

Bhandal Care Group (BSB Care) Ltd

Bhandal Homecare

Inspection report

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Date of inspection visit:

22 July 2019

25 July 2019

Date of publication:

06 September 2019

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service:

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. The service operates in Newark and nearby towns and villages. At the time of our inspection, 158 people were receiving a personal care service.

People's experience of using this service:

Staff understood people's individual care needs and preferences and used this knowledge to provide them with flexible, responsive support. The provider took care to involve people and their relatives in planning and reviewing their care and to deploy staffing resources in accordance with their individual preferences. People were provided with food and drink of their choice.

Staff worked together in a mutually supportive way and communicated effectively, internally with each other and externally with a range of organisations. Training and supervision systems were in place to provide staff with the knowledge and skills they required to meet people's needs effectively.

Staff were kind and attentive in their approach and were committed to supporting people to maintain their independence. Staff worked in a non-discriminatory way and promoted people's dignity and privacy. Staff worked collaboratively with local health and social care services to ensure people had access to specialist support if required. Systems were in place to ensure effective infection prevention and control and people's medicines were managed safely. Staff were aware of people's rights under the Mental Capacity Act 2005 and supported people to have maximum choice and control of their lives, in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

People's individual risk assessments were reviewed and updated to take account of changes in their needs. Staff knew how to recognise and report any concerns to keep people safe from harm. Staff recruitment practice was safe.

The registered managers provided strong, supportive leadership and were liked and respected by their team. A number of audits was in place to monitor the quality and safety of service provision. There was organisational learning from significant incidents and formal complaints were rare. The provider was committed to the continuous improvement of the service in the future.

Why we inspected:

The service was registered with the Care Quality Commission on 24 August 2018. This was our first inspection of the service.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-

inspection programme. If any concerning information is received, we may inspect sooner.

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 effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Bhandal Homecare

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 checked whether the provider 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.

Inspection team:

Our inspection was conducted 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:

Bhandal Homecare is a domiciliary care service, registered to provide personal care to people living in their own homes in the community.

The service had two managers registered with the Care Quality Commission (CQC). This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service notice of the inspection visit. This is because senior staff are often out of the office and we needed to be sure that they would be available to participate in the inspection. Our inspector visited the office on 25 July and 13 August to interview staff and to review care records and other documentation. Prior to this, our expert by experience telephoned people who used the service to seek their feedback on the service.

What we did:

In planning our inspection, we reviewed information we had received about the service. This included any notifications (events which happened in the service that the provider is required to tell us about).

During our inspection we spoke with eight people and two relatives to ask about their experience of the care provided. We also spoke with one of the registered managers ('the manager'), one of the directors of the registered provider, two care workers and an internal auditor.

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

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

- In organising staffing resources, the provider used an online scheduling system to ensure people received their care calls on a timely basis. Almost everyone we spoke with told us staff arrived on time and had sufficient time to meet their physical and emotional support needs without rushing. For example, one person told us, "The timekeeping's good." Another person said, "It all works well and we've had no issues." Talking positively about the provider's approach to call-scheduling one new recruit told us, "I used to work for another [homecare] company before. This one is so much better. The [call] timings and the care of the staff and clients. I love it!"
- Although some people told us they received care from the same small group of regular staff, others said they were sometimes supported by staff they had not met before. No one raised this as a fundamental concern, however the manager told us she would explore ways of addressing the issue for the future.
- The provider ensured new staff had the right skills and personal qualities to support people safely in a person-centred way. Describing her expectations of applicants, the manager told us, "I am looking for passion."
- We reviewed recent recruitment decisions and saw that the necessary checks had been carried out to ensure that the staff employed were suitable to work with the people who used the service.

Assessing risk, safety monitoring and management

- The provider maintained effective systems to ensure potential risks to people's safety and welfare had been considered and assessed. For example, potential hazards in the person's home. Senior staff reviewed and updated these risk assessments on a regular basis.

Using medicines safely

- Many people who used the service took responsibility for managing their own medicines. However, when people needed support in this area it was provided safely in line with their individual needs and preferences. Commenting positively on the support they received from staff in this area, one person told us, "They remind me to make sure I've taken my medication."
- Care staff received annual medicines training and regular spot checks were conducted by senior staff to ensure their knowledge and practice remained up to date.
- As a further means of promoting safe practice in the management of people's medicines, at the end of every care call, the online call-monitoring system prompted staff to confirm they had signed for any medicines administered. If a member of staff completed the call without providing this confirmation, it was immediately picked up by the provider's internal auditor who monitored the system continuously

throughout the day.

Preventing and controlling infection

- The provider had implemented a range of measures to help prevent the risk of infection. Care staff were provided with disposable aprons, gloves and face masks for use when providing personal care.
- As a further means of ensuring people were protected from the risk of cross infection, staff received training in safe food hygiene and hand-washing practice.

Learning lessons when things go wrong

- The manager reviewed significant incidents which had occurred in the service and took action to reduce any risks to people's safety and wellbeing in the future. For instance, in response to two recent medicine errors involving the same client, changes had been made to the way staff administered this person's medicine to reduce the chance of any further errors.
- Team meetings were also used as forum for organisational learning. The manager told us, "We ... share situations and events and how we need to do things."

Systems and processes to safeguard people from the risk of abuse

- The provider had a range of measures in place to help safeguard people from the risk of avoidable harm. For instance, staff had received training in safeguarding procedures and were aware of how to report any concerns relating to people's welfare, including how to contact the local authority or CQC, should this ever be necessary.
- In the months preceding our inspection, the provider had been proactive in raising a number of safeguarding alerts about people using the service and had worked closely with the local authority and other agencies to ensure these were investigated and resolved effectively.

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.

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

- Effective systems were in place to assess and determine people's individual needs and preferences. These were set out in each person's care plan and were reviewed regularly by senior staff.
- The manager and her team had access to a variety of information sources to ensure they were aware of changes to good practice guidance and legislative requirements. The manager also attended a regular meeting of homecare managers hosted by the local authority, which she said was another valuable source of information and advice.

Staff skills, knowledge and experience

- Everyone we spoke with told us staff had the right knowledge and skills to meet their needs effectively. For example, one relative said, "Yes they do [have the right training]. They do what they do well."
- The provider maintained a record of each staff member's mandatory training requirements and organised a variety of online and face-to-face courses to meet their needs. The manager said, "The biggies for me are meds, moving and handling and safeguarding. We do refreshers [in these subjects] at least annually." Talking enthusiastically about the training provision in the service one new staff member told us, "I have had more training in a month than in a year and a half at the last place. I have learned so much." New recruits participated in a structured induction programme which included completion of the national Care Certificate which sets out common induction standards for social care staff.
- Staff at all levels were also encouraged to undertake advanced qualifications. For example, the manager was in the process of completing her NVQ Level 5 in management. Another member of told us, "I am doing my NVQ2. It's the first [employer that has] supported me to do it."
- Staff told us that they felt well supervised and supported by both of the registered managers and other senior staff. Talking of the registered managers, one member of staff said, "I love [name]. She's always there if you want someone to talk to. And [the other registered manager] is really nice [too]. Her door is always open. She is helping me out a lot with my NVQ." Staff received both office-based supervision and unannounced 'spot checks' of their hands-on care practice. Commenting approvingly on their experience of spot checks one staff member said, "I don't mind. As long as you are not doing anything wrong, you have nothing to worry about. I do think it's a good system to have."

Staff providing consistent, effective, timely care within and across organisations

- Members of staff in all departments worked closely together in a well-organised way to ensure the delivery of effective care and support. For example, one member of the administration team monitored the

electronic call monitoring system continuously throughout the day, enabling any issues to be picked up immediately and addressed by operational colleagues.

- Senior staff also held a 'handover' meeting at the end of each day to review any significant events that had occurred. Commenting on the background of herself and other office-based staff, the manager told us, "Every single person in this office has been a carer. That's really important [in promoting effective internal communication]."
- Staff had also forged effective working relationships with a variety of external organisations, to assist in the provision of effective care to the people who used the service. In a recent email to the manager, one local healthcare professional had commented, 'We have built a collaborative relationship that provides the best possible outcomes for our ... clients. Both the management and carers are good at communicating with professionals and advocating their clients' needs. This is vital when we are tailoring packages of care to meet individuals' specific needs.'

Supporting people to eat and drink enough with choice in a balanced diet

- People told us that staff assisted them to enjoy food and drink of their choice, whenever this was required. For example, one person said, "They always ask what I want." Another person commented, "It works well, as they know what I like."
- The provider was aware of potential risks relating to nutrition and hydration and took steps to ensure these were addressed by staff. For example, one person had been assessed as being at risk of eating too little and staff had been issued with guidance on how to encourage and support the person in this aspect of their life.
- Discussing the importance of encouraging people to stay hydrated, one staff member said, "I always make sure they have some fluid in reach, before I leave."

Supporting people to live healthier lives, access healthcare services and support

- Staff worked collaboratively with a range of organisations to ensure people accessed health and social care services when this was necessary. Commenting positively on their experience of working with the service, a senior social care professional had written recently to the manager to say, 'I find Bhandal staff and management to be sensitive and skilled in their work, thoughtful and committed to their work. Whenever I have been working with an individual whose needs, vulnerabilities and circumstances have been complex, Bhandal is the first agency I would look to.'

Ensuring consent to care and treatment in line with law and guidance

As part of our inspection we checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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. 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.

- Staff had received training in the Mental Capacity Act 2005 (MCA) and were aware of the importance of seeking consent before providing care or support. The manager took the lead when any formal best interests decisions were required to be made, working alongside other agencies and family members as necessary.

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

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; Respecting and promoting people's privacy, dignity and independence

- Everyone we spoke with told us that the staff who worked for the service were caring and kind. One person said, "They are all very good to me." Another person's relative told us, "All the staff are really good."
- Describing her personal philosophy of care the manager told us, "[When I assess a new client] all I do is write their story for them. [So we can] enable them to do what they can do and achieve what they want to achieve."
- This commitment to supporting people with compassion in a person-centred way was clearly understood by staff at all levels in the service and reflected in their practice. For example, one member of the care team told us, "Everybody's very different. One client likes to have a bed bath. Another likes to have a shower every single morning. One couple like to eat outside. It's their choice." One person said, "They ask me if I need help with anything else [before they leave]. It works well." Talking of one person who used the service, the manager told us, "He had lost his wife after 67 years [and had become a bit isolated]. Another lady we supported had a little white Westie [which she could no longer look after]. We spoke to the gentleman and his family and rehomed [the dog] to him. Now he [is walking the dog] and is starting to go out meet people. And he's getting back in his garden."
- As a further example of the provider's caring and thoughtful approach, the manager told us that one of the directors had made Christmas hampers which had been distributed to clients who had lost contact with their family.
- Staff were committed to encouraging people to retain their independence for as long as possible. For example, one staff member told us, "One lady decided she wanted to start making her own dinner again. She tries to do as much as she can. As long as they can do it, it's [important] that they should do it. Keeping their independence in their home."
- People told us that staff supported them in ways that helped maintain their privacy and dignity and the provider was aware of the need to maintain confidentiality in relation to people's personal information. Care plans were stored securely, computers were password protected and staff were provided with guidance on the use of social media.
- Staff received equality and diversity training and were aware of the importance of supporting people in a non-discriminatory way which reflected any cultural preferences. Describing the cultural practices and preferences of one person who used the service, the manager told us, "It's not an ... issue. We just let the staff know. We get on [with the person] really well."

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

- People told us staff supported them to exercise choice and control over every aspect of the care and support they received. For example, one person said, "They wouldn't dare not ask me [what I want]!" Another person told us, "They always ask me and check things out beforehand. This side of things works well."
- The manager was aware of local lay advocacy services and told us she would help people obtain the support of an advocate if this was ever necessary. Lay advocacy services are independent of the provider and the local authority and can support people to make and communicate their wishes.

Is the service responsive?

Our findings

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

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 new referrals to the service came from the local authority. Describing the provider's principled approach in this area, the manager told us, "If we can't safely provide [the amount of support requested] we turn [the referral] down."
- If a referral was accepted, one of the registered managers normally conducted a home visit to discuss the person's detailed needs and preferences. The manager told us, "The [local authority] contract doesn't require us to meet [the client] before the care package starts. But as a company we always do. Even for emergency placements, I stop what I am doing [to go out to conduct a home visit]. You can't assess someone unless you are sitting with them, can you?"
- Following the assessment, an individual care plan was finalised and shared with the person and their family before care calls commenced.
- The care plans we reviewed set out people's needs and wishes for each care call. For example, the care plan for one person's morning call advised staff that, '[Name] would like care staff to check her skin integrity on a daily basis.'
- Describing the value of the care plans, a staff member told us, "They are really helpful. [They have] information about what [the person] used to do and what they like on [each call], down to how many sugars they have in their tea." Senior staff reviewed each care plan on a regular basis, agreeing any changes with the person and their family. Commenting approvingly, one person said, "They check things out with me."
- Reflecting the provider's systematic and client-led approach to care planning, staff had a good understanding of people's individual needs and preferences. They used this information to ensure people received responsive and personalised support. For example, the manager told us, "We recently looked after a [married couple]. [One of them] went into a care home and [their spouse] became lonely and upset. We asked [the local authority] and they agreed to fund an extra call for [them] to go and see [their spouse] in the care home once a week and have dinner together. [They] absolutely love it. It picks [them] up."
- Talking of another person who used the service, a local social care professional had written to one of the registered managers to say, 'Thank you for the hard work you have put in to ensuring that [name]'s care needs have been met at home. The previous care agency felt they were not able to meet her needs and there was a high risk that [name] would need to go into long term care, something she has fiercely always said that she does not want. It has been down to your careful selection of skilled staff ... that has resulted in the success of her remaining at home.' Commenting on the provider's responsive approach to their personal wishes and preferences, one person said, "[The service] does what we want."
- Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers. The manager was unaware of the

national Accessible Information Standard but told us she would ensure the provider embraced it for the future.

- In the meantime, staff were aware of people's individual communication needs and preferences and reflected this in their practice. For example, one staff member told us how they used sign language and a personalised communication book with person who was unable to speak.

Improving care quality in response to complaints or concerns

- Information on how to raise a complaint was included in the service user guide given to people when they first started using the service. However, most people told us they were satisfied with the service and therefore had no reason to complain. For example, one person said, "The staff are very caring and I've had no problems."
- Reflecting this feedback, the provider received very few formal complaints. The manager attributed this to the provider's prompt response to any queries or concerns. As an example of this approach, one person told us that they had raised a concern about one of their care staff and it had been resolved to their satisfaction on the same day. We found that any formal complaints which had been received were handled correctly in accordance with the provider's policy.

End of life care and support

- The manager said that people normally transferred to other agencies for specialist support at the very end of their life. However, if someone wished to carry on using the service, the manager told us that the staff worked in close partnership with agencies such as Macmillan and Marie Curie to enable this to happen. In these situations, the manager told us senior staff would revisit and update the person's care plan to reflect the fact that they were now receiving end of life care.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Everyone we spoke with said they thought Bhandal Homecare was well-managed. One person told us, "We have confidence in the service." Similarly, a relative said, "It's a good service. I would recommend it." Comparing the service with another they had used previously, one person commented, "[There has been] a hundred per cent improvement."
- The provider employed two registered managers. Each had responsibility for a defined geographical area of operation but they also worked in an open and collaborative way to manage the service as a whole and ensure people received safe, effective, caring and responsive support.
- During our inspection we spoke with one of the registered managers ('the manager') who told us, "It works well. We work in different ways but complement each other nicely and back each other up." Both registered managers were clearly liked and respected by their team. For example, one staff member said, "It's well run. [The registered managers] used to be carers and are very approachable and really sympathetic. But they can be stern if they need to be, which is good." Talking of one of the registered managers, another staff member told us, "She [is] really nice. Really helpful and approachable. And definitely knowledgeable."
- The provider sought to promote the welfare and happiness of the staff team in a variety of ways. For example, one staff member told us, "I had a lovely bouquet when I had an operation. It was nice [to receive] when you are a bit low. We also [each] got a hamper at Christmas. Biscuits and chocolates, it was nice. [The directors] made up the hampers themselves." Reflecting this caring approach and the positive organisational culture that had been created as a result, staff told us they were pleased to work for the provider and enjoyed coming to work. One staff member said, "I'd recommend it. Everyone gets on really well [and] I feel listened to."

Engaging and involving people using the service, the public and staff; Continuous learning and improving care; Working in partnership with others; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- As described elsewhere in this report, the provider took care to involve people and their relatives in planning and reviewing their care and to deploy staffing resources in accordance with their individual preferences. To further promote people's engagement with the service, the provider conducted regular customer satisfaction surveys to seek feedback from people and their relatives. We reviewed the results of the most recent survey and saw the feedback was generally very positive. For example, one person had written, "We feel that everything is fine, thank you."

- People's satisfaction with the quality of the service was also reflected in the letters, cards and telephone calls received in the office. For example, one person had telephoned to say, '[Name of staff member] was brilliant yesterday. [I] was struggling to walk home from the shop and [name] went out of her way to help and make sure I was safe.'
- In addition to the customer survey, the provider had other systems in place to check service quality was being maintained. These included regular care plan reviews and the online monitoring of medication records and care notes described elsewhere in this report.
- The manager told us the provider was committed to the continuous improvement of the service and that she was currently working on a number of initiatives, including the provision of in depth MCA training for all senior care staff and the extension of the customer satisfaction survey to health and social care professionals.
- As detailed throughout this report, the provider had established effective partnerships with a range of other professionals including local authority commissioners, social workers and therapists.
- The provider was aware of the need to notify CQC and other agencies of any untoward incidents or events within the service.