

Bespoke Support MK Ltd

# Bespoke Support MK Ltd

## Inspection report

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Grange Farm  
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12 September 2019  
16 September 2019

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### Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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 Support MK Ltd is a domiciliary care agency providing personal care to people living in their own homes in Milton Keynes. Most people received social support from the provider; most personal care was provided intermittently when needed by people as they accessed their social activities. At the time of the inspection six people were receiving support with personal care.

People's experience of using this service:

Improvements were required to the measures in place to prevent and control infection. The registered manager took immediate action to rectify the concerns identified. Some areas of risk had not been assessed to enable plans to be made to mitigate potential risks to people's health and well being.

The service had a positive ethos and an open culture. The registered manager was approachable, understood the needs of people, and listened to staff. There was sufficient oversight in place to ensure people received a good service that met their needs and any improvements identified were made promptly.

People were cared for safely and with compassion. Staff were friendly, caring and passionate about their work; they treated people with respect and maintained their dignity.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People had personalised plans of care in place to enable staff to provide consistent care and support in line with people's personal preferences.

Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs. Staff had access to the support and supervision they required to work effectively in their roles. Staff had mostly received the training they needed to meet people's needs. People told us staff were well trained.

Information was provided to people in an accessible format to enable them to make decisions about their care and support. People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints received.

There was no end of life care being delivered at the time of the inspection. However, the provider's policies required further development to detail the support that staff would provide to people in preparing for the end of their life.

No support with medicines was required at the time of inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 10 September 2018, and this is the first inspection.

#### Why we inspected

This was a planned 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?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement 

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good 

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good 

### Is the service responsive?

The service was 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 Support MK 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 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 was carried out by one inspector.

#### Service and service type:

Bespoke Support MK Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger and older adults.

Not everyone using the service receives regulated activity; the Care Quality Commission (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 consider any wider social care provided.

The service had a manager registered with the Care Quality Commission, they were also the provider. This means they 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 48 hours' notice of the inspection visit because we needed to ensure there was someone available to facilitate the inspection.

Inspection site visit activity started on 12 September 2019 and ended on 16 September 2019. We visited the office location on 12 September 2019 to see the registered manager; and to review care records and policies and procedures. Following the visit to the office location we made telephone calls to people using the service and staff.

What we did:

We reviewed the information we had about the service which included any notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who monitor the care and support that people receive.

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 returned the PIR and we took this into account when we made judgements in this report.

During the inspection, we spoke with one person who used the service and two people's relatives. We also spoke with four members of staff, including support staff and the registered manager.

We looked at various records, including care records for three people. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

# 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 Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- People were not consistently protected by the prevention and control of infection.
- Staff did not have access to all appropriate equipment to prevent the spread of infection. They had not been provided with disposable aprons to wear when supporting people with personal care. We discussed this with the registered manager who immediately bought disposable aprons for staff to use. Staff had been provided with disposable gloves and hand gel and people told us staff wore these when supporting them with personal care.
- Some staff had not received training in infection control and there was no infection control policy in place. We discussed this with the registered manager and they arranged for staff to attend infection control training and implemented an infection control policy.

### Assessing risk, safety monitoring and management

- People had individual risk assessments for most areas of risk in their lives, for example, people had risk assessments and support plans in place to mitigate risks associated with their mobility, mental health needs and activities. However, risks posed by people's physical health needs had not been identified. For example, risks posed by people's allergies or medical conditions.
- Safety checks of people's homes were carried out prior to people receiving care. Risk assessments were completed for the home environment however, these did not adequately assess all risks. One person was using Oxygen, but the fire risk assessment did not detail this.
- Risk assessments were reviewed when people's needs changed and updated when needed. One member of staff told us, "Any changes we tell [registered manager] and she sends out a new care plan that all staff can access."

### Systems and processes to safeguard people from the risk of abuse

- People were cared for safely. People told us they felt safe with the staff that came to support them. One person told us they felt safe because, "The staff understand me, they support me, they know what is important to me and they help me." Another person's relative said, "There is continuity, the staff are people we know, I feel [person's name] is safe for sure."
- The provider had systems in place to safeguard people from abuse and they followed local safeguarding protocols when required.
- Staff had been trained to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if they needed to.

### Staffing and recruitment

- People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place.
- Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work at the agency.
- People told us the service was reliable and they knew which staff would be supporting them in advance as they were given a rota. One person's relative said, "We have a rota weekly and they usually stick to it, but we are always contacted if there are any changes."

#### Learning lessons when things go wrong

- Accidents and Incidents were monitored, and action taken to address any identified concerns.
- The registered manager reviewed all incidents that happened and used feedback from people and staff, to improve safety across the service.

#### Using medicines safely

- At the time of inspection, the provider was not supporting anyone with medicines.
- A medicines policy and procedure was in place to support the safe management of medicines should this be required.



# 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 fully assessed before any care was agreed and delivered. This ensured there were suitable staff available to provide the care and support required.
- The registered manager visited the person and their family if appropriate to discuss their needs and expectations of the service. They also used information from health and social care professionals already involved in people's care to plan their support.
- Support plans were implemented based on the findings of the assessment and regularly reviewed and updated to ensure support was provided in the most appropriate way.

Staff support: induction, training, skills and experience

- Staff received induction training that involved shadowing experienced staff and covered areas such as; safeguarding, equality and diversity and first aid. However, the induction did not cover all required areas of training for example, health and safety and fire training. The provider had relied on training undertaken in previous employment without checking staff's continuing competency. We discussed this with the registered manager, who booked the outstanding training.
- Some staff had received training in the needs of the people they were supporting, for example training in learning disabilities and autism. People told us they had provided training to staff in how their needs should be met and felt empowered to be able to do this. They said staff were well trained and provided their support appropriately. One person said, "The staff are trained in all the knowledge they need."
- Staff were happy with the training and support they received. One member of staff said, "I had an induction with [registered manager] we went through everything I needed to know. I've also done formal training; e-learning, but I had a few certificates already. [Registered manager] always says let them know if we want extra training."
- Staff were supported through regular supervisions. One member of staff said, "I sat down with [registered manager] and we talked about how it's going, and we talked about the clients."

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

- Most people supported by the service were able to provide their own food and drink or had family members who did this for them. Staff sometimes supported people with eating and drinking when supporting them with their social activities.
- Information was recorded in care plans as to what support people required in relation to eating and drinking. We saw that where people's diet was based on cultural or religious needs, care plans gave staff clear guidance.

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

- At the time of inspection, people supported by the provider either accessed this support themselves or were supported by family members.
- People told us that staff were vigilant to changes in their health and encouraged them to access healthcare services when needed. One person's relative told us, "If anything is wrong the staff notice straight away and let me know."

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

- The provider worked flexibly with other agencies when needed to ensure people received the support they wanted and needed.
- Some people using the service were supported by staff to access day services. The provider worked with the day service staff to ensure people received consistent, appropriate support.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- At the time of inspection, people using the service had the capacity to consent to their care and support.
- Staff had received training in MCA and understood the importance of seeking consent from people. People were supported in the least restrictive way possible. One member of staff said, "I always ask before doing."

## 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 well cared for. The feedback we received from people was positive about the support they received. One person said, "Having their [the staff's] care and the way they support me is what keeps me well, because I trust them." Another person's relative said, "[Person's name] is very at ease with them [staff]. They treat them like their own family member."
- The provider had built positive relationships with people's families and treated them with compassion. One person's relative told us the registered manager supported them when they had an accident and had to go to hospital.
- People were supported by a regular team of staff which ensured consistent care. One person said, "I know my staff, I have five regulars on rotation and a couple who know the routine and could step in if needed."
- People and staff were enthusiastic about the process that matched people and staff based on shared interests and personalities. They felt the provider put a lot of thought into which staff were allocated to people's support. One person said, "They are what they say they are; bespoke. They work with you, you're part of the process and you have the people [staff] you want to work with you. They [staff] are here because they want to make a positive change in your life. It's because of them I've been able to become [family role] again." We saw that consideration was given to whether staff were best suited to support people taking into account people's cultural backgrounds and preferences. We saw one person's pre-assessment and care plan which referred to their preference for female staff.

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

- People and relatives said they were involved in the planning of their care. One person's relative said, "We're constantly involved, they involve [family member] in all the planning."
- The registered manager and staff understood the importance of involving people in decision making. One person's relative told us, "[Family member] gets to do what they want, it's very tailored to them."
- No one currently required the support of an advocate. However, the management team were able to support people to access advocacy services should they need to. Information regarding advocacy input was discussed at the pre-assessment.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected, and their dignity maintained. One member of staff said, "We always have to be respectful, we are in their home."
- People told us they were encouraged to do what they could for themselves to maintain their independence. One person described how they had trained their own staff to ensure the staff understood the areas where the person wanted to do as much as possible themselves and told us staff respected this. A

member of staff said, "We promote clients to be independent, if they can do it we will support but not do [it for them]."

- Care records were kept securely, and confidentiality maintained.

# 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 and to meet their needs and preferences

- People received their support from dedicated teams of staff who knew them well and supported them to live their life as they chose.
- We saw feedback that people and relatives had completed praising staff for way they supported them to live life to the full. One person had written, "Bespoke Care is an agency that puts clients' needs first. Friendly, kind efficient, personalised service that has changed mine and my family's lives. [Registered manager] is very helpful, really cares and does what she says she is going to. I highly recommend anyone to try this agency you won't be disappointed."
- People spoken to during the inspection told us that they received a personalised service that was flexible to meet their needs. One person told us, "I feel like I have a choice throughout the day and if it changes they [staff] are flexible." Another person's relative said, "I think they go above and beyond, they always accommodate and are very, very flexible. They do a fantastic job."
- People had care plans which detailed the care and support people wanted and needed; this ensured that staff had the information they required to provide consistent support for people. For example, care plans contained information on people's personal care needs and cultural needs.

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 (AIS). 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.

- Information was made available to people in the format that met their needs and people's care plans contained information about people's communication needs. For example, information on how to raise a complaint was in an easy read format.

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

- Staff understood the importance of enabling people to pursue their interests and meet their social needs.
- Activities were chosen on an individual basis and people were supported by staff to take part in the activities they enjoyed. One person's relative told us, "[Person's name] has lots to do, the staff adapt to what they want, they might go bowling or visit [local area]."

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were unhappy and wished to make a complaint.

- People and staff were confident that if they did have a complaint they would be listened to and the issue addressed.
- There was a complaints procedure in place. The provider had received no complaints since registering the service.

#### End of life care and support

- The service provides support to younger adults. There was no end of life care being delivered at the time of the inspection.
- The provider's policies required further development to detail the support that staff would provide to people in preparing for the end of their life. This would ensure staff were aware of people's preferences and needs; for example, in relation to their spiritual or cultural needs. Following the inspection, the registered manager implemented an end of life care policy.

# 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

Good: 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

- Feedback from people, their relatives and staff confirmed that people were happy with the service they received. We received consistent feedback that the service was providing personalised care to people. One person's relative said, "We're happy with all [person's name's] staff, they are all very good."
- People and their relatives told us the registered manager knew people well and was available to them. One person's relative said, "Any problems we go to [registered manager], she is a good listener and tries to sort things out. She has good ideas and knows what she is doing."
- All staff provided positive feedback about their experiences working at the service and the support that was provided to them. One member of staff said, "Bespoke have a lovely reputation we get a lot of compliments. I have a great relationship with [registered manager] and feel that I could go to her with anything."

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

- The registered manager responded quickly and effectively to the areas identified as needing improvement during the inspection.
- Staff were clear about their roles and responsibilities towards the people they supported and felt supported in their role. They had regular supervisions, which ensured they provided the care and support at the standards required.
- The registered manager had regular involvement with people and staff and often worked with staff to provide people's support. A member of staff said, "We all work together, [Registered manager] does care as well so she knows what we have to do."
- The registered manager carried out audits of staff files and incidents but recognised further quality assurance processes would need to be implemented if the service grew.
- The registered manager notified CQC and other agencies of any incidents which took place that affected people who used the service.

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

- People's feedback about the service was captured through regular contact with people and their relatives. We saw where people had requested action to be taken this was completed.
- Some people using the service had decided that they did not want records of the support staff had provided kept in their homes. The provider had respected this wish but had not recognised that an account

of the care provided, and any concerns still needed to be kept, to ensure continuity. We discussed this with the registered manager and they implemented an electronic record of care for staff to complete in respect of each person.

- Staff were able to attend meetings to discuss the running of the service.

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 was aware of the requirements under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew how to 'whistle-blow' and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

Continuous learning and improving care

- The registered manager and staff listened to the people they supported and responded to suggestions for improvement to ensure people's support was matched to their needs and preferences.
- People consistently told us that they had decided to receive support from the agency because the registered manager was focussed on providing an individualised, flexible service. One person said, "I've had various agencies over the years and think this is how all agencies should work."
- The registered manager responded positively to the areas for improvement identified during the inspection and acted promptly to make any changes required.

Working in partnership with others

- The registered manager worked with commissioners, the safeguarding team and other services involved in people's support to ensure people received appropriate care.