

Bespoke Care Cheshire Ltd

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Inspection report

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28 April 2021

30 April 2021

04 May 2021

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bespoke Care is a domiciliary care agency providing personal care to 15 people at the time of the inspection. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People and their relatives without exception told us they received good quality support from a staff team that were reliable, caring and knowledgeable. They felt safe with the staff and had developed good relationships with them. They considered that their independence was promoted in daily routines, such as taking prescribed medication, but when assistance was required; this was always done in a safe and dignified manner.

People and their families confirmed that the service was well-led and well-managed. They felt confident that their needs would be met. They felt that they were involved in and could influence the support they received.

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

Rating at last inspection and update.

The last rating for this service was requires improvement (published 13 May 2019) and there was a breach of a regulation relating to good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection. The ratings from the previous comprehensive inspection for those key questions were not looked at on this occasion but were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bespoke Care Cheshire Limited at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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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 one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. CQC only inspects where people receive personal care.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we wanted the registered manager to be available for our visit.

Inspection activity started on 28 April 2021 and ended on 4th May 2021. We visited the office location on 28 April 2021.

What we did before the inspection

We reviewed the information we received about the service since the last inspection. We sought feedback from the local authority and Clinical commissioning teams. We used all this information to plan our inspection.

During the inspection

We looked at the recruitment files for one staff member who had been employed since the last inspection

and another who was currently undergoing the recruitment process. A variety of records relating to the management of the service were also reviewed to support our judgement.

Due to the impact of the COVID-19 pandemic we limited the time we spent on site. Therefore, we requested records and documentation to be sent to us and reviewed these off site and continued dialogue with the manager by email.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two people who used the service and two family members about their experiences of the care provided. We also spoke with six members of staff including the registered manager, nominated Individual, staff co-ordinator and support workers.

We looked at the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We received this after our visit.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we recommended the provider consider current guidance on administering medicines and act to update their practice. The provider had made improvements.

- Recording systems for prescribed medicines were now in line with best practice. Medication administration records (MARS) had been signed, countersigned and checked to ensure their accuracy.
- Protocols for the administration of medicines 'when needed' (known as PRN) were in place which ensured staff had clear information of when and how such medication should be given or offered.
- People told us they always received their medication when needed and this was never missed.
- Care plans indicated people's independence was promoted when it was safe to do so.
- Staff had their medication competency levels regularly assessed .
- Arrangements for the safe storage of medicines in people's homes were outlined in care plans.
- MARS were in place to direct staff where to apply prescribed creams and potential risks associated with the flammability of some products.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff. They said, " I definitely feel safe with them [staff]" and "I do, they [staff] are very nice people". This view was echoed by relatives who trusted staff to maintain their relations' wellbeing.
- Staff received safeguarding training and were aware of agencies to contact if they had care concerns.
- Any care concerns were referred to the local authority for further investigation if required.
- A procedure was in place for staff and the registered provider to raise safeguarding alerts.

Assessing risk, safety monitoring and management

- People's risks had been identified, assessed and were up to date. These related to health conditions or other factors adversely affecting individuals.
- People and families were involved in devising and agreeing the content of their personal risk assessments.
- People's home environments had been assessed to identify and mitigate any risks faced by them and staff during support calls.
- Risk linked to the immediate location of people's homes had been assessed for staff reference and their safety.
- Where people required access to life-line pendants; checks were undertaken by staff to ensure this access was possible once they left the property.

Staffing and recruitment

- Robust recruitment processes and appropriate checks were in place. This ensured people were supported by suitable staff.
- People and families told us staff never missed calls and always turned up on time.
- One relative told us if staff were running late for a call; they were always informed in good time.
- Rotas were available enabling the management team to identify when staff had arrived. This provided assurance people were not at risk of not receiving support.
- The provider considered there were sufficient staff employed by the service and that their workload including travel between calls was manageable.

Preventing and controlling infection

- People and their families told us staff used personal protective equipment (PPE) routinely. They told us, "Yes they [staff] always wear masks, gloves and aprons" and "Yes I feel safe with carers always wearing their masks and gloves".
- Staff received training in the donning and doffing of equipment at the start of the Covid 19 pandemic and had received ongoing information and guidance about safe infection control practices from the registered provider.
- All visitors to the service's office were required to wear PPE, have their temperature taken and complete a questionnaire relating to their current and recent health.
- Communication between the registered provider and people had been maintained during the pandemic through newsletters and telephone calls.
- Staff were complimentary of the levels of support and recognition they had received by the management team during the ongoing pandemic.

Learning lessons when things go wrong

- In response to the shortcomings identified at our last inspection; the registered provider had reviewed medication systems and improved the evidencing quality auditing.
- The registered provider had sent an action plan to us when requested and our visit found these improvements had been implemented and sustained.
- In those instances, where people were reliant to access to lifeline pendants; a checklist was available requesting staff to confirm this access. Where this had not been signed; the registered provider was quick to act to ensure people's wellbeing was maintained.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to evidence systems of effective governance, including assurance and auditing systems and processes. This was a breach of regulation 17 (Good Governance)) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered provider could evidence various approaches to monitor the quality of support people received.
- Records viewed and discussions with staff evidenced care practice were routinely assessed.
- Auditing records, such as medicines audits, were completed and recording had improved. Any outstanding actions were addressed in a timely fashion.
- The registered manager and nominated individual were clear about their regulatory requirements and responsibilities as managers of a registered service. the
- The rating of the last inspection was displayed both in the office as well as the service's website. This demonstrated transparency.
- Policies and procedure now reflected current legislation and guidance.

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

- People and relatives told us they were contacted regularly by the registered manager to check on their wellbeing and the quality of support. This had been maintained safely during the pandemic.
- The support by the registered manager had extended to assisting people and relatives while their needs were assessed by external agencies.
- Regular reviews enabled people's views to be captured and changes were made in line with people's wishes.
- People felt involved in their support and felt they were listened to.
- Good communication between workers, regular staff and team meetings, and regular information and updates for staff continued.

- Staff considered the management to be supportive and approachable.

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

- The registered provider had acted swiftly to address the breach in governance identified during our last inspection.
- Staff told us of the positive management structure in place which was open and transparent and available to them when needed.
- Staff felt supported to gain qualifications and bring any matters to the attention of the registered manager.

- The culture of the service remained caring and focused on the individual needs of people and relatives.
- Staff were knowledgeable about the individual needs of people and put their positive values into practice.

Working in partnership with others

- The registered provider ensured people using the service and their families were fully involved in their care.
- Every care plan, risk assessment and care plan review included evidence that people had the chance to influence their support, agree the frequency of support calls and propose changes to their support calls.
- The service had worked with other agencies during the pandemic.
- Since our last visit; the service had established contact with other community groups and had participated in fund-raising event with them.