

# Dhek Bhal

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## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection was carried out on 8 January 2016. We gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be available at the office.

The agency was providing services to 31 people in the community. This ranges from sitting service (this is a service where a person just needs company or the main carer needs respite) to personal care and day care services. Most of them are people from the South Asian

Community who have different faiths and languages. Many people who use the service do not speak English as their first language. The main languages spoken by the people who use the service are Bengali, Urdu, Punjabi and Arabic.

When we last inspected the service in April 2014 we found the service met all of the requirements of the regulations we assessed them against. During this inspection we found they continued to be meeting the requirements of the regulations.

# Summary of findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were satisfied with care and support provided by the service. People told us they felt safe because staff were there when they needed them. They said staff advised them about personal safety and ensured that they lived in a secure and safe place. Relatives felt confident that staff responded to people's needs promptly and ensured they lived in a safe place.

Staff were knowledgeable about safeguarding vulnerable people from abuse. They had attended a range of training programmes including the Mental Capacity Act 2005 (MCA). The MCA is a law designed to protect and empower people who may lack the mental capacity to make their own decisions about their care. The service had a staff recruitment system which ensured that all new staff were properly checked before they started work. This meant people were supported by staff who had been checked regarding their knowledge, skill, experience and suitability of delivering quality care.

Each person had a care plan which was personalised and based on their assessed needs. The care plans were regularly reviewed and updated with the involvement of most people and their representatives.

Staff had good knowledge of the needs of each person and what they needed to do to meet people's needs. There were suitable arrangements in place to ensure that staff rotas were covered and people were visited as recorded in their care plans.

People and their relatives told us staff were kind, friendly and caring. They said staff arrived on time and completed tasks before leaving. People told us staff undertook tasks such as making drinks cooking meals and housework. People told us made sure their privacy and dignity were maintained. This was confirmed by staff who described the importance of treating people with respect and dignity. We noted that people were encouraged to be as independent as possible by, for example, doing as much as they could do with their personal care. Staff said these were all based on the risk assessment of each person.

People and their relatives told us they knew how to make a complaint if they were not happy about any aspect of the service. They said they would speak to staff or the managers if they had a concern. The service had a complaints' procedure with information about how people could make a complaint. Staff knew how to guide people to make complaints. This ensured that people's concerns were managed appropriately by the service.

There was a clear management structure in place and staff knew their roles and responsibilities. The registered manager carried out regular audits and checks of the quality of the service and ensured that improvements were made as required.

The registered manager was very familiar with the needs of the people using the service and staff felt supported by the management team. There were systems in place to enable people to give feedback on the service and auditing systems monitored the quality of the service.

# Summary of findings

## 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 safe.

People were supported by staff who knew the different types of abuse and the action needed to be taken to keep them safe. Staff had knowledge about safeguarding people from abuse or harm.

The service had a recruitment system which ensured that new staff were checked to make sure they were fit to work with vulnerable people.

People received their medication correctly by staff.

Good



### Is the service effective?

The service was effective.

People had access to medical care. Staff supported people to make and attend healthcare appointments.

Staff sought consent from people, in line with the requirements of the

Mental Capacity Act 2005 (MCA), before providing care and support.

Staff had support and supervision from their managers. This benefited people as it meant they received effective care.

Staff had various training opportunities related to their roles.

This showed staff were well supported to do their jobs effectively.

Good



### Is the service caring?

The service was caring.

People were supported by staff who were kind, caring and were able to form positive relationships with people.

Staff respected people's privacy and dignity by giving them a choice and independence of how and when to be supported.

Staff were aware of people's likes and dislikes and supported people to make their own choices. This enabled people to maintain their independence.

Good



### Is the service responsive?

The service was responsive.

Each person had a care plan which was based on their assessed needs. This meant that care was flexible and responsive to peoples' needs.

Care plans were regularly reviewed, updated and people were involved. This showed people received care that met to their needs.

People had a range of activities available to them. Some people were supported to go out to the community independently while others participated in activities provided by the service.

Good



# Summary of findings

The service had a complaints procedure and people knew how to make a complaint if they had a concern

## Is the service well-led?

The service was well-led

People and their relatives were positive about the management of the service.

There were clear lines of accountability understood by staff. Staff knew their roles and had good guidance to enable them to complete tasks assigned to them.

There was an open culture at the service to enable people and staff to raise any concerns.

Systems were in place to monitor the quality of the service to ensure people received care and support that met their needs.

**Good**



# Dhek Bhal

## 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 was planned to check 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.

This inspection took place on 8 January 2016 and was announced. The inspection was carried out by one inspector and 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

The provider also supplied information relating to the people using the service and staff employed at the service. Prior to the inspection we reviewed this information, and we looked at previous inspection reports and the notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We visited and spoke with two people who used the service in their homes. We spoke with five care staff, the care coordinator and the registered manager in the agency's office. We looked at the care records for five people including care plans and training records. We also looked at five staff files and other records such as the staff rotas, and the provider's policies and procedures and other records relevant to the quality monitoring of the service. We spoke with five people who used the service and 10 relatives on the phone on 11 January 2016. We also spoke with three social work professionals by telephone after the inspection.

# Is the service safe?

## Our findings

People told us that they felt safe using the service. One person said I feel safe because staff knew me well are around and arrived on time to help me when I need them". Another person said they felt safe "because staff came quickly when they needed assistance and I phoned them". People told us staff advised them to make sure their home was secured and ensured that they shut their door when they left after supporting them.

Relatives told us they felt people were safe. One relative said, "I feel my family member is very safe with staff." Another relative told us that they felt confident about the safety of people because staff responded promptly when they required support or in an emergency as the agency has and good on call system. Both people who used the service and their relatives said they have been allocated regular staff and if that staff was sick or on annual leave they were provided other staff and also were informed well in advance.

However, one relative said, they noticed that sometimes staff did not wear apron and gloves, which they felt was inappropriate and may put people at risk of infection. They also commented that staff had not worn their Identity badge all the time. They were concerned that it would be difficult to recognise carers from Dhek Bhal without their identity badge. We discussed the above with the registered manager who said they would discuss these in the next staff meeting and would also remind staff of the policy on infection control importance of wearing their badges for identification and security. Staff members we met in the agency office on the day of our inspection including the registered wore identity badges.

Staff had knowledge about adult safeguarding and how to raise alerts if there was a concern of abuse. Staff told us, and training records confirmed that staff had attended training on adult safeguarding. When we asked them their understanding of adult safeguarding, they listed the different forms of abuse such as financial, sexual, emotional and physical, and explained how to record and report any incidents of abuse. One staff member said "I will report it straightaway to our manager and if she is not available I will phone social services and CQC". Staff had read the provider's whistle blowing policy and knew who to

contact if they needed to report a concern about the safety of people or quality of the service. This was also included in the staff handbook that was given to every staff member when they joined the service.

Staff did food and toiletries shopping for some people. We asked staff about shopping and were informed that the person wrote their own shopping list and gave money to staff to buy them the items. Staff told us they brought back the items with the receipts and the change. Staff confirmed this and that records of the dates and the items bought together with amount of money received from the person, change given and the receipts were kept. This was also confirmed by one of the people who used that facility. One staff member told us "some people just want us to accompany them but they do the shopping themselves. In that case we don't handle the money at all". The agency had policy guidance for staff on how to deal with people's finance. This showed that there was a safe system in place for all the financial transactions staff carried out on behalf of people.

Staff told us that when they found people had injuries or sudden illnesses, they always contacted medical emergency services and stayed with the person until help arrived. One staff member said "I will call 999 immediately when a person had fallen or very unwell". They said there was a procedure to contact the agency's office and arrange cover by other staff for subsequent visits.

A care coordinator told us that risks were assessed during the initial assessment and again if people's needs changed. We saw risk assessments had been carried out and recorded in the care plans we looked at. These covered the risks when people were helped with moving and with their personal care. Staff members we spoke with knew the action they needed to take to reduce the risks to people's safety.

Each person using the service had a risk assessment. People's files contained detailed risk assessments which identified possible risks to people and guidance for staff regarding what they needed to do to manage the risks. Risk assessments were reviewed and updated monthly and there was evidence showing people were involved and agreed to the risk assessments. For example, making sure the mobility aid is close by to lessen the risk of falls.

# Is the service effective?

## Our findings

People and relatives told us staff were knowledgeable and had the skills needed to support people. A person said, "Staff know exactly what they're doing." Another person told us, "the staff are well trained. I am very happy with them". "Another person said "they are very good. When they finish their jobs they sit down and chat to me. They know what I need." A relative said that they believed staff had appropriate training and skills to meet the needs of their family member.

The registered manager and staff demonstrated they had good understanding of the Mental Capacity Act 2005 (MCA). The provider ensured that all staff understood the key principles of the Mental Capacity Act 2005. The Mental Capacity Act 2005 provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Records to show that staff received training on this subject and on working with people who might lack mental capacity due to dementia. This was confirmed by staff we spoke with. Staff members told us they followed the care plans in people's best interests when they had been assessed as lacking capacity and reported any changes in behaviour or any other concerns. For example one person who had been assessed of having no capacity was being supported with their dietary needs in accordance with their agreed care plans. They were also being supported with their cultural needs. The registered manager told us that had reduced aggression and their behaviour had improved.

Staff told us they had various training relevant to their roles. Staff files and the staff training record noted details of training courses the staff had attended. The registered manager told us they kept training records to enable her plan refresher courses to update staff skills and knowledge. The training courses staff attended included moving and handling, health and safety, adult safeguarding and Deprivation of Liberty Safeguards (DoLS) dementia and end of life care. The service had an induction programme in place for new staff. The registered manager said the induction programme enabled new staff to have

understanding and knowledge about the service's policies and procedures. One staff member told us "the induction was very good. I shadowed a senior carer before I started working on my own. It was very useful for me".

Staff told us they had regular one-to-one supervision with management. The registered manager said staff had supervision once every two months and annual appraisals. The staff supervision records confirmed staff were receiving supervision. This gave staff the opportunity to review their understanding of their job role and responsibilities to ensure they were adequately supporting people who used the service. Spot checks on staff were also undertaken on an ongoing basis to make sure staff were working at required standards. Staff told us this was useful and one said "We get a lot of support". Records of spot checks were seen in staff files. Staff also told us they had regular meetings to discuss any issues within the care provision and the organisation. This showed that staff had the opportunity to discuss their work and training needs with management.

However, the supervision policy was not clear about frequency of supervision for staff to make easier for provider to verify and to monitor. This would enable the agency to identify when staff members have not received supervision as they should.

People told us that they chose and decide how to be supported. Staff gained people's consent before supporting them with care tasks. For example, staff told us they asked people how they would like to be supported with personal care and ensured they respected their choice. One of staff member said, "I always respect whatever choice people make." There was a signed consent form in each person's care file. For example, in relation to administering medicine and supporting with personal care. One person told us they had signed the form to confirm they consented to be supported with their personal care.

People told us they chose their food and drink and staff supported them with this. One person said that they wrote their own shopping list and gave it to staff to go to the local shops to get them what they wanted. One staff member told us "they tell me exactly how they want the food prepared and sometimes they cook the food with me. That helps them to eat because they feel that they had prepared the food themselves in the cultural way".

## Is the service effective?

One person told us “The carers are good. They cook my food. They do my shopping for me and they give me receipt and change. They speak my language and prepare the food the way I want. I am very happy”. Some people and their relatives said, they cooked the meals for their loved ones and when carers came they warmed the food and encouraged those who could manage to feed themselves. Staff also fed those who were not able feed themselves. They said their lunch time was very pleasant and staff were patient and also encouraged people to finish their meals. Staff also made sure people drank plenty of fluids.

People told us they had regular healthcare appointments. One person told us they attended their GP appointment with staff support. They said they were confident staff could help them if they needed assistance with attending or

making healthcare appointments. Staff told us they would take people to hospital appointments whenever needed. Each person was registered with their own GP. One relative said, “I was so pleased to see when the agency carer visited and noticed that my family member needs had changed they immediately contacted the agency and the staff visited and liaised with other health professionals to review their care needs”. This showed that people's health and physical needs were effectively met.

The registered manager said staff supported people to attend various healthcare appointments when needed. People told us that arrangements were made to be seen by opticians, dentists and chiropodists as they required. This showed people were supported to receive appropriate healthcare.

# Is the service caring?

## Our findings

People and their relatives told us staff were kind and caring. One person said, "Staff look after me very well." Another person said, "Staff are wonderful." Staff are pleasant and helpful." A relative told us "Staff from Dhek Bhal are polite and respectful". "I admire the staff at Dhek Bhal they bring my family member from their bed room to the lounge every day. I really appreciate it that they are not lonely in their room. That shows that they care for people according to their need". Another relative told us that staff rang them if they were worried about the person and this showed that they were caring. People and their relatives said "Staff were very compassionate and were always willing to offer support when we needed".

People told us staff arrived and left on time. They said staff "Sat down and chatted" with them when they finished their job before they left. Relatives told us staff listened to their loved ones and asked them if there was anything that needed doing. There was a friendly and relaxed interaction between people and staff. We observed staff interacted and talked to a person who used the service when we visited the person in their home before the staff member left.

People told us staff knew their needs because they had been visiting them for long time. The registered manager said that staff were assigned to support the same person most of the time to ensure continuity and consistency of care. The staff rota showed that each member of staff was allocated to support the same person most of the time.

Staff demonstrated that they had a good knowledge and understanding of the people they were supporting. Staff we spoke with were able to tell us about the personal preferences of people they were supporting as well as details of their personal histories. They had a good knowledge of people's daily routines and the relatives we spoke with confirmed this. Care plans had been completed with the involvement of people who used the service and their relatives. They provided detailed information about how the person's needs and preferences should be met by staff from the service. Care records showed how staff worked closely with people they cared for, ensuring they met their aims and aspirations. Daily records completed by staff provided the information needed to monitor whether these goals were being met.

Discussion with people and from reading care plans we saw that staff encouraged people to be as independent as possible. For example, in one person's care plan they went out with staff but were independent in choosing what they wanted to do while out in the community. The care plans we looked at were detailed and contained information about people's likes and dislikes. There was guidance for staff on how to conduct themselves and treat people with respect and dignity. The care plans were regularly reviewed and daily records of the care provided were kept. These ensured the service people received or did not receive were recorded and followed up by the service.

People told us staff respected their privacy. One person said staff knocked on the door before entering their home. We saw that staff took off their shoes at the entrance as a mark of respect for the people we visited as it was their culture.

All the care workers we spoke with explained to us how they made sure people received help with their personal care in a way which promoted their dignity and privacy. One staff member said they always knocked on the door and waited for answer before they entered. Another staff member said they ensured that blinds or curtains and door were shut so no one else was able to see such care taking place. Another staff member said "I always ask the person if they want me to be with them in the bathroom when they are independent with their personal care. The staff member said "she told me she is happy how I protect her dignity. We emotionally connect with our clients to make them feel comfortable and safe". Staff told us their training had covered how to treat people with respect and how to ensure their privacy.

People were supported with their cultural needs. One relative said, "I am so happy that every Friday the staff take my family member to the Mosque. On their return we see a positive impact on him". Another relative said "If they want to attend any funeral or any wedding during weekend they requested to Dhek Bhal to offer support and they did sent the staff during that time. The person also said, "staff were flexible as well, if I contact them to inform to come late or early and they do help and listen to you".

# Is the service responsive?

## Our findings

People told us staff supported them with a wide range of activities. One person said that they could go 'shopping'. People said the service had "a programme of all kinds of things" which they could "go to most of them to be social". Dhek Bhal provided day care activities for male and female service users. The registered manager told us the aim of these sessions was to provide opportunity to engage in a range of activities. People described the range of activities which were available and they attended. These included planned trips out to various places for example Newquay in 2015, fitness sessions, arts and crafts, talks on topics of interest to the group for instance the social isolation project. Other activities included shopping and cinema. One person said they enjoyed going to the day centre three times a week as it provided them with great company of friends and many activities to look forward to. The person said "I wish I could go everyday". Staff told us they encouraged people to take part in the activities and make use of the opportunity provided and social events available within the community.

The service had a person centred planning system in place that gave guidance to staff on how to deliver personalised care. Staff were knowledgeable about how to deliver personalised care and described how it was meant to enable a person to receive their care how they wanted and not making people do it their own ways. "One person said, staff encouraged me to wash my front part and encouraged me to see if I can do more than that". Each care plan was specific to a person and reflected their assessed needs and guidance for staff on how to meet them. This ensured that the care and support provided was appropriate to people's needs.

People and their relatives told us they were involved in the review of their care plans. One person said staff explained to them about their care plans and they knew when they would come and what tasks they were expected to do for them. One person said staff arrange a meeting with the family to discuss if there were any changes or progress to their care plan so it could be can updated where required. They said, "we have built a good relationship with them so we can openly discuss any issues or concern we may have". A relative told us that they had been involved in the care plans.

The registered manager and the care coordinator told us they make sure people and their relatives were involved in the review of care plans as this gave them the opportunity to raise any concerns and changes made to their care plans if necessary. The registered manager said the service always gave copies of care plans to people to keep with them at their homes. This ensured that people and their relatives could check that they were receiving the right care. It also ensured that staff were providing the care tailored to every individual.

There were opportunities for people to provide feedback about the service and suggest possible improvements. People told us they were asked their opinion of the service and could remember receiving a satisfaction survey. One relative said, they had received the questionnaire in regards to the service improvement and manager had visited and asked questions on how they could improve service or make any changes within the service.

We saw the most recent survey was undertaken in November 2015. Feedback was positive. Comments included "my family members feel comfortable with Dhek Bhal. They are caring and sympathetic to cultural differences" and "The service meets my needs in all ways as the person comes from same culture and religion". The provider had analysed the findings of the survey and this showed that people were happy and were receiving consistent care workers and having the correct amount of time for their calls.

People told us they knew how to make a complaint if they were not happy about any aspect of the service. One person said they would "talk to the manager or the staff" if they had a concern. They all also said manager is very approachable and helpful. One of the carer said, "the manager often visits us and discusses if there are any changes in their service".

Staff were knowledgeable about the complaints policy and were able to describe the actions they would take if a person or their representative approached them with a complaint. One person said "I have no complaint but if I have I will say" There was a comprehensive complaints policy which gave clear guidance and timescales to people and staff on how to make a complaint and how deal with people's concerns.

We looked at the records of written complaints received during the past year and saw there had been none during

## Is the service responsive?

the last 12 months. The registered manager told us that a response letters of acknowledgment would normally be

people's individual circumstances. Previous record showed that complaints had been fully investigated and the provider had checked that complainants were satisfied with the response to their complaints.

# Is the service well-led?

## Our findings

People and their relatives were positive about the management of the service. One person told us that the service was run well and they were “very happy” to contact the office and the registered manager for anything they needed or of concern. Another person told us, “She (registered manager) is so good she visits me regularly to make sure I am ok. She even sent me a bunch of flowers the other day”. Another person said the manager listens to you and sorts things out. Another person also said, “when manager visit us we talk openly and if we need any changes they act upon it”. One person said the manager and all staff were “very good” and approachable to them.

Staff knew their roles and what they were required to do to meet people's needs. The service had a clear management structure with clear responsibilities for the provider, registered manager, and senior staff. The day to day planning of staff tasks was carried out by a senior and care coordinators who were supervised and supported by the registered manager. The people and staff had access to the registered manager who was also present to deal with day-to-day management tasks.

The provider also commissioned a quality assurance by a social work student between February and June 2015. The overall report indicated that the people who used the service felt safe and the service was 100% caring. Comments included Dhek Bhal is like a big community. Staff are well trained”. “Dhek Bhal is like my second home”. “Dhek Bhal understands language and culture. In our culture we respect elders and that’s what Dhek Bhal do”.

There was a registered manager at the agency, which met the registration requirements of the Care Quality Commission. The management team had defined roles and there was clear accountability and responsibility for different aspects of the service. For example, there was a designated person responsible for organising staff training both internally and with external providers.

The management team and staff told us what the aims and objectives were. They said they included respect, dignity and ensuring that people lived a fulfilled life. The registered manager told us “Our aim is to empower people and provide good quality care and maximise people’s

independence”. People and their relatives said they were fully satisfied with the service they received by Dhek Bhal. They have been provided a pack which contained all the information in regards to the service aims and vision.

The provider had taken additional steps to improve care practice by reviewing all policies and procedures. The last review was in November 2014. The care coordinator told us they completed ‘spot checks’ regularly to ensure the quality of service was maintained. This meant they visited people at home while their care worker was there to check their needs were being met as planned.

All the people we spoke with said that there was a general feeling openness in the agency. One person told us, “They are very helpful and always happy to help you at any time.” Staff also told us they were pleased with the support they received from managers. One said “Dhek Bhal is very supportive. They look after you whether it is personal or professional.” A social care professional told us “the agency’ communication with us is very good. They always keep us informed if there are concerns”. Another person said “They are receptive and proactive in dealing with service users”.

There were a range of records, such as medication records and care records which were audited by the registered manager so that they were up to date and any necessary changes and amendments were made. For example, processes to check for any medication errors were in place and errors were investigated.

The provider notified the Commission of important events and incidents affecting the service, as legally required. Records were stored securely and were in good order. The provider took steps to ensure the agency’s office was safe. For example, fire alarms were checked weekly and the emergency lighting was checked monthly. Portable electrical appliances were tested for safety annually.

The registered manager told us they maintained links with other community services to enhance people’s lives. They had arranged social trips and utilised other specialist services in the community, for example, Alzheimer’s disease Society (a local resource) for people with dementia. They also maintained professional contacts with relevant agencies such as the social services, NHS England and local medical centres.

The registered manager ensured that the service was part of their local community and people who had capacity

## Is the service well-led?

were able to access local amenities. People attended places of worship, went to shops and a day centre. Relatives told us they were happy with the way staff communicated and treated them when they rang or visited the service.

The registered manager told us that they have 'Investors in People Award' and are affiliate members of Care UK and UK Home Care Association (UKHA) and regularly receive updates on new legislation. The registered manager told us they regularly attend their meetings and trainings to keep up to date with good practice.