

B & H Care Ltd

B & H Care

Inspection report

First Floor
32 Queen Street
Ipswich
IP1 1SS

Tel: 01473937018
Website: www.bhcaresolutions.co.uk

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

B & H Care is a domiciliary care service providing personal care to adult people living in their own homes. 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. At the time of our inspection there were 52 people receiving personal care support.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

Right Support:

People received their medicines, as required. Auditing supported the provider to identify and address shortfalls.

People's independence was respected. People and their representatives were involved in care planning and reviews.

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.

Right Care:

People's care records were not always person centred and identified how people's needs were to be met and risks mitigated. This was a risk of people receiving inappropriate care. We have recommended the provider include guidance for staff in care records to ensure they understood the signs and indicators of risks with people's care and when to report concerns.

We received concerns about all staff not understanding how to support people with the preparations of their meals. We were assured the provider was taking action to improve, such as providing cultural training to staff.

We received feedback from people and relatives that people's privacy and rights were respected and they were provided with a caring service. Staff were trained in safeguarding and systems helped to reduce the risk of abuse.

Right Culture:

The governance systems in place required improvement to ensure that the provider is able to independently identify shortfalls and address them. This included recording and oversight of the timings of care visits.

Improvements were needed in how the service monitored and addressed the times of people's scheduled visits. We received feedback from some people that they often felt rushed by staff and they were not always staying for the planned amount of times for their visits. We had received feedback from a person who used the service which identified when they had raised a concern with a staff member, this was not responded to in an appropriate way. There was ongoing staff recruitment and staff were recruited safely. Staff received an induction and training to meet people's needs.

People were asked for their views on the service and their comments were valued. There was a complaints procedure and records showed people's complaints were investigated and addressed.

We received positive feedback about the registered manager and how they led the service.

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 9 September 2022 under the current location address. This is the first inspection of this service. The last rating for this service under the previous location address was requires improvement (published 22 June 2022).

Why we inspected

This comprehensive inspection was undertaken, because as a newly registered service, they had not yet received a rating. Prior to the inspection, concerns were received about medicines, people's care records and governance. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to person centred care, staff deployment and 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 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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

B & H Care

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 undertaken by 1 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

This inspection was unannounced.

Inspection activity started on 11 April 2023 and ended on 28 April 2023. We visited the location's office on 11 April 2023.

What we did before the inspection

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 reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

During our visit to the service's office, we spoke with the registered manager and care coordinator, we also spoke briefly with a member of the office staff, the relative of a person who used the service and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also reviewed 8 staff personnel records, cards received by the service thanking them for the care and support provided and we were shown how the system is used to manage and plan visits to people using the service.

Following our visit we reviewed 6 people's care records, medicine records, staff training records and records relating to governance such as audits, policies and procedures, and complaints.

We received electronic feedback from 1 person using the service, 4 people's relatives, 11 staff and 3 social care professionals. We also spoke with 8 people who used the service and 9 relatives on the telephone.

We fed back the findings of our inspection on a video call to the registered manager and nominated individual on 28 April 2023.

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

- We were not assured the deployment of staff was robust. We received mixed feedback about if staff stayed for the planned care visit duration and if people felt rushed. A person said staff did not always stay for the correct amount of time and, "[Staff] don't like hanging about, they say they have not got time and they are running late." Another person told us they felt rushed by staff, "I am washed and dressed and back in my chair in 10 minutes, they do not stay the full half hour." A relative said, "I think [family member] feels rushed with their personal care... a short visit is better than no visit."
- We reviewed records of visits for February and March 2023 and found 27% of visits were less than half the planned time and 50% of visits were less than 70% of the planned time. This confirmed staff did not always spend the assessed length of time with people, as planned. The registered manager and staff told us travel time was provided between visits, however, we found 27% of visits had no travel time provided.
- A person told us they raised with a staff member about being late for a morning visit, the staff member told them they were not late and had until 11am to cover the morning visits then started lunch visits at 12pm. This worried the person that staff would be attending late which would affect their care, eating and medicines.

The deployment of staff was not robust. People were not always being supported by staff who remained for their scheduled visits to deliver their assessed needs. This placed people at risk of receiving inappropriate care. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw the care visit planning rota, and a staff member explained to us how visits were scheduled to ensure there were no missed visits.
- We also received some positive feedback about staff staying for the scheduled times for visits. A relative told us, "Care staff arrive for visits when they should and stay for at least the contracted amount of time."
- The registered manager told us the service was fully staffed to ensure all care visits were undertaken. Recruitment was ongoing to ensure any new care packages could be considered. The management team and senior staff were trained in providing care and could attend to visits if there were issues such as short notice absence of staff. To retain staff, the provider paid a competitive rate.
- Staff personnel records showed recruitment was undertaken safely, this included making appropriate checks such as the right to work in the UK and Disclosure and Barring Service (DBS). DBS 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's care records included risk assessments, which identified how risks were reduced. However, care records advised staff to report concerns regarding pressure ulcers and urinary tract infections developing, but there was no clear guidance on signs and indicators to assist staff to identify risk. A person's care records stated they were allergic to shellfish, but this was not included on their nutrition and hydration care plan, to guide staff how risks were mitigated.

We recommend the provider seeks guidance and ensures staff receive guidance in care records to identify signs and indicators of risks associated with people's care, and when these should be reported.

- The management team told us they used body maps to guide staff on where creams should be administered, however, there were no body maps in relation to any injuries or pressure areas. The management team assured us these would be developed and used.
- A person's care plan detailed descriptions of warning signals staff should be aware of and actions to take relating to the person's diabetes.
- People told us they felt safe with the staff, which was confirmed by relatives. A relative said, "I certainly feel that [family member] are safe and receive the care and support that they need and prefer... The [staff] always check the doors and windows before they leave." Another relative stated, "I feel [family member] is safe and receives the care and support [they] need and prefer."

Using medicines safely

- Prior to our inspection, we received concerns about medicines management. The registered manager confirmed actions taken included planning care visits to correspond with required support with medicines. Where people specifically asked for medicines to be left for them to take, this was recorded in care records.
- We received mixed feedback regarding the support provided with medicines, the majority positive. A relative told us, "We have a clear medication plan which all the care staff follow meticulously." Another relative said, "The [staff's] main interaction with [family member] on medicines is the daily application of creams and this support is being provided as scheduled."
- However, a relative said used medicines patches had been found in the bathroom and they were concerned there were medicines left in packaging, so were not always sure their family member had taken them. The registered manager told us they would advise staff to ensure used medicines were disposed of appropriately and assured us audits included stock checks of medicines to ensure people had been supported as required.
- Medicine audits were undertaken which supported the management team to identify shortfalls and address them. However, the audits and action plans developed following the audits, may benefit from including follow up information, such as when guidance was sought from the GP, what the guidance was, when it was received, and actions taken as a result.
- People's care records included information about the medicines people were prescribed, guidance for when medicines were to be administered as prescribed and the support people required to take them. Staff had received training in medicines and had their competency checked.

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

- There were systems to guide staff on how to recognise and report concerns of abuse, including training and policies and procedures. Where concerns had been identified by staff these were reported to the appropriate professionals.
- Staff confirmed they had received safeguarding training and were also aware of how to report poor practice, known as whistleblowing. One staff member said, "We have been trained on abuse and the management is always attentive and quickly responds when we reach out to them."

- Where incidents had happened, the provider had learned lessons and these were disseminated to staff through, for example, meetings and written information.

Preventing and controlling infection

- There were systems in place to reduce the risk of cross infection, including staff training in infection control and the provision of personal protective equipment (PPE).
- Staff were monitored in the use of good infection control processes and wearing PPE in observations of staff during their usual work practice.

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 newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care records included guidance for staff in the support people required with their nutrition and hydration, if they required support in this area.
- Prior to our inspection we received concerns regarding some staff not always being aware of how to prepare food which was culturally relevant to the people using the service.
- During our inspection, we found people were not always satisfied with the way some staff prepared their food. A person told us when they raised concerns, they had been told to be mindful of staff culture. We raised this with the management team. We were assured the service were making attempts to address the issues with food preparation and taking it seriously. However, this was not always being delivered in practice.

We recommend the provider seeks guidance and support from a reputable source to ensure staff have the appropriate knowledge to support people as required with their dietary needs in line with their preferences and culture.

Staff support: induction, training, skills and experience

- Training records reviewed showed staff had been supported to undertake the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- As well as online training, staff received face to face training in subjects such as moving and handling and first aid. Staff had received training in people's diverse needs, including learning disability, autism, gender and sexuality. Staff who had been recruited from overseas, had been provided with cultural training relating to the United Kingdom.
- Staff told us they received the training they needed to meet people's needs. One staff member said, "During my recruitment period until now, the company has helped me to go through about 35 training courses under the Care Certificate and many other training courses." Staff received one-to-one supervision meetings, which provided staff with a forum to receive feedback and identify any training needs.

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

- Prior to people using the service a member of the management or senior team undertook a needs assessment, which was used to inform the care plan. This was done with the input of the person and their representatives, where appropriate, such as their relatives and/or allocated professionals involved in their care.

- A relative said, "I was present at the initial assessment when [family member's] care needs were discussed, and the likely time required to provide the necessary care each day." A social care professional told us, "An initial assessment was completed with B&H Care manager and deputy manager... They worked exceptionally well with me in ensuring the adult's care plan was personal centred and appropriately adjusted to their changing needs."
- Policies reviewed included good practice guidance, including National Institute for Health and Care Excellence (NICE).

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

- People and relatives told us they were supported to access other professionals where required, which was confirmed in care records. A social care professional stated, "When B & H commenced their support, they managed to engage all necessary specialist services including an [Occupational Therapist] to review equipment aids and recommend suitable transfer techniques to promote the adult's personal safety when support them with their daily living tasks."
- Guidance received from other professionals was not always incorporated into care plans. A person's care plan stated staff were to follow instructions when providing support with a prescribed thickener for drinks to reduce the risk of choking. There was no detail what the instructions were, from who and when they were given. The management team told us guidance sheets were in place, but they would include the information in care plans.
- People's records included oral care assessments and guidance for staff in the levels of support required by people. However, a person's care plan stated in one part the person had no teeth, and in another part the person could brush their teeth independently. The management team told us they would amend this.

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.

- People's care records included information about appointed people to make decisions on people's behalf, known as Lasting Power of Attorney, for health and welfare and/or finances. There were records in place to show this had been checked.
- People's capacity was identified in care plans. Documents showed people and/or their representatives had signed documents to consent to their care.
- We identified some areas where records could be made clearer regarding how staff were guided to seek consent before supporting people, and fed this back to the management team who assured us it would be addressed.

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; respecting equality and diversity

- The registered manager told us how the service went over and above in providing a caring service. This included providing unplanned and unscheduled visits to provide support, where required. This was confirmed by a person who said they had called the office when they had an accident and a staff member was sent to visit them to provide support, which they appreciated. Support was being provided to collect a person's medicines, when personal circumstances made it difficult for relatives to do this.
- Despite shortfalls identified during our inspection we were assured people received a service which was caring. We received positive feedback from the majority of people using the service and relatives about how the service and staff were caring. A relative told us, "The care staff always treat our [family member] with respect and compassion... Whilst the care staff are dedicated to their tasks, they also bring laughter and joy into our [family member's] home which we have all needed." Another relative said, "[Family member] speaks highly of the care providers and feels [they are] treated respectfully and compassionately."
- We saw a range of card and letters sent to the service thanking them for the care and kindness provided.
- We received feedback about the differences of individual staff. All people spoke highly of their regular care staff members. However, a person told us the staff rarely spoke with them apart from what they needed; they said a staff member had spent time talking with them which they really appreciated. Another person commented, "Some [staff] seem to be genuinely caring; some are not cut out to be [care staff], their heart is not in it, others are better."
- People's care records included information about people's diverse needs, including their spiritual needs and how these were met. Staff had received training in diversity and cultural needs. However, we did receive concerns relating to staff's awareness of culturally appropriate foods.

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

- Care records and records of reviews showed people and their representatives, where appropriate, were included in the planning of their care.
- This was confirmed by relatives who told us, "The [staff] follow the care plan carefully and liaise with us regularly if a change is required... We have regular consultations with [registered manager and their] team to ensure our [family member's] needs are met." Another relative stated, "We discussed the care to be provided and any changes are dealt with efficiently."

Respecting and promoting people's privacy, dignity and independence

- Care plans identified how people's independence was to be respected and the areas of care they could attend to independently and where they required support, for example with personal care.
- The registered manager told us how they provided support to a person to ensure their privacy and dignity

when they needed support but did not feel comfortable asking a relative.

- One social care professional stated, "During each visit, [staff] maintained awareness of the intrusiveness of care and need to promote family life especially when the adult has visiting family members. During such times they managed to support the adult appropriately while understanding the adult's need to experience quality time with their loved ones and maintain privacy in family life."
- People told us they felt their independence and privacy was being respected.

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 requires improvement. This meant there were risks that people's needs were not always met.

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

- Prior to our inspection, we had received concerns that a number of people using the service did not have a care plan in place. The registered manager provided assurances that each person had a care plan and during our inspection, people and relatives confirmed these were in place.
- We found shortfalls in the care records we reviewed, which could lead to inappropriate care. A person's care records stated they did not have a do not attempt cardiopulmonary resuscitation (DNACPR) decision in place. However, on the person's 'grab sheet' which was provided if the person was admitted to hospital for example, it stated there was a DNACPR in place. The registered manager confirmed the person did not have a DNACPR and would amend the 'grab sheet.'
- We were not assured care records were person centred and always related to the individual. There were inconsistencies relating to the gender of people, for example a male was referred to as he, she, him and her. A person's care plan referred to them as the name of another person using the service and identified how their husband supported them with some areas of care, however elsewhere in the records it stated the person's wife had died.
- We received feedback that some staff did not always know what support the person needed, when a staff member had not visited them before. From the feedback received, we found an inconsistency of the quality of care provided between staff. One person, when telling us about the differences of the quality of staff, said when the staff had made their bed the morning of our telephone call, "It was worse than when I got out of it and they said they had made it, some are not house proud." Another person said, "Care is safe, however, some [staff] are not aware of instructions/procedures prior to [care visits] and are not able to act upon instructions."
- The registered manager told us they usually accepted new people to use the service when there were no gender preferences of staff to support their personal care needs. When people's needs changed, staff gender preferences were accommodated, which was confirmed in records. However, a relative told us this was not always the case, "[Family member] does not like being washed by a [gender of staff], sometimes [family member says] they do not need help, [family member is] tolerant and accept what they can get."

People's care records were not always person centred and did not always identify the person's individual needs. This placed people at risk of receiving inappropriate care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider told us that prior to visits being undertaken staff received guidance on the care people required to meet their needs.
- Despite the shortfalls identified during our inspection, we also received positive feedback about the care

provision. People and relatives were positive about their regular care staff and the support provided.

- Despite our findings of shortfalls during our inspection, we also received positive feedback from social care professionals regarding care plans and the personalised care provided. A social care professional stated, "I would say that B & H Care have gone above and beyond in supporting this [person]... and has required carers and B & H manager to find creative ways to meet [person's] needs. I am confident that they provide care to ensure that [person] is safe and that [they] receive the care that [they] need."

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 care records included information on how they communicated and how staff were to communicate effectively. However, a care plans stated that regular care staff were provided who were able to understand how the person communicated. This needed further guidance to describe the how the person communicated, in case a non-regular staff member was required to provide support.
- The registered manager told us documents, such as the complaints procedure, could be provided in accessible formats as required, including larger print and easy read.

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's care records identified people's hobbies, interests and what was important to them.
- Where the service supported people with social activity support this was documented in their records. In addition, the registered manager told us how they had suggested additional social support where it was identified as a need to improve people's wellbeing.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and records showed complaints were investigated and addressed and used to drive improvement. For example, seeking guidance from other professionals involved in people's care and advising care staff of their responsibilities with recording.
- People and relatives told us they felt they could raise concerns and the registered manager would address them. A person told us, "If any concerns we ring [registered manager] who is always pleased to hear our concerns and acts." A relative said, "We are regularly asked for feedbacks and any points of concern are dealt with promptly... I am not sure if we actually 'raised a complaint' formally but we were unhappy about something and it was dealt with professionally, sensitively and quickly."

End of life care and support

- We observed a relative visit the service's office, the service had provided end of life care to their family member. We observed caring discussions and positive feedback given by the relative about the care received. We saw records of compliments which thanked staff for their support at the end-of-life care.
- People's records included their end-of-life decisions, however, not all of these were detailed and identified for example where they wanted to be cared for at the end of their lives or if they became ill.
- The service's website stated they were specialists in end-of-life care. We asked the registered manager what made them specialists, they told us staff received training in end of life and health professionals were providing specialist training where required. However, from the training records only 10 of 23 staff had completed specific end of life training.

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 management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Audits were undertaken, for example in medicine administration records and daily notes. Where shortfalls were identified, actions were identified to improve. However, the action plans implemented following the audits did not identify the outcomes to the actions.
- The shortfalls we had identified in care plans had not been identified and addressed prior to our inspection. This included inconsistencies which demonstrated records were not personalised and care records were not always cross referenced to the appropriate care plan to guide staff on the care and support provided. In addition, body maps were not being used to identify any injuries or pressure ulcers.
- The management team told us they had identified issues with the care staff not always logging in and out of visits, and they were working with the electronic system provider to help improve oversight. However, at the time of this inspection the service had not identified and addressed all of the shortfalls regarding shorter care visits and people feeling rushed when receiving care, which we had noted by using the provider's own data and feedback received from people and relatives.
- The registered manager told us how they monitored care visits; the electronic system alerted them if staff were running late for visits. They told us this enabled them to take action to ensure visits were undertaken. However, we were concerned that not all staff were logging into care visits appropriately therefore the system was not robust. This meant the provider was not able to fully analyse and assess how long all visits were and ensure people's care needs were being met.

Systems were not robust to assess, monitor and mitigate risks to the health, safety and welfare of people using the service This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the shortfalls identified during our inspection we received feedback from people and relatives about the registered manager. A relative told us, "[Registered manager] has an amazing knowledge of care and suggests solutions that are appropriate for [family member's] needs or our concerns... We have come to know [registered manager] very well and think that [they are] an excellent leader who leads a well organised and compassionate team." Another relative said, "[Registered manager] is efficient and answers any queries promptly."
- We received positive feedback from staff about the registered manager. A staff member told us, "[Registered manager] is a wonderful manager who is always there for me, always ready and willing to

support me whenever I need [their] support."

- We also received positive comments from social care professionals. One social care professional stated, "B&H Care have a clear organisational structure that allows all matters and concerns raised about the services users they support to be escalated and addressed appropriately."

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

- There was a duty of candour policy and procedure in place which was understood by the registered persons.
- Records showed people were provided with an explanation and apology where required.

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

- The registered manager told us how they sought feedback from people in visits where required. They also told us that monitoring visits to people were more personal than telephone calls and they could discuss if there were any concerns. The registered manager told us they had not received feedback from people such as the shortened care visits and feeling rushed by staff.
- People were asked for their views about the service in surveys. We saw the results from recent surveys, which also asked people's representatives for their views. The registered manager advised, as a result of people's comments, they had adjusted, for example times of visits. One relative said, "I have been contacted to provide feedback on care and I know that [family member] provided feedback on occasion. An indication that this has been acted on was a change to [staff]."
- Staff also had the opportunity to feedback in surveys and staff meetings. The minutes from a staff meeting in April 2023 showed they were updated on any changes in the service and had the opportunity to discuss any concerns and receive feedback about people using the service.
- Staff were valued through a 'staff of the month' system. This was given as a result of positive feedback from colleagues and people using the service. There had been some team building activities, including bowling.

Working in partnership with others; Continuous learning and improving care

- The registered manager told us they had positive relationships with other professionals involved in people's care. This was confirmed in feedback we received from social care professionals.
- The registered manager told us they had recently undertaken train the trainer training in moving and handling. They had started obtaining some equipment to provide practical training, but not all. They had made an agreement with a care organisation who agreed to share equipment and they could use the provider's training room which was beneficial to both.
- The registered persons worked with a charity, where required, the charity work was extended to the people who used the service, such as with food parcels.
- Spot checks were undertaken, which included observations of staff when supporting people to check they were working to the required standard.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's care records were not always person centred and did not always identify the person's individual needs. This placed people at risk of receiving inappropriate care.
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not robust to assess, monitor and mitigate risks to the health, safety and welfare of people using the service This placed people at risk of harm.
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The deployment of staff was not robust. People were not always being supported by staff who remained for their scheduled visits to deliver their assessed needs.