

Dhek Bhal

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Inspection report

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19 June 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Dhek Bhal is a domiciliary care service providing personal care to people who live in their own homes. The service provides support to adults who have a range of physical, sensory or cognitive needs. At the time of the inspection, 44 people were using the service and receiving personal 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

People were safe when receiving support from Dhek Bhal. Systems, procedures and training were in place to help staff protect people from abuse. Care records described key risks and explained how these should be managed. Staff knew the actions they should take to help keep people safe. People were supported by staff who were trained and competent in helping them with medicines.

Enough staff were employed, and safe recruitment practices were in place. People were usually supported by regular staff who knew them well. The service primarily provided support to people from a South Asian background, and staff shared the culture, language, values and beliefs of the people they supported. This meant people could use their preferred language and staff understood and met individual cultural needs and preferences.

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.

Systems and processes were in place to monitor and manage the quality of the service. Some audits and policies needed review, but this was done as soon as it was highlighted to the registered manager.

There was a very clear vision and strong values in the service. There was a focus on empowerment, human rights, dignity and informed choice. Everyone told us the service was well led and we saw managers lead by example and sharing their passion with others. Staff were motivated and proud to work for the service and felt well supported in their roles.

Feedback from people and their relatives was positive, and surveys and reviews were carried out regularly to check people remained happy with the service they received. Effective links had been established with a wide range of stakeholders. This supported the service to share information and promote culturally appropriate practices which met people's needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 18 May 2018).

Why we inspected

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

The overall rating for the service has remained good based on the findings of this inspection. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dhek Bhal on our website at www.cqc.org.uk.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Dhek Bhal

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 carried out by one inspector.

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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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.

Inspection activity started on 12 June 2023 and ended on 19 June 2023. We visited the location's office on 13 and 19 June 2023.

What we did before the inspection

Before the inspection we reviewed information we had received about the service since it registered with CQC. This included CQC notifications. These describe events that happen in the service that the provider is legally required to tell us about.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used this information to plan our inspection.

During the inspection

We spoke with 9 people who used the service and 5 relatives about their experience of the care provided. We spoke with people who used the service in their preferred language. We received feedback from 5 professionals who worked with the service. We spoke with 9 members of staff, including care staff, the registered manager, homecare manager and chair of the Board of Trustees. Everyone's comments have been incorporated into this report.

We looked at a range of records relating to people's care and the running of the service. This included 5 people's care records and medication records. We looked at 4 staff files in relation to recruitment and staff support. We read documents relating to the management of the service including audits, policies and procedures and training information.

We considered all of this information to help us to make a judgement about the service.

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 good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with the staff who supported them. One relative said, "I feel very happy and relaxed when mum is with Dhek Bhal's staff. I feel she is in safe hands".
- Safeguarding procedures were in place to help protect people from abuse. A safeguarding policy provided staff with guidance to help keep people safe.
- Staff received training and regular updates to ensure they knew how to recognise and report concerns. The staff we spoke with were confident they would be listened to, and action would be taken as needed by senior staff.
- Very few safeguarding referrals had been required in the previous 12 months. We found no evidence of unreported safeguarding concerns and staff worked with relatives and professionals to keep people safe.

Assessing risk, safety monitoring and management

- People's needs and associated risks were assessed before they received a service. Staff were provided with information about how to safely access people's homes, and personalised plans were in place for managing emergency situations. This helped staff to support people to stay safe.
- Risks associated with people's health and wellbeing were assessed and care plans were developed with people or their families wherever possible. These detailed the actions staff should take to provide safe support and reduce risks. Risks assessed included for falls, managing medicines, mobility and various physical health conditions.
- Although risks were regularly reviewed and changes documented, the separate risk assessment forms were not always updated. We highlighted this to the registered manager, and practice was changed immediately.

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.

- We found the service was working within the principles of the MCA.

- The registered manager informed us everyone using the service at the time of our inspection had the capacity to consent to the support provided.
- Care records contained information about people's capacity and gave guidance to staff about how they should support people with as few restrictions as possible.
- The registered manager had a good awareness of the Mental Capacity Act and human rights, and staff received training regularly.

Staffing and recruitment

- There were enough staff to meet people's needs. The service primarily provided support to people from a South Asian background, and the staff team also came from this population.
- People told us they usually received support from regular staff who knew them well. Staff were well matched to people to reflect their protected characteristics. For example, staff spoke the same languages as people they supported, and understood and met their cultural needs and preferences. This was very important to people, and some had built strong relationships with staff members over many years. One professional noted that this consistency and positive relationships had, "Significantly improved [Name's] quality of care and wellbeing".
- The registered manager monitored visits to people's homes. Visits were usually on time and delivered as planned. One relative told us, "Staff are always flexible with changes of call times. That's been really important".
- Safe recruitment practices were in place. This included criminal and employment checks being carried out to confirm staff were suitable to work with people in their homes.

Using medicines safely

- Only a small number of people received support with medicines from staff. This was managed and administered safely. Senior staff took responsibility for administering medicines and had received training to ensure they were competent.
- The support people needed with medicines had been assessed and care plans described the assistance individuals required.
- Medicine audits were carried out to check practice and ensure standards were maintained. We highlighted to the registered manager that the content of the medicines audit was brief. They planned to review the content to ensure checks were comprehensive and reflected best practice.

Preventing and controlling infection

- The provider had managed risks effectively during the recent coronavirus pandemic. We were assured that people were protected by the prevention and control of infection as far as possible.
- Staff received training in infection control practices and had access to personal protective equipment (PPE).
- The provider had an infection prevention and control policy which had been recently updated. We suggested this may benefit from regular review to ensure guidance about outbreaks or Covid 19 remained current.

Learning lessons when things go wrong

- Accidents and incidents were recorded, and a log was in place which included recommendations to help reduce the risks of similar incidents in the future. Learning from accidents was shared with staff through handovers, team meetings and regular updates.
- A procedure was in place for managing complaints. People and their relatives told us they felt able to raise concerns or complaints with the managers.
- During the inspection the management team were open, willing to learn and take action when shortfalls were identified.

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 good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a very clear vision and strong values throughout Dhek Bhal. These held people at the heart of the service and provided the support people needed and wanted with a focus on human rights, dignity and informed choice.
- Everyone told us the service was very well led, and we saw leaders engaging with staff, people, relatives and other professionals during our visits. The management team shared their passion in their interactions with people and led by example.
- People and their relatives were very positive about the support they received. Comments included, "Dhek Bhal is not just a service provider but an institution. They understand the needs of the community, the cultural diversity and differences in needs. It is all met by them. Having Dhek Bhal on board has been a blessing", "The service Dhek Bhal is delivering is priceless as it is bridging the gap for the community" and "They have been the best match for mum. It's been so important to support her language and culture".
- Staff shared the culture, language, values and beliefs of people they supported. This meant people were empowered to make meaningful choices and supported to have as much independence as possible.
- Staff were motivated by and proud of the service. One staff member told us, "We give a 7-star service to our clients, not just 5-star. When I leave I check if I am satisfied that I gave 100%. Only then can I go".
- Staff had regular contact with the management team through team meetings, formal supervision and informal support. This helped them to provide safe, high quality, compassionate care which met people's individual needs. Staff told us, "They really look after us" and "They look after not only me as staff, but also my family".
- The management team recognised staff achievements and challenges. They aimed to support staff wellbeing and satisfaction. Wellbeing activity sessions, days out and counselling had all recently been provided to support staff.
- People and their relatives were actively involved in the running and development 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 registered manager was open and honest and understood their responsibilities following incidents or accidents.
- Relatives and professionals told us they found communication with the service to be clear and responsive.

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

regulatory requirements

- The management team had clearly defined roles and understood their responsibilities and the role they played in delivering a high quality service.
- Systems and processes were in place to monitor and manage the quality of the service. For example, through audits and performance monitoring. We highlighted to the registered manager that some audits could benefit from being more detailed. They planned to address this after our visit.
- Policies and procedures were in place to provide guidance to staff and these could be made available in other languages. Some policies needed reviewing to ensure they remained up to date. We discussed this with the registered manager, and the necessary reviews had begun between our visits to the service.
- The registered manager continuously liaised with other agencies both locally and nationally to ensure people received a service which reflected best practice and considered their specific cultural and personal needs.

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

- The service sought regular feedback from people and their relatives. An independent survey had recently been carried out by a university to review quality and obtain feedback about the service. This was all positive and comments included, "I am delighted with the service. I couldn't ask for more. Thank you Dhek Bhal".
- People and their relatives told us they found the management team approachable. One relative said, "The managers and office staff are always approachable and very understanding and helpful. I would say their customer service is 100%". Another noted, "[Names] are so approachable. We have regular contact. I can't think of anything they could do better".
- The service had received a number of compliments. One message read, "I can say with my hand on my heart that Dhek Bhal is a light in the darkness".
- Staff said they felt able to raise concerns or make suggestions about how they could improve the service people received. One staff member told us, "Managers are approachable. They're always there for support, any time".
- The service had established a wide range of links across sectors which enabled them to share information and best practice and continue to develop the service for the benefit of people who use it. Professionals told us, "I have a positive opinion of them" and "They know the service user's needs, and they try to meet them".

Continuous learning and improving care

- The service continued to develop and evolve in ways which reflected the views of the community and needs of people who received support. The registered manager had a high level of knowledge about local priorities and took action to innovate and improve the service.
- The management team responded proactively to feedback during the inspection and were keen to learn and make improvements where necessary. Actions were shared with other staff appropriately to ensure changes were put into practice.

Working in partnership with others

- The service worked with a wide range of agencies to provide appropriate support to people to maintain their health and wellbeing and improve care outcomes. People and their families had recently attended a presentation about dementia research, workshops about oral health and people were participating in a study about movement in older people.
- Professionals were positive about the impact of the service on people's health and wellbeing. One professional said, "Dhek Bhal went above and beyond in practicing physio exercises with [Name] daily, and this was a contributing factor in [Name's] mobility returning to its baseline".
- The service was long established, respected and well known by stakeholders.

