the time of our inspection, 140 people were receiving care. 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.

People's experience of using this service and what we found
Recruitment was not always managed in a safe way. People felt safe with the staff that cared for them. Risks were assessed and managed effectively. Systems were in place to safeguard people from avoidable harm. Medicines were monitored and administered safely. The provider had clear infection control measures in place.

The registered manager was open and honest. They took a proactive response to lessons learned when things went wrong.

Peoples needs and choices were adhered too. Staff were fully supported to gain the right skills to ensure they cared for people effectively. People were supported to have sufficient to eat and drink. The provider worked with other healthcare professionals to provide effective care that reflected people's needs. The service worked in line with the Mental Capacity Act (MCA).
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 felt staff cared for them well and provided consistent care. Staff were caring and compassionate. The service supported people to be independent and make informed choices.

The service responded to people's needs. Care was reviewed on a regular basis and incorporated people's preferences and choices. The provider had a complaint process that ensured issues and concerns were dealt with and changes made if required.

Audits and monitoring processes were in place, but did not always identify shortfalls, such as with the application and interview documents. The registered manager was approachable and followed the legal requirement to report to CQC and follow the law. They acknowledged the shortfalls we found and assured us they would review and improve the processes. People were encouraged to share their views of the service and how it was run.

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 the service under the previous provider was Good, published on 06 September 2019.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 Homecare

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 Health and Social Care Act 2008.

Inspection team
The inspection was completed by one inspector 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
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager
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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 May 2022 and ended on 13 June 2022. We visited the location's office on 1 June 2022.

What we did before the inspection
We reviewed information we had received about the service since they registered with CQC. We sought

feedback from the local authority who work with 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 this information to plan our inspection.

During the inspection
During our inspection we spoke with five people and four relatives to ask about their experience of the care provided. We spoke with the registered manager, recruitment and training officer, care coordinators and an internal auditor. We also contacted five care workers with limited response.

We reviewed a range of written records including policy and procedures, statement of purpose, four care plans, four staff recruitment files and information relating to staff training and the auditing and monitoring of service provision.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

Staffing and recruitment
● Staff were not always recruited safely. Staff had provided documents for identification (I.D.) purposes, but one staffs document was out of date five months before the staff member started work. The staff member had been working for 12 months and we were not assured this I.D. had been updated or reviewed.
● We found gaps in completed application forms. We assessed this as a recording issue. The registered manager reviewed the application process after our inspection. They updated the application form to ensure they captured more personal details and a full rational why the person was employed.
● People told us they felt safe. One person said, "I feel safe with the carers as they have the confidence in their role and their care is centred around me." Another person said, "I feel safe as it's the same carer twice a week and I trust her."
● Relatives confirmed people were safe. One relative said, "They are safe as they consider them as a person and make sure everything is done properly especially when using the hoist." Another relative said, "[name] is safe as it's been the same staff for years."
● Staff had access to their rotas at all times and could identify and cover any shortfalls. The registered manager confirmed staff were supportive of each other and always put people first.
● Checks were made to ensure staff were of good character to work with the people in their own home, such as a Disclosure and Barring Service (DBS). (Disclosure and Barring Service checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions).

Assessing risk, safety monitoring and management
● People at risk of falls, with conditions such as diabetes or who were at risk of developing pressure sores had their individual risks assessed and instructions for staff to mitigate and manage the risk.
● Risk assessments were in place and managed effectively. The registered manager shared evidence where people had been at risk of falls or self-harm and the action staff should take to reduce this risk was documented.
● Care files contained information leaflets for people's known conditions, this supported staff to identify symptoms and take appropriate action where needed.

Systems and processes to safeguard people from the risk of abuse
● Systems were in place to record and report safeguarding and allegations of abuse.
● The service was proactive when reporting safeguarding concerns. We saw notes on care files when issues

and concerns had been raised, this identified positive outcomes for people. For example, we saw discussions with healthcare professionals and the local authority when people's health had deteriorated.

Using medicines safely

● People were mostly responsible for their own medicines. However, when the provider took responsibility one relative said, "The carers do the medication which I am happy with, I only wish they could do his insulin injection as he has to wait for the district nurse to do that."

● Care staff received annual medicine training, competency assessments and spot checks from senior staff to ensure they administered medicines safely.

● The service medicines policy reflected responsibility and had clear protocols for medicines as required (PRN).

Preventing and controlling infection

● The provider had clear infection control measures in place. One person said, "The carers stand at the door and put on their apron, gloves and mask before they enter." Another person said, "They [staff] are still wearing personal protective equipment (PPE), which gives me comfort as my relative was in ITU for three months with COVID-19 during the first lockdown."

● The infection control policy gave staff clear instruction for, when why and how to wear the personal protective equipment to keep people safe.

● Good practice was shared with people the service provided care for. They gave shielding notices for the elderly or immune suppressed to ensure they could put them in their door or window to minimise infection when they were vulnerable during the pandemic.

Learning lessons when things go wrong

● The registered manager reviewed and monitored significant incidents to ensure they took appropriate action to keep people safe.

● We brought an issue of concern to the attention of the registered manager. They immediately arranged for a review of care for the person. They identified issues with moving and handling and arranged for an occupational therapist (OT) to visit the person to improve moving techniques and help support the staff, which would in turn help prevent injuries.

● The registered manager took action to review and amend the providers job application form to ensure it was fit for purpose.

Good

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.

This is the first inspection of this newly registered service. This key question has been rated Good. 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 in the first instance of using the service. Care was reviewed within the first six weeks or when changes raised.
● People told us they had been involved in decisions about their care. One person said, "I was involved in great detail in drawing up my care plan, as I have a lot of needs". Another person said, "I am fully aware of and fully involved in what goes into my care plan." Relatives confirmed care plans were reviewed annually, and they had been involved in their relatives' recent review.
● People were involved in decisions about their premises and environment. Hazards were identified. However, personal emergency evacuation plans were not in place to ensure people would get out of their home safely. The registered manager told us they would review this and implement as part of the environment risk assessment.

Staff support; induction, training, skills and experience
● Staff were supported to complete an induction, training and update their skills and knowledge to reflect their job role.
● People told us staff had the right skills to support them. One person said, "I know they [Staff] have regular training which, I think is very good." Another person said, "Staff are very good they know how to support me particularly in transfers from commode to chair to bed."
● Relatives also told us staff knew what they were doing. One relative said, "Every single carer has been trained in using the hoist." This gave the family confidence that staff were well trained.
●Training certificates were seen on the staff files we looked at. The registered manager was confident in staff's knowledge and competencies.
● Staff were encouraged to undertake advanced qualifications. One staff confirmed they were in the process of completing a higher level National Vocational Qualification.

Supporting people to eat and drink enough with choice in a balanced diet
● Most people were responsible for getting their own food and drink. Some people told us where necessary the service would support them. One person said, "If no one from the family is around to fix my meal, care staff will." Another person told us, "Most of my meals were ones that can be popped in the microwave which the carers do, sometimes they make a sandwich if that's what I fancy and they make drinks."
● Relatives felt staff supported people to have enough to eat and drink.
● Care plans identified people's nutritional needs to ensure they received enough to eat and drink.

Staff working with other agencies to provide consistent, effective and timely care; Supporting people to live

healthier lives, access healthcare services and support

● There was overwhelming evidence that the provider worked with other agencies to provide consistent and effective care.

● One person did not respond well to strangers due to mental health issues. The person was unable to communicate effectively. The service worked with the person to build trust. They also worked with other healthcare professionals, such as social services, OT and dietitians to ensure the person had a good quality of life.

● One person had a skin injury already in place when the service took over the persons care needs. The service identified the person would benefit from the use of specialist equipment. The registered manager contacted the tissue viability team and a specialist mattress and specific moulded chair was put in place. With perseverance from staff and input from the district nurse the injury healed. This meant the person's quality of life and wellbeing improved as they were in less pain.

● People were supported to access activities, such as shopping trips or holidays.

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.

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.

● The service was working within the principles of MCA. Staff had received training to ensure they were aware of consent and what this means for people.

● People told us they were consulted and made their own decisions about their care. One person said, " At times I might not want what is on the care plan particularly if I'm feeling very low, so although it might say they're going to assist me with a shower sometimes I just want to sit down and have a chat and they're happy with that." Another person said, "I can make decisions myself I'm down to have a shower on a Tuesday but if I would prefer one another day that's fine, but I do need to let them know because that requires a longer visit."

● A relative confirmed, their family member can make a lot of decisions for themselves but they were there to support them along with the carers. One relative said, "We have a choice as to what carers my [relative] has, they had had male carers in the past and was happy with that but preferred the female carers to do intimate things."

Good

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.

This is the first inspection for this newly registered service. This key question has been rated 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; equality and diversity
- People felt that the carers knew them well, for some had had the same carers for many years.
- One person said, "Having regular staff helps as they get to know me and I get to know them."
- A relative told us, "There is a regular young carer who does the first two calls of the day and they're fantastic. There are then two others who do the next two calls and they are regular, which means they know [relatives] ways. Sometimes it's harder if staff are on annual leave or weekends where the staff don't know my relative."
- There was a clear commitment from the registered manager to ensure people were treated with compassion and received person centred care.

Supporting people to express their views and be involved in making decisions about their care
- People were supported to express their views and be involved with decisions about their care.
- People found staff caring and compassionate. On the odd occasion they were not, one relative told us they were confident enough to request that they didn't have that member of staff again.

Respecting and promoting people's privacy, dignity and independence
- Staff supported people to gain independence. For example, one person used to be hoisted due to a decline in their mobility. The registered manager told us the person was desperate to walk again and be independent. The service worked with the OT and physiotherapist to enable staff to support the person achieve their goal. The outcome was positive and the person not only walked and transferred independently, but the care package decreased significantly.
- We had good feedback from people and their family regarding interaction with people and staff.
- Care plans detailed how to support people's privacy.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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
● Most care referrals were from the local authority. The registered manager told us if they were not able to safely manage a person's care, they would return the package back to the local authority. We saw monitoring systems for care packages that had been returned.
● Once care packages were accepted the registered manager told us they conducted a pre-assessment of care to ensure the service could meet the person's needs.
● Care was reviewed regularly to ensure changes to people's needs were updated. For example, one person requested their call times changed. We saw the care plan was changed and reflected the persons needs and preferences.
● Information regarding personal preferences and choices were documented within their care files. For example, likes and dislikes, activities, hobbies and interests.

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.

●People's communication needs were documented and reflected in their care plans.
● Information was documented in a format that met people's needs. For example, easy read or large print.

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
● People were supported if required to follow their interests and hobbies.
● One person told us they liked gardening and sometimes they went out with the carer for a potter in the garden. Another person said, "Staff do try and encourage me to go outside with them for a walk but following my injury I don't want to, they respect that."
● Care plans included details of significant people in the person's life and how contact with them was supported. For example, one person had set a goal to attend a wedding and had been out of their home for the first time in three years for sociable events. This had a positive impact on the persons health and well-being.

Improving care quality in response to complaints or concerns
● People and relatives told us they were confident to contact the office if needed. All knew which office and

had the contact details.

● One person told us, "I would speak to the carer first and if not resolved then a senior and if needs be the manager." Another person said, "I have only phoned the office once as I didn't know who was coming, they were happy to tell me."

● Complaints were monitored to identify themes and trends.

End of life care and support

● At the time of the inspection no one was being supported with end of life care.

● People had evidence in their care plans regarding their do not attempt cardiopulmonary resuscitation (DNACPR) status. One relative told us they were aware of their family members wishes at the end of life and they had signed a DNAR and shared with the service.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service was not consistently managed and well-led.

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

- Audits and monitoring processes were completed, and we saw an audit trail to ensure relevant checks were taking place. However, we found the recruitment process was not robust. There were gaps and missing information in the application and identification documents. These were not picked up during any auditing process. We discussed this with the management team.
- Interview notes were completed, but there was no rational why the person was suitable to be employed. The training manager told us they would review the interview form to incorporate a more robust rational reason for employment.
- The registered manager was enthusiastic and wanted the service to succeed. They told us they were supported by the provider and staff team.
- People and relatives told us the registered manager was approachable and sometimes provided care support. One person said, "I have spoken to the manager occasionally, they covered a shift when one of my carers was on holiday and so I got to know them a bit better." One relative told us they had known the manager for years; they said, "they are very approachable and good at their job."
- The quality of service provided to people was monitored. Regular checks were carried out on, care people received, staff punctuality and performance. The provider also sought people's views, reviewed care and people's wellbeing.
- The registered manager understood their legal responsibilities, they notified the Care Quality Commission (CQC) about events they were required to do so by law.

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

- The service shared the outcome of service questionnaires sent out in October 2021. People confirmed feedback happened around the same time as care plan reviews. People felt the pandemic had delayed this process and some people had only recently started receiving a service.
- One person said, "I have done a couple of questionnaires in the past, but I don't know if anything changes. I would like staff to be paid more for the wonderful job they do." One relative told us they had received a questionnaire every year just before the annual review.
- People spoke positively about the service they received. One person said, "They are very welcoming, very reassuring and just damn nice people." Another person said, "The care is just so good." Relatives also shared positive comments, such as, "What's good about the service-All of it," and "It's the respect they show for their clients which is so good."

Continuous learning and improving care

● The registered manager acknowledged and was open and honest that they needed to improve on the service paperwork. The registered manager told us they were reviewing and updating some of the working systems and processes to ensure they were more robust and effective.

● The registered manager gave examples where staff had gone above and beyond. They told us when they had provided food for people who cannot could not afford food. They had provided a member of staff for a person to go on holiday even though it was not part of their regular care package. This meant the service went above and beyond. However, they had not recorded this to show how this benefited the persons wellbeing.

Working in partnership with others

● The registered manager told us they had regular contact with outside professionals and good outcomes were achieved. They gave an example when working with occupational therapist to ensure people were safe in their home and had access to relevant equipment.

● The service had a good working relationship with the local authority and felt supported by them.