

Baldev Skills Resources Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Baldev Skills Resources Limited is a domiciliary care agency providing personal care in people's own homes. At the time of the inspection the service was providing care and support to two people.

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

The service was predominantly well run, and feedback we received confirmed people who used the service were happy with the care and support they received. The provider's audit systems needed improving and not all aspects of service delivery were robustly monitored.

Relatives told us their family members received safe care from staff who were caring and kind. Some of the provider's processes did not consistently promote safe care; we asked the registered manager to address these shortfalls. Staff were not always safely recruited. Medicines were mostly well-managed, and people received their medicines as prescribed. People's medicine support plans lacked detail and records of administration were not always full and present. We have made a recommendation about the provider's medicine management processes.

People's health and safety risks were identified through assessment and measures put in place to reduce risk. Call schedules were organised, and staff consistently arrived on time. People received support from the same core group of staff, which promoted good continuity of care. Staff followed safe infection control practices.

People's needs were not always identified. Although this placed people at an increased risk of not having their needs met, we found no evidence this had been detrimental to people's actual care. Care plans were person-centred and relatives spoken with told us they were fully involved in decisions about care and support. The registered manager regularly reviewed people's care, but discussions with relevant persons were not always captured as part of this process. The registered manager assured us action would be taken to address shortfalls with people's assessments and care plans.

People were supported by staff who were competent and skilled. Staff were trained to administer people's medicines safely and to identify and report any safeguarding concerns. Staff asked people for their consent before providing them with any care. People who used the service 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.

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

Rating at last inspection

This service was registered with us on 22 September 2017, but they did not start providing care to people until November 2021. This is the service's first inspection.

Why we inspected

This was a planned inspection based on the date of registration and the date 'regulated activity' started.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to recruitment, assessment of people's needs and the provider's systems of governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 ●

Baldev Skills Resources Limited

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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

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 24 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 6 April 2022 and ended on 13 April 2022. We visited the location's office on 6 April 2022.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority. 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

We spoke with two people's relatives about their experience of the care provided. We spoke with three members of staff including the registered manager and three care staff. The registered manager was also the nominated individual, referred to as the 'provider' in this report. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records. We looked at three staff files in relation to recruitment and staff support. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found and what actions they had taken in relation to feedback.

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 for this 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

- Recruitment practices were not robust. The provider did some recruitment checks for all new staff, such as obtaining a Disclosure and Barring Service (DBS) certificate. However, not all checks as required by law had been completed. For example, in three staff files we viewed, a full employment history and employment references were not obtained.

We found no evidence that people had been harmed. However, the provider had failed to operate effective recruitment procedures to ensure all persons employed were suitable for the purposes of carrying on a regulated activity. This placed people at an increased risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager assured CQC they would retrospectively address recruitment gaps after the inspection. Despite our concerns about recruitment checks, feedback from relatives and service users confirmed they had experienced no issues with the staff who provided their care.
- There were enough staff employed to ensure people's needs were met. Relatives told us people received support from the same core group of staff, which promoted good continuity of care.
- We received feedback staff arrived on time, and the office team would usually call ahead to let people know if calls schedules were expected to change.

Using medicines safely

- Medicines were mostly well-managed and people received their medicines as prescribed. Minor improvements were needed to the provider's process for recording when staff prompted people to take their medication. For example, we saw when staff prompted one person to take medicines, they recorded this action in the daily records, instead of recording this on a medication administration chart with details of each individual medicine they prompted for.
- People's medication care plans lacked detail on what support was needed for each medicine and how the medicines support was to be given.

We recommend the provider seeks information and guidance from a reputable source on how to safely manage medicines in the community.

- Staff were trained to administer medicines and feedback confirmed no one had any concerns about the medicines support they received.

Assessing risk, safety monitoring and management

- Risks related to people's health and safety were identified and plans were put in place to manage such risks.
- Feedback obtained from people's relatives about the care provided was positive. Relatives also commented their family member felt safe in the company of staff.

Preventing and controlling infection

- Systems and processes were in place for controlling the risk of infection spreading. Staff confirmed they had received relevant training and were provided with Personal Protective Equipment to use when supporting people in line with infection control procedures.

Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place for reporting and investigating potential abuse. At the time of inspection there were no recorded safeguarding concerns. People who used the service told us they felt safe when receiving support from staff.
- We saw a policy on safeguarding vulnerable adults was in place and the management team were clear about their responsibility to report safeguarding incidents as required.

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 for this service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The provider's processes for assessing people's needs were not always robust. At the time of inspection Baldev Skills Resources Limited supported two people; one person's care file did not contain a completed assessment of needs before they started receiving a service.

We found no evidence that people had been harmed. However, the provider had failed to ensure all people had received a robust of assessment of their needs and preferences. This placed people at an increased risk of not having their needs are met. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although we found issues with the provider's processes for assessing people's support needs, we were assured this had not been detrimental to the care people received. Feedback confirmed staff knew how to provide effective care.

Staff support: induction, training, skills and experience

- Staff received appropriate training and support to undertake their jobs effectively.
- The provider had appropriate policies and procedures in place on how to govern and support staff. For example, the provider's policy dictated that staff received a supervision session with their line manager every six months. The registered manager told us because the service had been operating less than six months, staff supervisions and appraisals had not started yet.
- Staff received an induction when they started working at the service.

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

- Staff provided effective support for people who received support with eating and drinking.
- People's relatives spoke positively about the meal support provided and told us they were always offered a choice of meal.

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

- Staff worked in collaboration with people, their relatives and healthcare professionals involved in people's care.
- People were encouraged to maintain good health and well-being, and the service supported people to attend medical appointments.

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 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 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA

- The provider had processes in place to assess and support people who may lack the mental capacity to make decisions about their care.
- Staff demonstrated a practical awareness of the need to gain consent before providing care.

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 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; respecting equality and diversity

- People's choices in relation to their daily routines were listened to and respected by staff.
- Feedback from people's relatives about the standard of care they received was consistently positive. Relatives told us staff were kind, caring and promoted their independence. Comments included, "[Staff are] absolutely wonderful. We are very, very happy," and, "I am happy with the care. [Relative's name] is very awkward person, and staff handle that very well."
- In addition to the running of the service, the registered manager was involved in the delivery of people's care. This arrangement benefitted people as they had regular contact with the registered manager and changes which ordinarily required a senior staff member to approve, happened almost instantaneously. Everyone we spoke with knew the registered manager by name and commented they were approachable and attentive to their needs.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- We fed-back to the provider discussions with people and their relatives about their care and support should be recorded. The registered manager assured us they would immediately implement improvements to their record keeping practices after the inspection.
- The service ensured people's dignity, privacy and independence were promoted.
- Staff understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private.

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 service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider had an appropriate framework in place for care planning, which covered areas of people's support needs, such as mobility, medication or diet. It also included consideration to people's wishes and preferences on how they wanted their support to be provided.
- We had general concerns about the overall quality of care planning for one person as the registered manager was not able to show us clear evidence they had completed a needs assessment for this individual. A completed needs assessment is typically used to facilitate effective care planning. Please also refer to the 'effective' section of the report for more information about what we found and what action we took.
- Information contained in people's care plans was written in a person-centred way and provided clear and simple instructions for staff to follow at each care visit. There were some instances where people's care plans needed more detail. For example, one person received support with their catheter, but the care plan did not describe in detail how to provide this support. This person's relative also described how the individual was particular about certain aspects of their support, but this detail was absent from the care plans.
- Despite our concerns about care plans, people's relatives told us staff knew people well and understood their routines. This supported staff to deliver care to people in accordance with their preferences.
- People were encouraged to share their wishes for when they were nearing the end of their lives. The service worked with other health professionals within the community, such as district nurses, to provide end of life support.

Meeting people's communication needs

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.

- People's care plans provided clear guidance to staff about how to communicate effectively with people. Policies were in place to ensure staff and people who used the service were able to access relevant information in a way they could understand.

Improving care quality in response to complaints or concerns

- Systems were in place to manage complaints and the provider's complaints procedure was given to people who used the service. It explained how people and their relatives could complain about the service and how any complaints would be dealt with.

- People and their relatives told us they could confidently raise any concerns with staff or the management team.

End of life care and support

- At the time of our inspection, the provider was not supporting anyone who required end of life care. The provider told us they had systems in place to document a person's preferences and priorities for care when they reached the end stages of their life and health professionals would be consulted as part of this process.

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 service. This key question has been rated requires improvement. This meant the service management was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- People received good care, but aspects of the service did not operate in the safest possible way. At this inspection we found issues with the recruitment of staff and assessing people's support needs. There were also minor improvements needed in relation record keeping and the quality of people's support plans and risk assessments.
- The provider's systems of governance were not comprehensive, and some key quality and safety checks had not yet been established. For example, there were no systems established to monitor the quality and safety of daily records, medicine records, staff files and care files. The registered manager did however, periodically complete spot checks on staff to observe them delivering care.

We found no evidence that people had been harmed. However, the provider had failed to establish effective systems and processes to monitor the quality and safety of the service. This placed people at an increased risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although we had concerns about the provider's systems of governance, we found no evidence this impacted on the quality of people's care. As the registered manager was highly involved in people's care, we were assured they were identifying and acting on quality and safety concerns quickly.

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

- The registered manager encouraged a positive culture by leading by example. People told us they were supportive and approachable.
- The provider had mechanisms in place to gather feedback from people and their relatives.
- Staff worked in partnership with a range of health and social care professionals to ensure people's needs were met. The registered manager worked with health and social care professionals and other stakeholders to ensure the quality of care was consistently good.

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 aware of their regulatory responsibilities and understood how and when to

submit information to the CQC.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider failed to carry out an assessment of the needs and preferences for all service users receiving care. Regulation 9 (1), (2), (3) (a).</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's systems or processes were either not established or not operated effectively to ensure compliance with regulation. Regulation 17 (1), (2) (a).</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to operate effective recruitment procedures to ensure that persons employed meet the conditions in specified in Schedule 3. Regulation 19 (1), (2), (3) (a)</p>