

Bespoke Care Services East Dorset Ltd

# Bespoke Care Services East Dorset Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Bespoke Care Services East Dorset Ltd is a domiciliary care agency. It provides personal care and support to people living in their own homes. Not everyone who used the service received personal care. At the time of this inspection 12 people were receiving personal care from the service. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Governance systems and processes were not effective. We identified shortfalls in recruitment, safeguarding and legal obligations to report events within the service.

Safe recruitment practices were not always followed with appropriate checks not always being completed to ensure that only suitable staff were employed. People may have been placed at a risk of harm from staff members who had not been recruited safely.

Safeguarding concerns had not been raised correctly to the local authority as required by the regulations. This meant safeguarding concerns were not always known, investigated and corrective and/or preventative action taken which placed people at potential risk of harm.

Providers are required to notify CQC of significant incidents and events. CQC notifications had not been completed and sent to CQC as required by the regulations.

We discussed our findings with the registered manager, who immediately following the inspection, addressed the shortfalls identified and ensured recruitment practices were safe and thorough, safeguarding incidents were reported correctly and CQC notifications were made to CQC as required by the regulations.

People and their relatives told us they were happy with the support they received from Bespoke Care Services East Dorset Ltd. People said they were kept informed of any changes and felt involved in their care. Staff knew people well and delivered care and support to people in ways they preferred, respecting their choices and wishes.

People had risk assessments completed for them. These were then used to develop person centred care plans which guided staff on how to care for people safely. Care plans were individualised, detailed and regularly up dated to ensure people received effective care and support. Staff liaised with health and social care professionals if they needed further guidance regarding people's health.

Staff received an appropriate induction and were well supported through a programme of regular supervision and training.

Medicines were managed and administered safely. People were supported to take their medicines safely by staff who had received training to administer medicines.

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.

People received personalised care which was responsive to their individual needs. Staff had a good understanding of the care and support people needed and provided this with kindness and care, whilst respecting their privacy and dignity. People received their care from a small, consistent team of care staff who knew people's care and support needs well.

The service involved people and their families with people's day to day care and support needs. Relatives and people felt listened to and were consulted about how they preferred to receive their care and support.

People felt the service was well led, friendly and caring. Staff felt well supported in their roles and appreciated the open and supportive approach taken by the management team.

#### Rating at last inspection

This service was registered with us on 8 October 2021 and this is the first inspection.

#### Why we inspected

This inspection was prompted in part due to concerns received about recruitment procedures. A decision was made for us to inspect and examine those risks by a review of the information we held about the service.

Following the inspection the provider took immediate action to address the shortfalls and mitigate the risk to people.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement and Recommendations

We are mindful of the impact of the Covid-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to recruitment, safeguarding, notifications and governance.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress.

## 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 not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Bespoke Care Services East Dorset 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of three inspectors.

#### Service and service type

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

#### Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 29 September 2022 and ended on 21 October 2022. We visited the office location on 29 September and 20 October 2022.

### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with seven people who used the service and their relatives, about their experience of the care provided. We spoke with eight members of staff including the registered manager, the deputy manager, the office manager and five care staff.

We reviewed a range of records. This included six people's support and care plans, daily monitoring charts and medicine administration records. We also looked at a range of records relating to the management and monitoring of the service. These included staffing rotas, nine staff recruitment, supervision and training records, spot check observation records and a range of the providers quality assurance records, policies and procedures.



# 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 of this newly registered service. This key question has been rated as 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.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding incidents had not always been identified and reported appropriately to the local authority. This meant investigations and preventative and/or corrective action had not been completed, which could place people at a risk of not having safe care and support.
- The registered manager had not followed the provider's safeguarding policy in reporting safeguarding concerns to the local authority.

People had not been safeguarded from the potential risk of harm. This had placed people at an increased risk of abuse. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the registered manager sourced additional training on safeguarding and strengthened the process for ensuring all safeguarding concerns were reported to external bodies as required.

- People and relatives told us they felt safe with staff and the care they gave. One person told us, "Yes, I feel safe, I can't tell you how happy and pleased I am to see everyone. I have the highest regard for them and they are very efficient and kind and I can trust them implicitly. I feel safe yes I do, they help with everything they are very efficient" A relative told us, "[person] enjoys having the girls, she likes to have a good chat and yes feels very safe with them."

Staffing and recruitment

- Staff were not always recruited safely. Recruitment procedures had not been followed and the required safety checks had not been completed on one member of staff. This had placed people at risk from staff who had not been recruited safely.

People had been placed at an increased risk of harm from staff who had not had the appropriate employment checks completed on them before providing support to people. This was a breach in regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the registered manager told us they had reviewed and updated the provider's recruitment policy to ensure it reflected current guidance. A schedule of monthly recruitment audits had also been implemented to ensure consistency with the recruitment process.

- People told us they received their care from a regular small team of care staff who knew them well. Comments we received included, "They are all lovely and prompt, they are efficient and you can trust them", "They make conversations with me; they are all lovely. I have the same care member of staff every morning. The rota tells me who and they never send a stranger" and "They make [person] laugh and get on well and make it fun, [person] likes that."
- Suitable times for travelling between visits was allocated in staff rotas. Staff confirmed there was enough travelling time and that they received their rotas each week. A member of staff told us, "Rotas are a week in advance, sometimes a couple of weeks. It's all on the mobile phone application. Travel is usually all OK. I usually support about six clients a week, pretty much the same people, I know them all well. They are all different characters; they are lovely we adapt to each one and being person centred it works well." People confirmed staff telephoned them if they were going to be delayed.

#### Assessing risk, safety monitoring and management; learning lessons when things go wrong

- Risks to people were assessed and recorded in people's care records. These covered areas such as; eating, drinking, mobility and skin integrity. Risk assessments provided clear, personalised detail for people to ensure staff could support people safely.
- Risks in people's home environments, such as location of water stop cock, information regarding gas and electricity and accessibility were assessed.
- Staff had received training in how to use specialist equipment safely. One person told us, "I think they are well trained. They all go for training; they use the equipment very well. They are all very good with that, they use everything correctly so it's all safe."
- There was a system in place for recording and reviewing accidents and incidents. This meant any emerging themes or trends could be identified and lessons learned.
- Accident and incident forms were detailed and made use of visual body maps to ensure any accidents and incidents to people were recorded.
- Learning around accidents and incidents was shared through team meetings and supervision sessions. Policies and procedures were updated to reflect any lessons learnt and specialist staff roles implemented to ensure continued learning took place.

#### Using medicines safely

- People were supported to take their medicines as prescribed and in ways they preferred.
- One person told us, "They give me all of my medicines, they help me very well with them. They have a sheet and they tick it off as they do it. They are well trained and they know what they are doing." A relative told us, "I had to ask them to administer four lots of medicines a day. They do all [person's] tablets, everything runs on a nice line and [person] is so much better."
- People had their medicines administered by staff who had completed safe management of medicines training and had their competencies checked regularly.
- Medicines administration records were completed by staff and returned to the office each month to enable a full audit to be completed on them to ensure staff were correctly completing them.
- Where people were administered topical creams, body maps and clear instruction details provided good guidance for staff.

#### Preventing and controlling infection

- Staff were trained in infection control and spoke knowledgeably regarding infection control processes and understood how to protect people from the risk of infection.
- Staff received spot checks which covered the wearing and correct use of personal protective equipment (PPE).
- Staff had access to and wore PPE such as disposable gloves, masks and aprons. They had received



training in this area. A member of staff told us, "PPE, yes we have loads of it. There has never been a problem. We can always ask if we need any more and they drop it to us or we can pick it up."

# 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 care needs were assessed before the service started to provide them with care and support. Assessments and care plans were completed for people in consultation with themselves and their family. These assessments then formed the basis of people's care plans which were personalised and gave staff clear guidance on how people preferred their care and support to be delivered.
- Care plans were person centred and detailed and provided clear guidance and information to ensure staff could support and care for people effectively. They included good explanations on how staff could support people to ensure their health and well-being was continually reviewed to ensure people received good care.
- Care plans were regularly reviewed and updated with the person, their family and professionals when appropriate. This meant care staff had up to date information about each person they supported.

Staff support: induction, training, skills and experience

- Staff were supported through a system of training and supervision to carry out their roles safely and effectively. New staff completed an induction and were supported to attain the Care Certificate if they did not have previous experience of working in a care setting. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- A member of staff said, "There is lots of training, an induction and shadow shifts. The induction was done in the office and we had long enough to complete all the training." Another member of staff told us, "My induction was done at the office and it took a couple of days. I feel I was trained well to go out on my own, there was a lot to take in and I did two weeks of shadow shifts before I supported people on my own. They made sure I was comfortable to go out on my own. I had confidence to go on my own... they [management team] watched and supported me to make sure everything was ok."
- Staff told us they felt well supported by their management team. Staff received regular supervision and appraisals and were given opportunity to discuss their own development and any additional support they may require. A member of staff said, "I have had a spot check done on my medicine administration. I feel well supported, any problems or concerns I wouldn't hesitate to go to any of the management team." Another member of staff told us, "I feel supported, definitely. Although I'm out on my own, I never feel on my own because I can contact the management team at any time. I like [independent messaging mobile application], I know I will get a response and it is secure and confidential, it all works really well. It's important I always feel someone is there to help if needed."
- People told us the staff were well trained, knew them well and supported them in ways they preferred. A relative told us, "They all know their job, they are very well trained. The staff have been trained to an exceptionally high standard, to what we would expect."

- There was a system in place to ensure staff received their core training subjects and any specialised training they requested. Staff were completing online training of all core subjects such as medicine management, infection prevention and control, food safety and hygiene, mental capacity act and skin integrity.

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

- People were supported by staff who understood their food and drink preferences. One person told us, "They get my breakfast ready, mainly cereal but it's all done how I like it. In the evening they clean and make me a meal. Depends what I fancy, if a hot one, normally a fry up and they do the washing up." A relative said, "They are very, very good. They go over and above, the kitchen is always immaculate... They do some lunch and get the frozen meal out so the evening care staff do it for [person]. They always leave [person] with a drink of coffee."
- People's dietary needs were known and met, including if they had allergies to certain foods, their individual food likes and dislikes and if they needed individual support with eating their meals.
- If people were at risk of malnutrition, care plans included detailed guidance for staff to follow to ensure any drink and food supplements were taken appropriately. Where people had been referred to the speech and language team, care plans gave clear advice for staff to follow to ensure people were supported to eat and drink safely.
- All staff had received training in food safety and hygiene. A member of staff said, "Sometimes they just want a sandwich, sometimes a ready meal, it is all quite easy. One person likes a corned beef and cheese sandwich so I get that ready for them." Another member of staff told us, "I prepare meals for quite a few. One person has microwave meals so if needed I defrost it and give them the choice of an egg on toast or beans on toast or soup or their microwave meal. It's important they make the decision."

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

- People's care plans clearly set out the support they needed from staff to maintain their health. Staff spoke knowledgeably about people's health needs and acted quickly if people's health conditions deteriorated.
- One person told us, "I'm very, very pleased. I think their strengths are combined. They all genuinely like each other and their clients and that comes through in their care. They all work well together, professionally that is excellent."
- The service worked collaboratively with other agencies, such as GP's, occupational therapists and district nurses; this ensured people received effective care which improved people's quality of life. One person was at risk of losing weight. Care staff liaised with the person's family and arranged for them to purchase a set of scales so the care staff could monitor the person's weight to maintain their health.

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 MCA 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.

- The service was working within the principles of the MCA. Staff had received training in relation to the MCA. People's consent to their care was recorded clearly in their care records.
- Staff understood the principles of the MCA, how to implement this and ensured people had the right to make their own decisions about their care unless they lacked the mental capacity to do so.
- People told us staff supported them to make decisions for themselves and they were involved in their day to day care. Staff told us how they supported people to make decisions about their care and support. Where possible, people signed their care records to show that they had consented to the care and support they received.

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

- People and relatives described staff as, "Efficient, excellent, respectful, friendly, approachable, kind, observant, lovely, gentle, good, prompt, brilliant and well trained."
- Staff received equality and diversity training when they commenced their employment with Bespoke Care Services East Dorset Ltd. People received person centred care that respected their individual needs.
- Staff supported people in a kind, friendly and respectful way. People told us they felt respected and their views were listened to.
- Staff had developed positive relationships with people and demonstrated they knew people well, how they preferred their care and support to be delivered and what interactions worked best for each person.
- People, relatives, staff and health professionals were all involved in decisions regarding ongoing care and support.
- People and relatives told us they were kept well informed and felt fully involved in their care and support. One relative told us, "Originally we had four visits a day, then by agreement it went down to three times and spend the extra time in the evening having a chat. It was all properly discussed, and I was kept informed throughout it all."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and dignity in all their interactions. People and relatives told us staff spoke with them respectfully and were attentive to their wishes.
- One person told us, "They put me in such a happy frame of mind. I can't praise them enough. They respect my privacy. They say their name and use my key. They treat me with dignity and respect which is so important. You all have to live your life and you need respect and they value this."
- Another person said, "They absolutely respect my property, they are all well trained and they absolutely know what they are doing. They care for me very well. I trust them completely. If I ask them to do a little extra they do it, they really are excellent."
- A relative told us, "They treat us with dignity and respect, that is not a problem. They always ring the entry phone and I let them in. They listen to what I say, there is no rushing, no rush at all there is always enough time."
- A member of staff told us, "Anything they can do, we let them do themselves, we maintain their independence. We don't leave people feeling vulnerable and always ask for their consent." Another member of staff said, "I always knock on their door and then make sure all doors are shut and blinds and curtains closed and give them choice. It's their home and we give them as much choice as possible. We keep people as independent as possible for as long as possible."

# 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; 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

- People received person-centred care. Their needs, abilities, life histories and personal preferences were documented, known and supported by staff. Care plans were specific to people's individual needs and were regularly reviewed. This meant staff were provided with accurate information about how to meet people's needs.
- Care plans included people's preferred outcomes and gave clear guidance to enable staff to support people achieve their outcomes. For example, one person's care plan stated, "[Person] can make some everyday decisions, such as what they would like to wear by showing them choices. Care staff to offer choices during visits and give [person] the time they require to process the information, leading them to make their own decisions and promoting their independence."
- People told us they felt involved in how their care was delivered. One person told us, "They do involve us, they check with me to make sure we are up to date and they always explain what is happening and what things are for and why we need them."
- People and relatives received weekly rotas which were accurate and clear to understand. One person told us, "I have a paper rota which I can see clearly so I know who is coming. I have not had any missed visits... They are lovely and prompt."
- People were encouraged to be involved in their care and supported to maintain contact with those important to them including family and friends. One relative told us, "Yes I have seen [person's] care plan, it's all in the kitchen and we can have input and put notes in there, It's all good."
- Staff knew people well, what their interests and hobbies were, what things were important to them and what events and hobbies they enjoyed.

### 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.

- Assessments and care plans explained people's communication needs and how staff were to support them with these.
- People were supported to communicate in ways that were meaningful to them. Staff took the time to understand people and checked this understanding back with people. For example, one person's care plan stated, " Care staff to communicate with [person] at eye level, using positive body language."

#### Improving care quality in response to complaints or concerns

- The provider had a clear complaints policy which was included in the welcome pack people received. The service had received two complaints. The complaints had been appropriately investigated with what action had been taken, when the action was taken and signed off by the member of staff once the complaint had been resolved.
- People and relatives were confident that if they had any concerns they knew who to raise them with and that any action needed would be completed.
- One person told us, "I would speak with [registered manager]. I feel they would listen to me. I've no complaints so far." Another person said, "If I wasn't happy I would tell them and they would sort it out." A relative told us, "I would know how to complain I have got a contact number but I've not had to, communication is good."

#### End of life care and support

- During the inspection the service was not supporting anyone who was anticipated to be close to the end of their life.
- Where appropriate people had, 'Do not attempt cardiopulmonary resuscitation' documents included in their care plans.

# 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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Providers are required by the regulations to notify CQC of significant incidents and events, such as serious injury, death and actual or suspected abuse. This assists CQC to monitor the service and take any action needed to support people's health and safety. The registered manager had not notified CQC of a significant event where people had been placed at risk of potential abuse.

The service had failed to notify CQC of an incident that had placed people who use the service at a potential risk of abuse. The service was under a legal obligation to complete this notification. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Following the inspection, the registered manager ensured the required notification was forwarded to CQC as required by the regulations. They told us they had completed additional training around the notification process to prevent any re-occurrence.

- Governance systems were not always robust or effective. Governance systems had not identified the shortfalls we found during the inspection. The systems had not identified the following: the failure to report a safeguarding concern to the local authority, the registered manager's failure to follow the provider's recruitment policy in recruiting a member of staff and the failure to notify CQC of a significant event.

This placed people at an increased risk of harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the registered manager had implemented changes in their recruitment policy and ensured all notifications were submitted to CQC as required by the regulations. They had also addressed weaknesses in their governance systems to ensure all shortfalls would be identified in the future.

- The registered manager was aware of their responsibilities under the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
- The registered manager and staff team had a commitment to ensuring people received the care and support they needed. Regular spot checks and observations were conducted on staff to ensure they were



following their training and meeting people's needs. A member of staff told us, "We all communicate with each other. I feel supported, I'm happy with the management team. If I have any questions they are always on the phone and I always get a response."

- The service was monitored through a range of audits. The majority of these had been implemented during May 2022 and included: care planning, medicine management and a governance audit which covered, health and safety, training, premises maintenance and infection control.

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

- People and relatives expressed confidence that the service was well led. Comments included: "I feel the company is well run, communication is good", "Just keep up the good work. I hope they don't grow too big and lose their excellence. They are excellent, they are really, really nice. They all seem to offer different strengths," and "I can't fault them with anything at the end of the day. These are 100% spot on."

- There was a friendly, open, positive and supportive culture amongst the management team and the care staff.

- Staff told us they felt well supported in their roles, felt valued and were confident in approaching the management team at any time for support or guidance. They commented they all worked very well as a team for the benefit of the people.

- Staff and people told us communication was good, with the systems supporting staff fully in their roles. A member of staff told us, "I definitely feel supported. I get support, I've only got to give them a call, there is always support to sort out any problems... The office door's always open, we can go in anytime we want." Staff were fully informed of any changes to people's health or care needs in a timely way.

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

- The service had sent out quality assurance surveys to people and relatives. We reviewed a selection of these which had all been positively completed. Comments included; "I am quite happy with everything. I am an early riser so my calls are just great", "All the carers treat [person] with respect", "Overall, the company provide a good standard of care and the regular carers are very good" and "First class service, I feel really looked after."

- We discussed the completed quality assurance questionnaire with the registered manager, who agreed they would implement a system to feedback the results of the questionnaires to people and relatives. This would ensure people's views would be listened to.

- Staff spoke knowledgeably on how they respected and promoted people's rights, choices and differences. One person told us, "Being old is a serious condition. The care staff will listen and understand and treat us as individuals. Everyone needs respect and they give it to me."

- A member of staff told us, "Bespoke Care focus on the client and the client's needs and they genuinely care. I feel their main aim is the needs and promoting independence for their clients. And they absolutely look after their staff as well."

- The service had moved office location and the new office had enough space to hold face to face team meetings. The registered manager told us they would be running team meetings throughout the day so as many staff could attend as possible. Staff told us they fully understood what their roles and responsibilities were. A member of staff said, "We haven't had big team meetings as yet because it's quite a small team and people are always working but we will be having big team meetings as the new office doors always open, It's very friendly."

- The service had established good working relationships with health and social care professionals. This enabled the service to ensure the best possible outcomes for the people they supported.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance systems were not always robust or effective. Governance systems had not identified the shortfalls we found during the inspection

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Staff had not always been recruited effectively and safely, which had placed people at an increased risk of harm.

### **The enforcement action we took:**

We issued a warning notice.