Bespoke Care Services (NW) Limited

Bespoke Care Services

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

Summary of findings

Overall summary

About the service
Bespoke Care Services is a domiciliary care agency providing personal care to people in their own homes. 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. At the time of inspection, 33 people were receiving personal care.

People's experience of using this service and what we found
Staff understood their responsibilities to prevent the spread of infection whilst working in and between people's homes. They wore the correct personal protective equipment (PPE) and most were regularly tested to ensure they were safe to work with people. Those that were not part of a COVID-19 testing regime, were included on the provider's testing programme during the inspection.

Staff members were recruited safely and there were enough staff available to support people properly.

People received their medicines safely and there were robust processes in place to deal with any errors to ensure people were not harmed.

People told us they felt safe. Staff understood their responsibilities about keeping people safe. Risks were identified and managed. Incidents and accidents were recorded so that they could be considered and reflected upon to make improvements to the service.

People liked the staff who supported them and told us staff were kind and respectful. The registered manager, care coordinator and staff considered people's diversity and respected their right to privacy and dignity. They encouraged people to be as independent as they could be and involved them in decisions about their care. People's personal information was kept confidentially.

Staff had completed training in key areas and were supported to carry out their roles. They were supported in their roles by the provider and registered manager. People were supported to access health services if needed. People's dietary needs were assessed and, where required, they were supported with their meals.

People's care plans were up to date and detailed their individual needs and preferences. People and their relatives knew how to complain although no complaints had been received since the service opened.

People were encouraged to provide their view. This included people, their relatives and staff. This ensured the service was progressive and acted on people's wishes.

The service was managed by a registered manager who had a clear vision about the quality of care they wanted to provide. Staff were aware of their roles and responsibilities. There were quality assurance systems

in place to monitor the quality and safety of the service. There was a focus on continuous improvement and learning from mistakes.

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 13/03/2020 and this is the first inspection.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Bespoke Care Services

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 and an Expert by Experience. The Expert by Experience made calls to people and their relatives seeking feedback on the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 notice of the inspection. This was because it is a community based service and we needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 8 July 2021 and ended on 9 July 2021. We visited the office location on 8 July 2021 and on the same day spoke with people and their relatives on the telephone. We also had telephone conversations with staff on 9 July 2021.

What we did before the inspection
We reviewed information we had received since the service was registered with us. We also sought feedback from health and social care professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with four people who used the service and five relatives about their experience of the care provided. We spoke with six members of staff including one from the office, the care coordinator and the registered manager who was also a representative of the provider. We reviewed a range of records which included four people's care records and five staff files. We looked at a variety of records relating to the management of the service, including policies and procedures.

After the inspection
We continued to seek clarification from the registered manager to validate evidence found.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 'Good'. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

● Actions were taken to reduce the risks of cross infection. Personal protective equipment (PPE) such as masks, gloves and aprons was available to staff to reduce the risks of infections spreading. People told us staff wore PPE when appropriate. One person said, "They wear PPE. They take them off outside on the way out and dispose of them in the bin."

● The inspection took place during the COVID-19 pandemic. Management and most staff were participating in a regular infection testing programme to ensure they were safe to work with people. During the inspection, the registered manager took action to ensure those staff members who were not being regularly tested, participated in the programme. There was no evidence to support anyone had been harmed as a result of this omission.

Staffing and recruitment

● Safe recruitment procedures were followed. In one of the files we considered, some checks with previous employers in health and social care had not been documented. This was corrected before the publication of this report.

● Checks such as those into identity, right to work and criminal records had been made.

● There were enough staff employed. The staffing rotas supported this. People and their relatives told us staff arrived on time, stayed for the right amount of time and did not rush them. One said, "They [staff] are lovely and are here a long time. They will do anything for me."

Using medicines safely

● Medicines were managed safely. Medicines were recorded within people's medication administration records.

● We noted administering staff recorded medicines in a digital format. This meant staff at the office had oversight of this on the same day and could ensure they were administered in line with the prescriber's instructions. Any errors were noted and acted upon very quickly. Appropriate action was taken with staff where they had made mistakes.

● Medicines were administered by staff who had completed relevant training to administer them safely. Staff member's competency to administer medicines was regularly checked. One person told us, "I feel very, very safe. They [staff] are meticulous about medication."

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe with the staff that supported them. One relative said, "We are happy as we feel that they are helping to keep our relative safe and happy in their own home, which is where they want to be."

● There were robust safeguarding processes in place. Staff, the registered manager and care coordinator had a good understanding of safeguarding. There was an understanding around their responsibilities for keeping people safe and reporting any concerns. A member of staff said, "I will always report concerns to the office and if they aren't available, I know how to contact the authorities."

Assessing risk, safety monitoring and management

● There were effective risk management systems in place. People's care plans included thorough risk assessments about individual care needs such as any cognitive issues, avoidance of pressure sores and compliance with taking prescribed medication.

● Control measures were in place for staff to refer to. Many of these incorporated specialist input of social and healthcare professionals such as community nurses. A social care professional said, "They [staff] go above and beyond what has been requested from specialists in relation to supporting people."

● People told us staff were attentive to their safety and wellbeing. One relative said, "If I have any queries, they're always there at the end of the phone and they straight away get on to it."

Learning lessons when things go wrong

● Management and staff communicated openly with people if improvements to care were needed. A record of incidents was kept and analysed to prevent further incidents occurring. The care coordinator gave clear examples of when lessons had been learned by staff at all levels. They said this sort of learning was an essential part of the delivery of good care.

● The registered manager also told us they had learned lessons from the CQC inspection.

Good

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.

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

- People's needs were assessed before the service began to provide support. Where people lived and the impact on staffing capacity were considered before a decision was reached about whether the provider could meet a person's needs. The care coordinator said they would decline to provide a service if the person's needs could not be met. An example was provided on this point and we noted the service had acted appropriately.
- Following the initial assessment, risk assessments and individual support plans were developed with the person, and, where appropriate, their relative. These were regularly reviewed to ensure people received support that met their needs. One person said, "They come out every six months and do the risk assessments to see if my needs have changed."

Staff support: induction, training, skills and experience

- Staff had the right level of training and experience. People and relatives we spoke with said they felt staff had the right skills to provide the care and support they needed. One person said, "All new staff were introduced to me and shadowed my usual carers before they visited me alone. This helped to ensure they knew what they were doing."
- Staff training in key areas was up-to-date and records supported this. Where required, we noted specialised training could be provided. One staff member said, "If we require additional or specific training, this is always encouraged." We noted some staff had received practical first aid training and all other staff were scheduled to undertake a practical emergency life saving first aid session later in the year.
- Staff had completed or were working towards additional external qualifications in health and social care. New staff had completed an appropriate induction to the service. Staff had also received regular supervisions and an annual appraisal. One staff member said, "I am completely supported and have no fear about reporting or seeking guidance on any issue."

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

- People received support with eating and drinking, where they had needs in this area. Care plans were personalised and included details of people's preferred way of being supported, such as what food they liked and how they liked to eat it. One relative told us their loved one requires a specialised diet and staff support them with this.

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

- People received ongoing health care support. Where appropriate, referrals were made to health care

services when people's needs changed. People told us the service contacted health professionals when their health had declined. One relative said, "When my relative's condition deteriorated they rang the GP straight away. This was a lot better than asking me and delaying things."

● Records showed the service worked with a range of external professionals to maintain and promote people's health. One social care professional said, "They [staff] work alongside me on the support plan to achieve the best for the person."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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.

● At the time of the inspection, no one using the service was subject to any restriction of their liberty in line with MCA legislation. However, the registered manager had a good understanding of the MCA. They knew not to deprive a person of their liberty unless it was legally authorised, and understood the importance of gaining a person's consent before providing any care and support. One person told us, "They [staff] always ask for my consent and ensure I'm involved in decisions about my care."

● The registered manager and senior staff routinely assessed people's mental capacity and held best interest discussions with key people. This was documented in care planning documents and, where appropriate, discussed with interested parties such as relatives and social workers.

Good

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

- People were treated with respect and kindness. People and relatives told us staff members and the registered manager were kind and compassionate. They told us their experiences of receiving care from staff had a positive impact on their wellbeing. One relative said, "They [staff] treat my loved one like she's a relative of theirs." During inspection, staff and management also spoke with affection and understanding of working with people and their relatives.
- Staff understood the importance of treating people as individuals with rights. They were also aware of the importance of treating people equally and taking account of the diversity of the people they cared for. These values were promoted by the service and were covered during staff members' induction.
- A health care professional said staff and management were positive; person centred, caring and took time to listen to people.

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

- Staff helped people to express their views, so staff and the registered manager understood them around their preferences and choices. One person said, "We have a discussion about what I would like and they will see to it."
- When people could not make day-to-day decisions, if required, the service could provide information to people about advocacy services. This meant people had someone who could speak up on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People were respected and treated with dignity. People and relatives told us staff were good at upholding their dignity. This meant people felt respected and were comfortable with staff entering their homes. One person said, "Every one of the staff members that visit my relative treat her with the same love and respect that I treat her myself."
- People were promoted to be as independent as they were able and wished to be, without compromising safety. One person said, "They always give me privacy and protect my dignity. When I'm using the bathroom, they leave it. When I have a shower, they let me do what I can do and then they give me a hand."
- The care coordinator and registered manager could describe to us in detail people's likes and dislikes. They knew people well. A staff member said, "I know my own clients really well. When someone new uses the service, I do take time out to speak with them about their needs and preferences. This is encouraged by the manager."
- Records were kept confidentially at the office and only authorised staff and management could access them.

Good

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 'Good'. This meant people's needs were met through good organisation and delivery.

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

- Care plans were person centred, up-to-date and regularly reviewed. They were well written and contained information about people's daily routines and specific care and support needs.
- People expressed positive views around care planning and the ability of the service meeting the needs of people. One person said, "They even send me a copy of the staff rota, so my relative knows when and which carers are coming to help her."
- The registered manager told us there were considerations towards allowing people access to their planning documents in a digital form. This would help in ensuring people felt involved in their care and so that any errors or issues could be corrected quickly.
- The staff members we spoke with knew people's needs and preferences and said they would be responsive to people's changing needs. One relative said, "Staff are good at explaining changes in my loved one's condition and work well with the district nurses."
- People were supported by staff to participate in activities which were meaningful to them. In some cases, we noted staff regularly supported people in the community with shopping and other community activities.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met people's communication needs. The registered manager and senior staff assessed people's communication needs and recorded this information as part of the initial assessment and care planning process. The registered manager gave us examples of how important information such as complaints processes could be provided to people in different formats such as audio recordings. This would assist in enabling people to engage with the service.
- We noted technology was sometimes used to assist communication. The service used assistive technology and provided hand-held devices to staff. The registered manager said this was in an early stage of implementation. They said this would assist staff and people in communicating and ensuring people were kept up to date around their care and support needs.

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain. People told us if they had any serious concerns they would speak to senior or office staff directly. The provider had not received a complaint since starting the service.

● People who used the service were given a guide when they started. This contained information about how to raise any concerns and how they would be managed.

End of life care and support

● The service had an end of life care and support policy. At the time of the inspection, no one was receiving end of life support.

● Specialist training had been given to some staff around this area of care and support. The registered manager told us there were plans for all senior staff to receive nationally accredited training in this important area.

Good

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

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

- There was an open and positive culture within the service. The registered manager and care coordinator provided effective leadership and a clear direction for staff to provide person centred care.
- Staff told us they felt listened to and well supported to develop their roles within their work to improve the care and support for people. One staff member said, "There is always someone available whenever we need support. We are never left alone."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and care coordinator told us they were always honest with people if things went wrong and, where appropriate, would make referrals to the local authority safeguarding team. There was a policy to inform staff of the action to take if something went wrong or changes were required to support a person.
- The registered manager and staff understood the importance of reporting accidents and changes in people's health to the appropriate professionals and agencies and keeping families informed.
- We noted an example of the application of the duty of candour when things had not gone according to plan. The registered manager had provided a full explanation of their involvement and apologised for any errors. The recipients had praised the service for their candour and explanation. They said they felt reassured by this approach. This supported the principles behind a duty of candour were recognised within the service's culture.

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

- The registered manager understood the requirements of their registration. They notified CQC of significant events that may require regulatory oversight and worked with outside agencies to advance people's welfare.
- The registered manager kept up to date with changes in legislation and current best practice and monitored staff practices and development.
- The registered manager and care coordinator operated quality assurance processes and monthly audits on all aspects of the service including care records and daily notes of care. Medicines records were checked on a daily basis. These checks had highlighted where improvements may be needed to keep people safe, such as the need to check staff competence around moving and handling processes.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● The registered manager had created an inclusive and open environment. They sought ideas and feedback from people and relatives both informally and by using surveys. People said they felt their views were important and staff respected their choices and chosen lifestyles. One said, "Recently the manager has asked if there were any routines that I wanted staff to continue with. Their approach was very inclusive."

● Staff told us morale was good and they had the opportunity to speak about any issues at their regular meetings with management staff.

● The registered manager and care manager worked in partnership with health and social care professionals. We noted one example of this had led to a person's condition improving and reduced the risk of hospital admission and significant intervention of healthcare professionals. A healthcare professional said, "They [staff] have built up an excellent relationship with a person affected by really challenging issues. This has led to a positive change for the patient. They have worked well with us, been very reliable and always happy to help."