

Bespoke Health & Social Care Ltd

Learning Disabilities & Autism, Bespoke health and social care

Inspection report

Surety House
Old Redbridge Road
Southampton
Hampshire
SO15 0NE

Date of inspection visit:
01 November 2022
02 November 2022
04 November 2022
14 November 2022

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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

Learning Disabilities & Autism, Bespoke health and social care provides support to people in their own homes. The service provides support to people with a learning disability and autistic people. At the time of our inspection there were 9 people using the service whose support included personal care.

Not everyone who used the service received personal care. The Care Quality Commission (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

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.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

The service supported people to have as much choice, control and independence as they could. The service planned for when people experienced periods of distress so their freedoms were restricted only if there was no alternative. The service took steps to ensure people were supported in a safe, clean, and well-maintained environment.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. The service had enough suitably skilled staff to meet people's needs and keep them safe.

Right Culture:

Staff knew and understood people, and were responsive in supporting people's needs. Staff turnover was low, which supported people to receive consistent care. Staff ensured risks of a closed culture were minimised so people received support based on transparency, respect, and inclusivity

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

The service was registered with us on 25 June 2021 and this was the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Learning Disabilities & Autism, Bespoke health and social care

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

Four inspectors carried out this inspection.

Service and service type

The service provides care and support to people in their own homes in 'supported living' settings, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living. This inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were 2 registered managers in post.

Notice of inspection

We gave a short period of notice of the inspection so the provider could tell people we wanted to visit about the inspection and confirm their consent or arrange for a 'best interests' decision about this.

Inspection activity started on 1 November 2022 and ended on 14 November 2022. We visited the location's office on 1 November 2022.

What we did before the inspection

We reviewed all the information we had received about the service and used all this information to plan our inspection.

The provider had not been asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We visited 4 people in their homes to observe their care and support and to speak with them and their support staff. We spoke with both registered managers and 11 members of staff.

We reviewed records relating to people's care and the running of the service. These included written feedback from people's families, policies, processes, reports and records, care records for 4 people and 3 staff recruitment files.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- The provider had appropriate policies, procedures and practices to support people safely and respond to concerns. Staff had appropriate training in how to recognise and report abuse. They knew how to apply their training and were confident procedures would be followed correctly if needed.

Assessing risk, safety monitoring and management

- People lived safely and free from unwanted restrictions because the service assessed, monitored and managed risks to their safety. People's support plans and risk assessments guided staff to support people safely while preserving as much independence as possible. People, including those not able to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- People's support plans included ways to avoid or minimise the need to restrict their freedom. Staff could recognise signs when people experienced emotional distress and knew how to support them safely in a way that minimised restrictions to their freedom. Staff considered less restrictive options before limiting people's freedom. People's freedom was restricted only where they were a risk to themselves or others, as a last resort and for the shortest time possible

Staffing and recruitment

- The service had enough staff, including where people's support required more than one support worker. The numbers and skills of staff matched the needs of people using the service. Staff knew how to take into account people's individual needs and wishes.
- Staff recruitment and induction training promoted safety. Staff files included the records providers are required to keep to show evidence of safe recruitment. These included Disclosure and Barring Service checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. The provider reviewed people's medicines regularly with multi-disciplinary teams. This included medicines prescribed to be taken "as required". The provider took steps to make sure people's prescriptions were appropriate.
- Staff followed effective processes to support people to take their medicines safely. Staff had appropriate techniques to encourage people to take their medicines if they were reluctant to do so. People were

supported by staff who followed systems and processes to administer, record and store medicines safely.

Preventing and controlling infection

- The service used effective infection prevention and control measures to keep people safe, and staff supported people to follow them. The service had arrangement to maintain standards of cleanliness and hygiene in people's homes.
- The provider had kept their infection control and prevention guidance up to date in line with government guidance. Staff used personal protective equipment (PPE) effectively and safely.

Learning lessons when things go wrong

- People received safe care because staff learned from incidents. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned.
- The service recorded any use of restrictions on people's freedom, and managers reviewed any use of restrictions to look for ways to reduce them. Where staff used restrictive practice as a last resort in line with people's support plans, there were debrief meetings with all affected staff. These identified lessons to improve people's support.

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 of 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 had support plans that were personalised and reflected their needs and aspirations, including physical and mental health needs. Staff reviewed plans regularly. Support plans reflected a good understanding of people's needs, including assessments of their communication and sensory needs. Staff used a variety of techniques to support people's communication, such as social stories and picture cards. Staff took time to understand people's needs and behaviours.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training. This included training in supporting people with a learning disability and autistic people. Staff received training in positive behaviour support and deploying techniques that promoted reduction in restrictive practice.
- The service checked staff competency to ensure they understood and applied training and best practice. Staff received support in the form of supervisions, appraisal and recognition of good practice.

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

- People received support to eat and drink enough to maintain a balanced diet. Staff supported people to be involved in choosing, preparing and cooking their meals where appropriate. People with complex needs received support to eat and drink in a way that met their preferences as much as possible.

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

- Staff supported people to move between services in a way that maintained their continuity of support. When a person moved between placements, staff worked with them to make the move in their own time, helping them to get used to the journey, and avoiding triggers for distress.

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

- People were supported to attend annual health checks and primary care services when needed. Staff worked with other healthcare professionals, including learning disability specialists, to improve people's care and support.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- For people assessed as lacking mental capacity for certain decisions staff recorded assessments and any best interests decisions. Staff demonstrated good practice around assessing mental capacity, supporting decision-making and best interests decision-making.
- Where people were at risk of being deprived of their liberty, the provider applied for legal authorisation under the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. Staff were patient and used appropriate styles of interaction with people. Staff showed warmth and respect when interacting with people. A person told us, "I have problems with processing and movement. Staff help me. I am happy being in my home with amazing staff."
- Staff ensured people were protected from exposure to any environmental factors they found stressful. This included making sure a person's environment was uncluttered, and where possible staff keeping a distance that the person found comfortable. Staff were focussed and attentive to people's emotions and support needs such as sensory sensitivities.

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

- People were given time to listen, process information and respond to staff and other professionals. Staff took the time to understand people's individual communication styles and develop a rapport with them. Staff respected people's choice and wherever possible accommodated their wishes, including those relevant to their protected characteristics, such as cultural or religious preferences.
- Where appropriate people were empowered to make decisions about the service and felt confident to feed back on their care and support. People, and those important to them, took part in making decisions and the planning of their care and risk assessments. A person had written parts of their support plan themselves.

Respecting and promoting people's privacy, dignity and independence

- For people living in a supported living setting, the provider followed best practice standards which ensured people received privacy, dignity, choice and independence in their tenancy. Staff knew when people needed their space and privacy and respected this.
- People's support plans identified goals and aspirations. Staff supported people to achieve greater confidence and independence. A staff member told us, "I love supporting [Name]. She is great. She has blossomed here and is now finding her voice."

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

- Staff supported people through recognised models of care and treatment appropriate to people with a learning disability and autistic people. Support focused on people's quality of life, and good outcomes which were regularly monitored and adapted. Staff focussed on ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved.
- People learnt everyday living skills and developed new interests by following individual support plans with staff who knew them well. Staff made reasonable adjustments to ensure better outcomes for people. This included ensuring people with sensory sensitivities were supported in a way that was comfortable for them. Preferences were identified and appropriate staff were available to support people.

Meeting people's communication needs

Since 2016 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.

- Staff ensured people had access to information in formats they could understand. People had individual communication plans that detailed their preferred methods of communication, including the approach to use in different situations. Staff had good awareness, skills and understanding of individual communication needs. They knew how to facilitate communication and when people were trying to tell them something.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff provided person-centred support with everyday living skills. Staff ensured adjustments were made so people could participate in activities they wanted to. People were supported by staff to try new things and develop life skills. People had freedom of choice and control over what they did and chose not to do.

Improving care quality in response to complaints or concerns

- People and those important to them could raise concerns and complaints, and staff supported them to do so. Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them. All complaints received were recorded and investigated. At the time of this inspection there were no open complaints on the complaints log.

End of life care and support

- At the time of this inspection there was nobody receiving end of life support.

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

- Management were visible in the service, approachable and took a genuine interest in people, and what staff and other professionals had to say. The registered managers worked to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. The provider promoted a positive, inclusive culture.
- Management and staff put people's needs at the heart of everything they did, and achieved good outcomes for people. People had been supported to have more control over their lives in their own homes, to manage their weight, and to increase the frequency and variety of activities outside their home.

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 managers understood the duty of candour. They had open communications where people had family or other advocates who were interested in their care and support.

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

- The registered managers had the skills, knowledge and experience to perform their role. They had a clear understanding of people's needs and oversight of the service. They communicated the provider's vision and values to staff who knew how to apply them in the day to day work of the team. Staff were clear about their roles and how to deliver a high quality service.
- Management understood and demonstrated compliance with regulatory and legislative requirements. There was an internal audit system to verify the service met the fundamental standards required by regulations. The provider notified us as required when certain events occurred. The provider cooperated with and listened to advice from the local authority commissioners and other professionals.

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

- Managers and staff worked closely with people so they could see how people with complex communication needs responded to their care and support. Staff had understood people's preferences through observation of how they responded to different options and choices.
- The provider engaged with staff and people's families through a variety of informal and more formal methods. The provider had received positive compliments from other health and social care professionals.

Feedback from people's families was positive. A relative had commented on a feedback form, "Excellent support from exceptional individuals. Kind, caring and compassionate. Can't fault or thank enough for all the efforts made with my [relative's] care and wellbeing."

Continuous learning and improving care

- The registered managers had a clear vision for the direction of the service which demonstrated a desire for people to achieve the best outcomes possible. Improvement plans based on quality audits and input from people and their families were tracked at monthly governance meetings.

Working in partnership with others

- The service worked in partnership with other health and social care organisations. These included commissioners, local authority and health and social care professionals. Where people had complex needs there were frequent multi-disciplinary team meetings, particularly in the early stages of their support package. Where appropriate the provider worked closely with people's housing providers to make sure their housing met their needs and reflected preferences. Partnership working helped improve people's wellbeing.