

Always Bespoke Care Ltd

# Always Bespoke Care Ltd

## 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

Always Bespoke Care Ltd provides personal care to people in their own homes. The office is based in Burnley and provides support to people in the Ribble Valley, Rossendale and Hydnburn districts. Not everyone who used the service received personal care. CQC only inspects where people receive a regulated activity. 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 our inspection 40 people were receiving personal care.

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

People were safe and protected from abuse. There were enough staff to support people. People received support from a small team of staff who they knew. Staff supported people to take their medicines safely. Staff followed robust infection prevention and control procedures to protect people from infection. The provider learnt from incidents to further improve the safety of the service.

The provider carried out thorough assessments of people's needs. People received the support they required. Staff were trained and competent to provide people's care. Staff provided the support people needed with preparing and enjoying their meals and drinks. Staff liaised with healthcare services to ensure people received the support they needed. People made decisions about their care and their rights were protected. 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.

Staff were kind and caring to people. People valued the care they received and spoke of really enjoying the carers company. Staff asked people for their views about their care and respected the decisions they made. Staff promoted people's privacy, dignity and independence.

The service was responsive to people's needs and took account of their preferences. People received high-quality, person-centred care. The provider had an effective procedure for receiving and responding to complaints about the service. People received compassionate care and were supported to remain at home as they reached the end of life.

The provider had developed a positive, person-centred culture. The provider, management team and staff were committed to providing people with high-quality care. The provider and staff understood their responsibilities under the duty of candour. The provider used feedback received to ensure the continuous improvement of the service. Staff and people who used the service said they would recommend it.

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 was the first inspection for the service.

Why we inspected:

This service was registered with us on 2 May 2019 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?

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 ●

# Always Bespoke 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 (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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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 needed to be sure the manager would be in the office to support the inspection.

Inspection activity started on 13 July 2021 and ended on 23 July 2021. We visited the office location on 14 and 19 July 2021 and contacted people who used the service, relatives of people and care staff by telephone and email to gather their views between 15 and 23 July 2021.

#### What we did before the inspection

We reviewed the information we held about the service including feedback from the local authority and

notifications of significant events the provider had sent to us. 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 used all of this information to plan our inspection.

#### During the inspection

At the office we spoke with the registered manager, two senior care coordinators, the HR administrator and the person responsible for staff rotas and scheduling visits. We reviewed the care records for three people and three staff files in relation to recruitment, training and supervision. We also looked at a range of records relating to the management of the service.

#### After the inspection

We contacted ten people who used the service and their relatives to gather their views. We also contacted five care staff to gather their views of the service. We continued to seek clarification from the provider to validate the evidence found.

# 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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. The staff were trained to identify and report abuse. They told us they would report any concerns to a member of the management team and were confident appropriate action would be taken.
- People told us they felt safe with the staff who visited their homes. One person said the staff, "I would say 100% safe, because they are very confident in what they do." Another person said, "I feel very safe because the staff are very friendly, personable and you feel you can talk to them."

Assessing risk, safety monitoring and management

- The provider had assessed and managed risks to people's safety. People's care records included guidance for staff about how to provide their care in a safe way. The registered manager stressed the importance of getting the initial assessments right so they know they can meet people's needs.
- Staff told us they knew how to provide people's care safely. They said people's care records gave them information about how to manage risks to people's safety. An electronic planning system was used to update people's care records and people using the service and their relatives, with consent, could access the system to check on risk assessments, care plans and daily records.

Staffing and recruitment

- There were enough staff to support people. People received care from a small team of staff who they knew. The registered manager said they tried to match people to care staff and accommodate any preferences. One relative said, "She did ask if she could have female staff, that happens."
- People told us they were informed if there was going to be a significant delay in their visit. They told us this was important to them. One person said, "We usually know a week in advance, sometimes two weeks. It's usually the same carer, the last nine months I've had the same carer, it's worked very well." Another person said, "They are very reliable."
- Staff told us their rotas were well organised and the provider had introduced an electronic system to check that staff always turn up for visits and calls would always be covered in the event of an unexpected delay or emergency.
- The provider carried out checks on new staff to ensure they were suitable to work in people's homes. This included with the Disclosure and Barring Service and references to confirm new staff were of good character. We discussed with the provider how the recruitment processes could be further improved by adding a checklist and ensuring they had two references. The provider was open to advice to further improve the service and was already undertaking a review of recruitment practices.

Using medicines safely

- People received the support they needed to take their medicines. Staff supported people to have their medicines as their doctors had prescribed. A relative told us, "[Relative name] takes them herself, they make sure she takes her medication at the right time and regularly" and another relative told us they could check on the online system to see medications had been given.
- Staff were trained in how to support people with their medicines. This included training specific to people's needs. Staff completed thorough records of the support they had given to people.

#### Preventing and controlling infection

- People were protected from the risk of infection. Staff were trained in preventing infection and using Personal Protective Equipment (PPE) effectively to reduce the risk of infection.
- Staff told us the provider had ensured they had appropriate protective equipment, such as face masks, disposable gloves and aprons throughout the pandemic. They had completed training in how to put on, take off and dispose of PPE safely.
- People told us staff used appropriate PPE when they provided their care. One person said, "They always come with full PPE on and always wash their hands. They go to the car and dispose of it."

#### Learning lessons when things go wrong

- The provider had systems to identify and learn from any incidents. This included sharing the learning from incidents with the staff team to further improve the safety of the service.

# 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

- The registered manager ensured a thorough assessment of people's needs was carried out before they agreed to provide their care. This helped to ensure the service was suitable to meet people's needs.
- A social worker told us, "I am very impressed with them. They were very honest with me and told me they couldn't take on a package because they knew they couldn't meet the times required. For other people they have been very involved in the assessment process."
- People and their relatives were included in developing their needs assessments. One person told us, "The initial assessment was good." And a relative said, "We were involved right from the start and its on-going, every now and again the plan changes as her needs change. It works well."

Staff support: induction, training, skills and experience

- Staff were trained and competent to provide people's care. People told us the staff who supported them were trained to provide the care they needed. One person said, "The staff seem to be trained as they know what they are doing and understand my relative's condition and how to handle them."
- Staff told us they completed a range of training to give them the skills and knowledge to provide people's care. Several staff had recently enrolled on an NVQ level suitable to their role to gain formal qualifications.
- Staff had regular meetings where they could discuss their roles and training needs. Staff said they felt well supported by the manager and the seniors in the service. The registered manager spoke of plans to further develop staff induction to include more face to face sessions as lockdown eased.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- People told us the staff worked effectively with other services to ensure they received the care they needed. One person said, "They liaise with the chemist and GP which really helps."
- Staff told us they knew people well and could identify if an individual was unwell and may need to call their doctor or inform their relatives. A relative told us, "One of the carers flagged up that she thought she had a pressure sore. I rang the GP and the district nurse came. Because of the carers she's got a special cushion and a raised chair."
- People received the support they needed to eat and drink enough and to enjoy a balanced diet. People told us the staff gave them choices about their meals and drinks and respected the decisions they made. One relative told us, "They help her with her meals, she tells them what she wants. The carers understand and respect her choices."
- The registered manager said staff had been reminded to ensure people were well hydrated across the

summer months.

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.

- People maintained control of their lives and their rights were protected. Everyone we spoke with told us the staff gave people choices and respected the decisions they made. A relative told us, "They explain everything to him in advance and they ask his permission. I've learnt from them."
- The registered manager and staff understood their responsibilities under the MCA. Staff were trained to ask people what support they wanted and to respect the decisions they made. Staff told us they would respect a person's right to refuse care. They said they would inform the office if someone refused an important aspect of their care. This meant the provider could take action if refusing care placed a person at risk.
- There was no one being supported by the service who required restrictions on their liberty to receive the care they required.

# 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

- Staff were kind and caring and treated people with respect. People told us they liked the staff who visited them and valued the support they provided. One person told us, "They have a sense of humour and we have a laugh. I really looked forward to my visits." A relative said, "They know what she likes and always sit and have a chat, they make time for her." Another relative told us, "All very caring, very attentive to her but don't force her to do anything."
- People said they felt comfortable and confident with the staff who visited their homes. The staff understood people may not be comfortable receiving care and took time to place people at ease. One person told us, "I've used a few agencies and for the first time in a number of years I feel I'm listened to and get the care I want. I feel very fortunate to have them as my care agency." And a relative told us "They make her feel safe and confident."
- Care records were written in a caring, respectful and compassionate manner that demonstrated awareness of people's equality and their diverse needs.
- People's lifestyle choices were respected. Staff demonstrated an awareness of people's human rights and their diverse needs.

Respecting and promoting people's privacy, dignity and independence

- People told us the staff always treated them with respect. One person told us, "They are very respectful and protect [relative name] dignity as a person. They will close the door to protect her privacy." One person told us, "They do ask when she's in the bathroom, 'do you want me to come in or sit outside? They always say do you want?'"
- Staff understood the importance of supporting people to maintain their independence. They gave people the time and guidance they needed to carry out tasks themselves. One person told us, "They go at my pace." Another person said, "They helped us to get the right equipment for [relative] so that they can be safe in their own home."

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

- The managers and staff asked people for their views about their care and respected the decisions they made. One person told us, "I've no complaints but I feel comfortable enough with the staff to tell them if I wasn't happy." Another person said, "They're in regular contact each week. They say 'is everything alright?', I'm very comfortable with them."

# 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

- The provider developed people's care plans with them and with people who knew them well. Staff said they knew the support people needed because this was detailed in their care plans. People's care plans were reviewed regularly, and if their needs changed. Staff told us the electronic planning system was easy to use and quick to respond to changes and updates.
- People were included in planning their care. One person told us, "It was devised by me, the social worker and the care company. It's an ongoing document."
- The service was very responsive. People told us the staff had the time to get to know them and the things that were important to them in how they were supported. One relative said, "If there has been anything it's dealt with promptly. I'm not made to feel I'm being overprotective." Another said, "Because my shifts can change quickly, I ring them up and they rearrange a call straight away. They have been very good about that." People said they had been asked about their preference of a male or female carer and this had been respected.

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.

- The provider assessed people's communication needs to identify how they needed information to be provided. This was recorded in people's care records to guide staff on how to share information with them.

Improving care quality in response to complaints or concerns

- The provider had a procedure for receiving and responding to complaints about the service. Guidance about how people could raise concerns was included in the information given to people and on the provider's website. People told us they would "speak to the office" if they had any concerns about the service provided. One person told us, "They're really nice, they treat me great I've no complaints but I feel comfortable enough with the staff to tell them if I wasn't happy."
- The staff knew how people could complain about the service. They said they would be confident supporting someone to complain if they required assistance to raise any concerns.

End of life care and support

- People received caring and compassionate support at the end of their lives. Relatives of people who had been supported at the end of their lives told us the care provided had been very important to them and to

their relative.

- The service worked with other agencies to ensure people were supported, where possible, to remain in their homes as they reached the end of their lives. The staff had received training in supporting people who required end of life care.

# 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

- The registered manager had developed a positive culture and chosen a staff team that shared her values. She told us, "I started the business from scratch a couple of years ago and been determined to offer really good quality care. I've made sure we have developed at the right pace, not too quickly as we don't want to let people down." This commitment had been embraced by the staff team and together they were providing people with high-quality care.
- People valued the service provided and told us they would recommend it to other people. One person told us, "Everything runs really smoothly and it seems a very well-run company."
- Staff told us they really enjoyed working for the agency and being part of a team that put people at the centre. One care staff told us, "I never thought of care as a career until I worked for this agency and now I have a passion for making a difference to people's lives. I love my job."

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 staff team understood their responsibilities under the duty of candour. The provider had notified us of significant events, as required. The notifications showed the provider had been open and honest and shared information about incidents with relevant people.

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

- The registered manager and staff were clear about their roles and responsibilities. The staff felt well supported and were confident they provided good care to people. They told us they would recommend the service as a good place to work. One staff member said, "I would recommend Always Bespoke Care as an employer and from the client's point of view as well. They go above and beyond to ensure service people are properly cared for and listen to any needs they may have." Another care staff said, "They have been brilliant to work for, being really flexible to my childcare needs."
- People told us the service was well managed and they were very complimentary about the service provided. However, some people although satisfied with the care told us that it was sometimes hard to get through to the office on the telephone, and this could be frustrating. The registered manager told us of plans to restructure the office to meet the next level of expansion. This would include employing an extra area senior supervisor, additional telephone lines and larger office space.
- The provider was committed to the continuous improvement of the service. They assessed the quality of

the service to identify how it could be further improved. The larger office space would provide staff with a training room for face to face training, supervisions and to hold team meetings.

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

- The provider had systems to gather people's views about the service. They had asked people to complete a quality survey to share their views of the service they received. People were also asked for their views by telephone and at meetings to review their care.
- Staff told us the management team in the service listened to them and said they could share their views about how the service could be further improved. One staff member said, "Senior members of staff are all approachable and listen to us. They will do their best to sort out any issues."

Working in partnership with others

- The service worked with other appropriate agencies to ensure people received the care they needed. People told us the staff liaised effectively with other services, such as their doctor, to ensure they received the support they needed. A relative told us, "The company communication has been excellent, particularly with other professionals. It's a minefield finding your way round systems. They have helped to coordinate the support."