

Bespoke Home Care Limited

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Inspection report

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Date of inspection visit:
25 June 2019

Date of publication:
09 July 2019

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 Home Care Ltd is a domiciliary care agency. It provides personal care to people living in their own homes in the community. On the day of the inspection the service was supporting 38 people with a range of health and social care needs, such as people with a physical disability, sensory impairment or people living with dementia. Support was tailored according to people's assessed needs within the context of people's individual preferences and lifestyles to help people to live and maintain independent lives and remain in their homes. Not everyone using Bespoke Home Care Ltd receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service:

People were happy with the care they received, felt relaxed with staff and told us they were treated with kindness. They said they felt safe, were well supported and there were sufficient staff to care for them. One person told us, "Everyone is really nice, if I call the office they have a chat and are helpful. I have breathing problems and they encourage me with my breathing in the shower and they don't rush me".

People's independence was promoted and told us their needs were met. They told us that they had a regular team of care staff who arrived on time and knew them well. One person told us, "I have never felt unsafe with any of them, they let themselves in with the key safe and call out to me".

People felt they were offered choice in the way their care was delivered and that they had no concerns around their dignity and privacy in their own homes being respected. One person told us, "They are all very kind, and speak nicely to me make me feel a bit special and that I'm not a pain".

Staff had received essential training and feedback from people indicated that they knew the best way to care for people in line with their needs and preferences. 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.

The provider had systems of quality assurance to measure and monitor the standard of the service and drive improvement. These systems also supported people to stay safe by assessing and mitigating risks, ensuring that people were cared for in a person-centred way and that the provider learned from any mistakes.

People told us they thought the service was well managed and they received high quality care that met their needs and improved their wellbeing from dedicated and enthusiastic staff. One person told us, "I would recommend them to anybody, I look forward to them coming".

Rating at last inspection: Good (report published 23 December 2016).

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor the intelligence we receive about this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

For more details, please see the full report which is on the CQC website 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?

The service was safe.

Details are in our Safe findings below.

Good ●

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 responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Bespoke Home Care Ltd

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection team consisted of one inspector and an 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. The expert at this inspection had experience of caring for older people.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults.

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:

The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

What we did:

We used 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 reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as incidents and abuse. We used this information to plan our inspection.

During the inspection:

We reviewed a range of records. This included four staff recruitment files, training records, records relating to the management of the service and a variety of policies and procedures and quality assurance processes developed and implemented by the provider. We reviewed four people's care records. We spoke with five members of staff, including the provider, the registered manager, a care co-ordinator, and care staff. We met with the provider and registered manager in the office, and observed them working in the office, dealing with issues and speaking with people over the telephone. During our inspection we spoke with 9 people over the telephone.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and staff made them feel comfortable. They told us they had no concerns around safety. One person told us, "My carer will check for hazards when they come, so that I am not at risk of a fall".
- Staff had a good awareness of safeguarding and could identify the different types of abuse and knew what to do if they had any concerns about people's safety.
- Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was available for staff and people.

Using medicines safely

- Care staff were trained in the administration of medicines and people were supported to receive their medicines safely. We saw policies and procedures used by the provider to ensure medicines were managed and administered safely.
- Detailed medicine risk assessments were completed to assess the level of support people required.
- Audits of medicine administration records (MAR) were undertaken to ensure they had been completed correctly, and any errors were investigated.

Assessing risk, safety monitoring and management

- Detailed risk assessments had identified hazards and guided staff in how to reduce or eliminate the risk and keep people and staff safe. For example, an environmental risk assessment included an analysis of a person's home inside and outside. This considered areas such as the risk of trip, slip or fall for either the person or the staff member and if there was adequate lighting.
- Other potential risks included the equipment people used and how staff needed to ensure they were used correctly and what to be aware of. Risk assessments were up to date and appropriate for the activity.
- The service planned for emergency situations, such as staff shortages and inclement weather. Additionally, the service operated a 24 hour on call service to support both people and staff. A member of staff told us, "The office always answer the phone and we can ask them anything any time".

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded.
- We saw specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns.

Preventing and controlling infection

- People were protected by the prevention of infection. Staff had good knowledge in this area and had

attended training. The provider had detailed policies and procedures in infection control and staff had access to these and were made aware of them on induction.

Staffing and recruitment

- Enough skilled and experienced staff were employed to ensure people were safe and cared for on visits. Staffing levels were determined by the number of people using the service and their needs. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave.
- Staff received regular rotas and any changes were passed onto them in a timely manner. This enabled staff to have up to date information on people and their call times. A member of staff told us, "We cover if people go off sick, but there are enough staff as far as I'm concerned".
- Feedback from people and staff was they felt the service had enough staff. One person told us, "They usually arrive on time, but will usually let me know if they are running late".
- Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Staff skills, knowledge and experience

- Staff received training and were knowledgeable in what was required when looking after people. People told us they thought that staff were well trained. One person told us, "I do believe they are well trained, they arrive together, and they know how to support me to move me to the commode. I have never felt unsafe when they move me around".
- Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised.
- Systems of staff development including one to one supervision meetings and annual appraisals were in place.
- Staff had a good understanding of equality and diversity, which was reinforced through training.

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

- Staff undertook assessments of people's care and support needs before they began using the service.
- Pre-admission assessments were used to develop a more detailed care plan for each person. This included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. One person told us, "Someone came out to see me and we talked about the care that I needed and they did a care plan".
- Documentation confirmed people were involved, where possible, in the formation of an initial care plan.

Supporting people to eat and drink enough with choice in a balanced diet

- Staff were supportive to people's nutrition and hydration needs by helping them with shopping and preparing food. One person told us, "They will look in the fridge and tell me what's there and they will heat it up for me, they will make me drinks so that I have them when they leave, in the morning they know I like cereal and fruit".
- Staff were knowledgeable about people's preferences and dietary requirements and gave examples of how they needed to remind and encourage some people to eat and drink sufficiently.

Staff working with other agencies to provide consistent, effective, timely care

- We saw examples of how staff had recognised that people were poorly and had contacted the relevant professionals. One person told us, "Once I was not feeling so well and the carer recognised that I might have an infection, she called an ambulance and waited with me".
- Care plans included detailed information on their healthcare needs and how best to provide support. Care records also demonstrated when there had been a need identified, referrals had been made to appropriate health professionals.
- People were supported to access and attend routine health care appointments such as visits to the GP.

Supporting people to live healthier lives, access healthcare services and support

- People told us they received effective care and their individual needs were met. One person told us, "I've known them for so long, but they will still ask before they leave 'is there anything else I can do for you'".
- We spoke to people about care matching. They gave us examples of being matched with care staff who would be most suitable to effectively meet their needs. One person told us, "They recognise my moods on a daily basis. I have good and bad days, but because they have helped me so much over the years, I've improved and now I get more good days than bad".

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

- The 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.
- Staff had received training on the MCA and told us how it applied to their practice. People were given choices in the way they wanted to be cared for, where possible.
- People's capacity was considered in care assessments, so staff knew the level of support they required while making decisions for themselves. Staff told us how people had choices on how they would like to be cared for.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff provided people with choice and control in the way their care was delivered.
- People were empowered to make their own decisions. One person told us, "They will ask if I need help in the shower, they don't just take over".
- Staff were committed to ensuring people remained in control and received support that centred on them as an individual. A member of staff said, "We offer choices to people all the time, we're in their home, it's up to them".

Respecting and promoting people's privacy, dignity and independence

- Staff supported people and encouraged them, where they were able, to be as independent as possible. Care staff informed us that they always prompted people to carry out personal care tasks for themselves, such as brushing their teeth and hair. One person told us, "When I first came out of hospital I could not do very much for myself. The carers did everything for me, but with their encouragement and support I can now do so much more for myself".
- People's privacy and dignity was protected. Staff were aware of the need to preserve people's dignity when providing care to people in their own home. They told us how they always ensured that people knew they were entering their home by announcing themselves or knocking first.
- Staff we spoke with also told us they took care to cover people when providing personal care. They said they closed doors and drew curtains to ensure people's privacy was respected. One person told us, "They will have towels ready to cover me when I get out of the bath and will encourage me to dry some bits for myself".
- Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences. A member of staff told us, "I've read the care plans, but you get to know people and how they like things done".
- People's confidentiality was respected. Staff understood not to talk about people outside of their own home or to discuss other people whilst providing care to others. Information on confidentiality was covered during staff induction, and the provider had a confidentiality policy in place for staff.

Ensuring people are well treated and supported; equality and diversity

- People were attended to in a timely manner and were supported with kindness and compassion. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "When I first became incontinent, I was very apprehensive about someone coming in to change me, but they made me feel at ease with their expertise at doing the job keeping my dignity. Now I don't worry about it".
- Staff also recognised that people might need additional support to be involved in their care and

information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us that the service responded well to their care needs. One person told us, "I am very happy. They do what is required and sometimes more, like they will always ask if there is anything else they can help with before they leave, they often help me to fold my sheets as I struggle with that".
- Staff told us there was always enough time to carry out the care and support allocated for each person. The registered manager told us that the hours needed for care would be changed on review if needed to ensure people received a quality service and how the service was flexible to people's needs.
- We spoke with the registered manager about how they ensured that people got their care visits when it suited them. They told us how the office staff communicated effectively to ensure that staff received their allocated rotas and were able to access the information they needed to ensure they knew what care was required for people.
- A member of staff told us how they planned calls so that care workers were located near where their care calls were required, to cut down on travel time and ensure that staff were available to respond to people's needs. They told us, "They do our rotas, so that each visit is close together, we don't have to travel far between clients".
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard (AIS). All providers of NHS care and publicly-funded adult social care must follow the AIS in full. Services must identify, record, flag, share and meet people's information and communication needs. The AIS aims to ensure information for people and their relatives is created in a way to meet their needs in accessible formats, to help them understand the care available to them.
- We saw that where required, people's care plans contained details of the best way to communicate with them and staff were aware of these. For example, one person wished for staff to talk in a measured way to them, as this was their preference.
- Technology was used to support people to receive timely care and support. The service used a real time monitoring system, that allowed them to track where care workers were and be alerted to any visits that were running late. The service also had a social media presence where people could interact online and get information.
- Detailed individual person-centred care plans had been developed, enabling staff to support people in a personalised way that was specific to their needs and preferences, including any individual religious beliefs. These included, people's choices around what they did during the day, for example which room they liked to eat in, and their preferences around clothes and personal grooming.
- Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff.
- Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person-centred care.

- People received care from a consistent and regular staff team. One person told us, "Everyone who has been seems kind and caring. I'm getting to know them all, there are two I particularly like and I have asked if I can have them on a regular basis, they are going to try".

End of life care and support

- Nobody using the service was receiving end of life care. However, we were told that peoples' end of life care was discussed and planned, and their wishes were respected should this be required.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed.
- The procedure for raising and investigating complaints was available for people in their homes, and staff told us they would be happy to support people to make a complaint if required.

Is the service well-led?

Our findings

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

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

- The provider undertook quality assurance audits to ensure a good level of quality was maintained.
- We saw audit activity which included health and safety and medication. The results of which were analysed in order to determine trends and introduce preventative measures.
- Senior staff also carried out home visits, reviews and spot checks to ensure that standards of care remained high.
- Policy and procedure documentation was up to date and relevant in order to guide staff on how to carry out their roles.
- People and staff spoke highly of the service and felt it was well-led. Staff commented they felt supported and had a good understanding of their roles and responsibilities.
- The registered manager and staff told us that the care of people using the service was the most important aspect of their work and they strived to ensure that people received high quality, care. One person told us, "I really cannot think of anything they could do better they manage my care very well".

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager understood the legal requirements of their role, including notifying CQC of any events that they were required to tell us about.
- We received positive feedback in relation to how the service was run. One person told us, "They know me in the office and always greet me on the phone. I know the manager and the seniors. I have no complaints and I would recommend them to anyone".

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

- People and staff were actively involved in developing the service. There were systems and processes followed to consult with people, relatives, staff and healthcare professionals.
- Staff meetings and satisfaction surveys were carried out, providing management with a mechanism for monitoring satisfaction with the service provided.
- The registered manager told us how they encouraged staff to engage with the service and continually improve. They said, "I'm really passionate about culture. We value staff and look to promote, teach and support them".

Working in partnership with others

- The service liaised with organisations within the local community. For example, the Local Authority and Clinical Commissioning Group to share information and learning around local issues and best practice in

care delivery. The service had also liaised with a local hospice and a funeral service to plan the funeral for a person who had nobody to assist them.

Continuous learning and improving care

- The service had a strong emphasis on team work and communication sharing and staff commented that they all worked together and approached concerns as a team. One member of staff told us, "I love working here, I like the clients and the staff. We all support each other, there's good teamwork".
- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the service suffered from any kind of discrimination. Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, using and working at the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.