Bespoke Care (Sheffield) Limited

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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

This comprehensive inspection took place on 13 September 2018 and was announced. The registered provider was given short notice of our inspection. We did this because the service is small and the manager was sometimes out of the office and we needed to be sure that they would be available. This was our first inspection of the service.

Bespoke Care is a small domiciliary care service registered to provide personal care for people living in their own homes in the community. At time of the inspection the service was providing a home care service to seven people. It provides a service to older people, people living with dementia, mental illness or physical disability and people with learning disabilities or autistic spectrum disorder.

There was a manager at the service who was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We saw there were sufficient staff to provide regular care workers to people using the service. People received care from the same group of care workers. The person we spoke with was satisfied with the quality of care they received and made positive comments about the staff.

Relatives we spoke with were very satisfied with the quality of care their family member received. Relatives also made positive comments about the staff and the senior managers.

Care plans were detailed and person centred. People's preferences, interests and diverse needs had been recorded and care and support had been provided in accordance with people's wishes. Care plans were reviewed regularly and changed to reflect current needs.

Staff had undertaken safeguarding training and so they understood their role and responsibilities in keeping people safe from harm.

We saw people were cared for by suitably qualified staff who had been assessed as safe to work with people.

The service had appropriate arrangements in place to manage medicines so people were protected from the risks associated with medicines.

People had risk assessments in place, to ensure that potential risks to people were managed and minimised whilst still promoting independence.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible.

Staff underwent an induction and shadowing period prior to commencing work, and had regular updates to their training to ensure they had the skills and knowledge to carry out their roles. Staff were well supported and received supervisions regularly.

We found the service had responded to people's and/or their representative's concerns and taken action to address any concerns.

The leadership and culture of the service promoted the delivery of high quality care.

People and relatives spoke highly of the staff, the registered manager, the nominated individual and the service as a whole.

There were quality assurance systems in place to monitor the quality and the safety of the service provided.

The service sought the views of people and their representatives to continuously improve the service.

Systems were in place to make sure that managers and staff learn from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations.

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.

Relatives we spoke with had no worries or concerns about the quality of care being provided.

We found there were arrangements in place to ensure people received medicines at the right time.

We found there was sufficient staff to meet people's needs.

Is the service effective?

Good

The service was effective.

Relatives made positive comments about the care their family member had received.

People were supported with their health and dietary needs, where this was part of their plan of care.

Staff had undertaken training to ensure they had the skills and knowledge to support people effectively.

Staff told us they always asked people for consent prior to supporting them.

Is the service caring?

Good

The service was caring.

The person we spoke with made positive comments about the staff and told us they were treated with dignity and respect.

Relatives made positive comments about the staff and told us their family member was treated with dignity and respect.

Staff spoken with were able to describe people's individual needs, hobbies and interests, life history, people's likes and dislikes.

Is the service responsive?

Good

The service was responsive.

People's care plans were person centred and included people's preferences.

Care staff were able to describe the steps they would take if a person became unwell to ensure they received medical assistance if needed.

People and relatives were confident that if they raised any concerns or complaints, these would be taken seriously and appropriate action taken.

Is the service well-led?

Good

The service was well-led.

People and relatives made positive comments about how the service was run.

There was clear leadership in place.

There were processes in place to ensure the quality and safety of the service was monitored.

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Detailed findings

Background to this 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 was planned to check 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.

This comprehensive inspection took place on 13 September 2018. The manager was given short notice of our inspection. We did this because the manager was sometimes out of the office and we needed to be sure that they would be available. The inspection team was made up of two adult social care inspectors.

We gathered information from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch did not hold any information about the service. We received positive feedback from the local authority commissioning section. They described the registered provider as having a caring and person centred approach at its core. This information was reviewed and used to assist with our inspection. 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.

During the inspection, we spoke with the nominated individual, the registered manager and two care staff. We visited one person using the service with their permission. We spoke with three relatives during the inspection, two relatives by telephone and one at the visit. We looked at a variety of records including three people's care plans, medication administration records and people's daily records. We also reviewed three staff recruitment files, staff training and supervision records. We also reviewed the checks that had been completed by senior staff and other records relating to the management of the service.

Good

Is the service safe?

Our findings

The person we spoke with did not express any worries or concerns about their safety and told us they felt 'safe'. Relatives we spoke with did not express any concerns about the safety of their family member.

Staff wore an identity badge and a uniform so they could be formally identified when required. People had been provided with pictures of the care staff supporting them and the senior managers. People living with dementia may not always remember the names of staff. Staff told us they could show people their picture in their records to help them remember who they were.

Relatives or the person we spoke with did not express any concerns about the staffing levels at the service. Relatives told us their family member received support from regular care workers who came at the right time and when new care workers started their family member were introduced to them.

Care staff we spoke with told us they received their rota on time. Staff did not have any concerns about the staffing levels at the service. During the inspection one of the care staff phoned the office to ask for cover for their calls due to a family emergency. The registered manager and nominated individual organised for their calls to be covered by another member of staff.

All the staff we spoke with understood the importance of safeguarding adult procedures. They knew how to recognise and report abuse and were aware of the correct procedures to follow. The registered provider had a policy in place to protect people from abuse. Staff had completed safeguarding of vulnerable adults training. Staff had been given a card with key contact numbers listed on it, including the local authority safeguarding telephone number and a whistleblowing contact number. Whistleblowing usually refers to situations where a worker raises a concern about something they have witnessed at their workplace. Workers are more likely to raise concerns at an early stage if they are aware that there is a whistleblowing procedure and contact number.

A few people using the service were supported to buy food items if they ran out during the week. Care staff spoken with told us they recorded any purchases on the person's financial transaction record. They always obtained a receipt for any purchases. The person was asked to sign the record if they were able to. We saw the system to record these transactions would benefit from being simplified and easier to complete. We shared this feedback with the registered manager and nominated individual who told us they would review it. The registered manager told us people's financial transaction records were checked by themselves or the nominated individual. Regular checks help protect people from the risk of financial abuse.

People had risk assessments in place, to ensure that potential risks to people were managed and minimised whilst still promoting independence. Care staff we spoke with were able to tell us how they supported people who displayed behaviour that challenged. Staff had been provided with guidance so they managed situations in a consistent and positive way.

We saw a recruitment policy was in place, but it needed to be reviewed so it fully reflected the associated

regulation. Following the inspection, we received a copy of the updated recruitment policy from the nominated individual and registered manager.

We reviewed staff recruitment records for three staff members. The records contained a range of information including the following: application, interview records, references, employment contract and Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service (DBS) provides criminal records checking and barring functions to help employers make safer recruitment decisions. This meant people were cared for by suitably qualified staff who had been assessed as safe to work with people.

Care staff had undertaken training in the administration of medication and their competency had been checked. On the day of the inspection some of the care staff were undertaking refresher medication training.

Some of the people using the service were supported with medicines. Their relatives confirmed their family member had received their medication at the right time. One relative told us the nominated individual and registered manager's knowledge about medicines had benefited their family member. They had spoken with the local GP about their family member's prescribed medication and the symptoms they were displaying. This had resulted in their family member's prescribed medication being changed and this had improved their wellbeing.

We saw there was a system in place to collect people's medication administration records (MAR) on a regular basis from their homes. This meant the registered manager and nominated individual could complete regular audits of people's MAR's, to look for gaps or errors and to make sure full and safe procedures had been followed.

We saw there was a process in place for staff to record accidents and untoward occurrences and that these occurrences were monitored by the registered manager and nominated individual to identify any trends and prevent reoccurrences where possible.

Care staff had completed infection control training and were given a supply of gloves and aprons to use where required.

Good

Is the service effective?

Our findings

The person we spoke with told us they were very satisfied with the quality of care they had received. They told us the service was brilliant and they would definitely recommend it.

All the relatives we spoke with were very satisfied with the quality of care their family member had received and told us they would recommend the service. Comments included, "This is the best care agency we have had. I would definitely recommend it," "Very pleased indeed with the service and very switched on" and "I would certainly recommend them." One of the relatives described how the nominated individual and registered manager's background of working in the NHS had been of real benefit to their family member. For example, they had been very proactive in terms of contacting their family members GP.

Staff we spoke with had a good knowledge of people's individual health and personal care needs and could clearly describe the history and preferences of the people they supported. This meant people were supported by staff that knew them well.

People were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support where this was part of their care plan. In people's records we found evidence of involvement from other professionals such as doctors and speech and language therapists. Some people using the service had been supported to attend hospital appointments or other healthcare services.

People were supported with their dietary needs, where this was part of their plan of care. One relative we spoke with described how staff encouraged their family member to have a more varied and nutritious diet and to drink more fluids. Another relative described how care staff encouraged their family member to eat as they often forgot. For example, staff now placed their meal in front of them to eat and encouraged them to eat.

We saw that some people using the service had been supported to obtain adaptations within their home. For example, one of the relatives we spoke with described the adaptations the service had obtained for their family member, which included raisers for their settee and a raised toilet seat. The person we visited also described the adaptations they had in place including settee raisers. Furniture raisers make sitting and rising from your favourite chair or settee much easier if you're living with reduced mobility.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Care staff we spoke with were able to describe how they involved people in making decisions about their care. They told us they always sought people's consent prior to supporting them. This was reflected in the feedback received from relatives and the person we spoke with. The person we spoke with told us they made decisions about their care. One relative spoken with described how well staff responded if their family member refused care. For example, one member of staff explained to their family member [person using the service] why it was a good idea to bathe regularly and how staff could support them so they were safe. Their family member now got everything ready. For example, they laid out the towels ready for staff to use.

All the relatives we spoke with felt the staff were well trained and able to meet their needs or their family member's needs. Staff told us they received training to enable them to perform their roles and were able to improve and develop new skills. This was evidenced in individual staff training records. Staff who had not worked in care before completed Care Certificate training. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care staff since April 2015.

Care staff spoken with told us they felt supported and received regular supervision sessions. Staff records also showed that staff received regular supervision sessions. The nominated individual told us staff would receive an appraisal when they had been working at the service for a year. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually.

We saw evidence in staff files that spot checks were undertaken to observe staff practice. Spot checks are visits, which are carried out by senior staff to observe care staff carrying out their duties to monitor the quality of their practice and to ensure the safety of the people who are being supported.

Good

Is the service caring?

Our findings

Relatives we spoke were consistently positive about the caring attitude of the staff. The person we spoke with made very positive comments about the care staff and the senior managers and told us they were 'brilliant'. They told us they were treated with dignity and respect. They told us they made decisions about their care and this was respected by staff.

Each person using the service had been given a service user guide. We saw it included a range of information including, the aims and objectives of the service, equality and diversity, confidentiality and data protection. It also held information about the registered manager and nominated individual and how to contact them.

Relatives we spoke with told us their family member was treated with dignity and respect. Relatives made positive comments about the staff and the senior managers. Comments included, "[Family member] absolutely loves them [staff]," "They [staff] treat [family member] with dignity" and "[Care worker] is lovely."

Care records showed that staff had been given detailed guidance on people's preferences and how they wanted to be supported. The feedback received from relatives and the person we spoke with clearly showed that care staff treated people as individuals and adapted their communication style to meet people's needs.

All the staff spoken with told us they enjoyed working at the service. Staff had enough time to enable them to understand people's care and support needs, wishes and choices. We saw staff had the right skills to make sure people using the service received compassionate support. One relative described how well one of the care staff supported their family member who had been diagnosed with Alzheimers. They knew exactly how to respond to their family member. They were aware this care staff member had supported a family member with this diagnosis in the past.

The service also kept a record of the action taken by the service and staff that made a difference to people using the service. For example, one person's nighties were too long so one of the care staff shortened them for them. Another person clothes were too big so one of the care staff made some small fitting clothes for them. Another person had lots of blackberries in their garden they wanted to eat, so a staff member made them a summer pudding out of them. One of the staff asked the managers if they could fetch someone using the service some fish and chips as they had enjoyed them in the past.

Staff were issued with an employee handbook when they started working for the service. This handbook included a range of topics including care and support of services and standards.

Good

Is the service responsive?

Our findings

The service's main office was open five days a week from 8:30 to 5pm. The service operated an on call service in the evening and at the weekends. We did not receive any concerns from people, relatives and staff about the on call service. The person and relatives we spoke with told us the communication they received from the registered manager and nominated individual was very good; any calls were responded to promptly and effectively. One staff member said, "The support is there from start to finish of shift. They [nominated individual and registered manager] are there to give you direction."

People's care records showed that people had a written plan in place. We found people's care planning was person centred. An account of the person, their personality and life experience, their religious and spiritual beliefs had been recorded in their records. We saw that personal preferences were reflected throughout their care plan.

We saw that people's care plans contained information about the type of decisions people were able to make and how best to support people to make these decisions. We saw detailed guidance was provided to staff on how to communicate with people and whether they required information to be given in different formats. For example, if the person was partially sighted and required all information to be given verbally.

We found there was a record of the relatives and representatives who had been involved in the planning of people's care. We found that people's care plans were regularly reviewed and in response to any change in needs. Relatives told us they were kept fully informed about their family member's wellbeing. One relative said, "Any problems or niggles they [registered manager and nominated individual] get in touch with me."

There were end of life care arrangements in place to ensure people had a comfortable and dignified death. The nominated individual told us their previous role had been working in palliative care so they were experienced and knowledgeable about best practice for end of life care. At the time of the inspection nobody using the service was being cared for at their end of life.

One staff member we spoke with told us the service understood the importance of being able to support people to go out into the community, where this was part of their plan of care.

The registered provider had a complaint's policy and process in place. A copy of the complaints process and complaints form was included in people's care records. We reviewed the service's complaints records. We saw any concerns including informal concerns had been recorded, responded to and action taken. Relatives we spoke with told us any concerns they had were responded to positively and effectively by the nominated individual and registered manager.

Good

Is the service well-led?

Our findings

The person and relatives we spoke with made positive comments about the service. They had all met the nominated individual and the registered manager. The feedback we received showed the service was consistently well managed and well led. The leadership and culture of the service promoted the delivery of high quality person centred care. We saw there was a strong focus on continuous learning at all levels within the service.

We saw the service actively sought the views from the people using the service, their relatives and representatives and staff to monitor the quality of the service by sending out questionnaires. We saw the service had received positive feedback. We reviewed the compliments the service had received. We saw the service had received compliments about individual staff and the care provided from people using the service.

The registered manager and nominated individual had ensured that positive relationships had been made with other healthcare agencies involved with people's care, to ensure they received effective care, support and treatment and to avoid admission into hospital wherever possible. To enable a smooth transition between health and social care services and to reduce the impact on people, care records contained detailed information about their health needs. Relatives we spoke with valued the fact that both the registered manager and nominated individual were both health professionals (a physiotherapist and a nurse) and their knowledge about medical conditions, medication and adaptations available for people to use in their home.

There were quality assurance systems in place to monitor the quality and the safety of the service provided. The registered manager reviewed these systems regularly to look at ways to improve them and to ensure the performance of the service was being systematically gathered, reviewed, monitored and used to drive improvements in the service for people. There were systems in place to monitor any accidents to ensure any trends were identified and improvements made when things went wrong.

The care staff spoken with made very positive comments about the leadership and management of the service. Comments included, "It is brilliant, you are given responsibility and respect. You get support and both of them [registered manager and nominated individual] are very approachable. They care about staff as well as clients" and "It's great, professionally run, good care plans that you can contribute to."

The service had recently started holding whole staff meetings. We looked at topics discussed at the meeting in June 2018. We saw that a range of topics were discussed including, induction, policies, contracts, staff handbook, statement of purpose, Mental Capacity Act 2005, safeguarding, medication administration records and satisfaction questionnaire. Regular staff meetings help services to improve the quality of support provided and to underline vision and values.

The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008.