Bespoke Care Cheshire Ltd

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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

We inspected this service on 5 and 6 October 2016 and we gave short notice to the registered provider prior to our visit. This was to ensure that key people were available during the inspection.

Bespoke Care Cheshire Limited is a domiciliary care agency that is registered to provide personal care to people in their own homes. The office is situated behind a small parade of shops near to Ellesmere Port town centre. There is limited car parking in the area. There are currently 41 people who use this service and who are supported by a staff team of 23.

The previous inspection was undertaken on 19 June 2014 and the service met the regulations we assessed at that time.

There was a registered manager in place at this service, who was also the co-owner with the nominated individual. The registered manager had been registered for four years. 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.

The registered manager and nominated individual both work on a day to day basis within the service and also work "hands on" to support care workers within the community.

People told us they were happy with the service provided and that the staff were kind, caring and friendly. People said "The service is excellent", "The staff are great", "The staff are flexible if I need to change the call time", "The staff are very good", "They look after me well" and "The staff are brilliant".

Staff told us they enjoyed working at the service and providing support to people within the community. They said they were well supported by the owners and that they valued the "hands on" support given.

Care plans were well documented and up to date. They gave clear guidance to the staff team. Risk assessments were undertaken for a variety of tasks which included moving and handling, the environment and challenging behaviour. These were reviewed regularly and up to date. The management of medication was safe.

Staff were aware of how to report a safeguarding concern. They were aware of the policies and procedures available to safeguard people from harm and told us they would not hesitate to report any concerns to the owners.

Staff had received a range of training that included moving and handling, safeguarding, medication, health and safety and infection control. A range of other training was available for the staff team to access such as dementia awareness, pressure area care and challenging behaviour. Staff told us that the training was good.

Staff had access to supervision sessions and were invited to attend regular staff meetings.

Staff recruitment files showed that robust recruitment processes were in place. Staff attended an induction process prior to working alone in the community. Staff told us that they worked alongside an experienced staff member before going out alone. They confirmed the induction process was good and that they had the information they needed to perform their role.

People had access to information about the service that included the statement of purpose and a brochure, however most people telephoned the service and spoke to the owners to obtain verbal information about the service. An initial home visit was undertaken by one of the owners prior to the service starting.

A complaints policy was available and each person had a copy within their care folder. Processes were in place to deal with any complaints received.

Quality assurance processes were in place which included observations of staff to ensure that care and support standards were being maintained, reviews of people's care and an annual questionnaire for people who used the service. Audits were undertaken in relation to the service provided and these monitored the services safety and effectiveness.

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.

People told us that they felt safe with the staff team.

Safeguarding procedures were in place and staff had received up to date training in safeguarding adults.

People's medicines were managed safely.

Safe recruitment practices and processes were in place. Checks were in place to make sure that unsafe practice was identified and appropriately addressed.

Is the service effective?

Good

The service was effective.

People told us that they felt the staff had sufficient training and that they supported them in the way they wanted.

The registered provider had policies and procedures in relation to the Mental Capacity Act 2005 (MCA). The registered manager and staff were aware of how to ensure that decisions were made in a person's best interests.

People were supported with the purchasing of food and meal preparation where detailed in their care plan.

Staff had access to relevant training and received regular supervision.

Is the service caring?

Good

The service was caring.

People who used the service and family members said staff were kind, caring, helpful and friendly towards them.

People had access to a range of information about the service.

Is the service responsive?

Good

The service was responsive.

People said they didn't have any concerns or complaints about the service. A complaints policy was in place and people knew how to make a complaint if they were unhappy.

People were supported with their healthcare needs when needed and with the involvement of family members or representatives where appropriate.

Is the service well-led?

Good

The service was well led.

People told us they thought the service was well led and consistently well managed.

The service had a registered manager in place who was the co-owner of the service with the nominated individual.

A range of quality assurance systems were in place to monitor the service provided. Audits were completed with actions taken when appropriate.

Bespoke Care Cheshire Ltd

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.

We inspected the service on 5 and 6 October 2016. We gave short notice to the registered provider because we needed to be sure that they would be available during our inspection visit to assist us. The inspection team consisted of an adult social care inspector.

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. We used this information to help inform our planning of the inspection. We reviewed all the information we held about the service. This included looking at any safeguarding referrals received, whether any complaints had been made and any other information from members of the public. Before the inspection we looked at notifications we had received. A notification is information about important events which the registered provider is required to tell us about by law.

We contacted the local authority safeguarding and contracts teams for their views on the service. They raised no concerns about this service.

Prior to the inspection we sent out questionnaires to people who used the service, relatives and friends and community professionals.

On the days of our inspection we visited four people who used the service, spoke with two relatives, the registered manager, nominated individual and one senior and two care support workers.

We looked at a selection of records. This included four people's care and support records, three staff recruitment files, staff duty rotas, medication administration and storage, quality assurance audits, complaints and compliments information, policies and procedures and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe with the support they received from the care staff. Comments included "Oh, yes I am safe [with the staff]", "Staff know how to use my hoist and are trained" and "Yes I am safe here". Relatives confirmed that they had no concerns over the safety of people who were supported by the Bespoke Care staff team.

Staff told us about how they supported people to stay free from harm. They described different types of abuse that could occur such as neglect, physical and sexual abuse. The also said that they would look for signs that a person might be "afraid" or have "unexplained bruising". Staff told us they would report any concerns immediately to the office staff. They said they were confident their concerns would be taken seriously and that the local authority safeguarding team would be informed. Staff explained about the whistle blowing policy and that it protected the rights of a staff member if they are reporting a concern. One staff member said "You must speak to someone and don't cover the issue up". Staff told us they had received training in safeguarding adults from abuse and were aware of the providers and local authority's policies and procedures. We saw that training certificates showed safeguarding training was up to date.

People told us that they usually had the same team of staff visiting them and that they usually arrived on time. One person said "If [staff] are going to be late they with phone me" and another said "I can go on my computer and access the rota to see which staff are coming to me". People told us that staff always stayed the allocated time and one person said "Staff are very helpful and will do extra jobs too if time allows". People told us that they were happy with the timings of their calls and that they were "definitely" the times they wanted. They said they would speak to the owners if they had any concerns. One person told us "The staff are flexible if I need the call time changed" and a relative told us "If we need to go to an appointment I can call them and they will try and accommodate us and they are flexible".

We looked at the staffing levels within the service and saw that a computerised system was used for staff rotas. This linked each staff member with the person they were supporting and showed a brief description of the tasks to be undertaken and times of the calls. The rotas were linked to staff mobile phones so that staff could access the information as needed. The system also showed staff the best route to take between calls. The system provided "real-time" monitoring to show the times staff arrived and left each client. The registered manager explained this was used to ensure that there were no missed calls. She went onto explain that where a person was unable to contact them by phone then they could activate an "alarm" to show if the staff member had not arrived at the call. The registered manager said this was an added "safety" to the system to ensure that staff arrived within the allocated time. This meant that there was enough staff available to meet the current needs of people who used the service.

Staff were issued with a company mobile phone, "rape" warning alarm and basic first aid kit as part of the provider's lone working policy and procedure. A lone working policy was also in place to support this. Staff said they were aware of the policy and details were included in the staff handbook.

Staff told us about the recruitment process they undertook prior to starting work at the service. Staff said

that the process was good and that checks were undertaken before they started work. They explained they completed an application form and attended and interview. Within the staff recruitment files we saw that a record was kept of the interview questions and responses. Two references were sought, one of which was from their current or previous employer and a Disclosure and Barring Service (DBS) check was undertaken. A DBS is completed by employers to ensure staff had not been barred from working with people who may be deemed vulnerable. We saw that identity checks were made and these included staff birth certificate, passport or driving licences. However, copies of staff members' certificate of insurance were not kept on file. The registered provider's policy on driving at work stated that these should be presented annually for inspection. This was discussed with the registered manager and nominated individual who said they would ensure current copies were stored on staff files and that these were kept up to date.

Some people were supported to take their medication. People said "[Staff] remind me to take my medication", "[Staff] support me with my medication" and "[Staff] put creams and gel on for me". People confirmed that they received their medication as prescribed. We saw that staff signed Medication Administration Record sheets and these were up to date. Staff also completed a medication running record regarding other information in relation to the medication. For example when a new pack of medication was started; if the medication was in a different location; or when medication was not available. Staff told us that they would also verbally inform the registered manager or nominated individual of any concerns. During our visits to people at their homes we saw that the medication documentation had been completed as appropriate. Staff told us that they were aware of the medication management and administration policy and procedure; had undertaken medication awareness training; and had an annual medication observation check. Records confirmed this.

No accidents or incidents had occurred since the last inspection, however we saw the registered provider had a policy on the recording and reporting of accidents and incidents. The registered manager showed us that accident forms were available should they be required and that she would analyse the information provided and take action as needed.

At the time of our visit staff did not support people with financial transactions, however, a form was available to record these should it be needed. The registered manager explained that staff supported people with shopping but the person was able to complete their own financial transactions. They said if the forms were used then they would be audited on a monthly basis.

Staff told us about the assessments that were in place to support people in activities whilst assisting them to remain as independent as possible. We saw that assessments were completed for the environment, and tasks such as moving and handling, transporting service users, use of a hospital bed, trips and falls, and for people whose behaviour may be a challenge. Risk assessments seen were up to date and regularly reviewed. Although an environmental risk assessment was completed for each person's home it did not include information regarding how to evacuate in the event of a fire or other serious incident. This was discussed with the registered manager and nominated individual. They agreed to look at this issue and include information in each person's file to show how an evacuation should be carried out. Alongside the risk assessments were a range of information sheets which showed how to support someone transferring using a mobile or ceiling track hoist, use of a slip sheet to assist moving in bed and how to support someone with care of their catheter. These information sheets showed in words and pictures how to support people as they needed and were a good source of reference for the staff. This meant that staff had clear instructions on how to support people who used the service.

Good

Is the service effective?

Our findings

People told us that they thought that staff had the knowledge and skills to support them effectively. Comments included "Staff are trained, they know how to use the equipment I need", "The staff are great" and "I cannot fault the staff, they respect my wishes".

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 2005. People who normally live in their own homes can only be deprived of their liberty through a Court of Protection order.

We checked whether the service was working within the principles of the MCA 2005, and whether any conditions or authorisations to deprive a person of their liberty were being met. The registered manager and nominated individual were aware of the principles of the Act and how to determine people's capacity. The registered provider had up to date policies and procedures in regard to the MCA 2005, Best Interests and Lasting Power of Attorney (LPA). A LPA is where someone is appointed by the Court of Protection to make decisions on the person's behalf within specific areas of their life. The registered manager explained that no one was currently being deprived of their liberty. Staff said that they had received some training on MCA 2005 through the induction and Social Care TV. They told us "It's about people's capacity. Sometimes people with have difficulty in one area, but it can change", "I support a person who has dementia and is reluctant to eat. I make them a meal and then sit with them whilst they eat, and I have a drink". We saw that how to support people to make decisions was reflected within the care plans where appropriate.

We saw that people had given their consent for the care and support they received. Care plans had been signed by people to confirm their agreement with the information within the care plan and how this would be achieved.

People told us that usually they or their family members contacted healthcare professionals such as the GP when needed. However, they felt that if they needed support the staff would help them. People's medical conditions and medication requirements were included in the care plans. Where other professionals had been involved in supporting people who used the service they commented on the professional standard of the staff team. They said that staff had a good knowledge of safe back care and that they sought the advice of other professionals when needed.

Some people were supported with the purchasing of food and preparation of meals. People said "Staff make a meal for me and leave a sandwich for tea in the fridge", "Staff are great with mum, they make sure she has something to eat at mealtimes" and "[name] takes me shopping each week". Care plans detailed where appropriate with how to support people with nutrition and hydration. Details of meals prepared and food eaten were recorded in the daily notes or if required on food monitoring charts. One person we visited

had a record of what they had eaten and drunk over the day. They explained that it started when they were not eating or drinking much and I record was kept to ensure enough nutrition and fluids were taken. They asked that the record be continued so they could monitor their intake themselves. People's favourite or preferred meals, likes and dislikes were included in the care plan documentation. Staff told us they were aware of people's preferences and that information was noted in the care plan.

Staff told us about the training they had received. They said that some courses were undertaken by Social Care TV and others are in house courses. These included moving and handling, medication awareness, safeguarding, health and safety and infection control. Other courses included the principles of care, challenging behaviour, pressure area care and dementia awareness. Staff told us that the training was very good. We saw that staff had an up to date training record in place.

People told us that during the induction process for staff that they were "shadowed" by an experienced staff member. One person said "New staff shadows [another staff member] to get to know me before starting". Staff completed an induction prior to working with people within the community. Staff told us that the induction process was good and that they shadowed an experienced staff member prior to going out alone. They said that they had sufficient information to undertake their role. Comments included "I did not go out alone until I felt okay" and "I was always with someone until I felt okay". The induction process consisted of learning about the company; meeting and greeting service users; reading policies and procedures and undertaking a range of courses. A staff induction checklist was completed during this time. New staff members also complete the Skills for Care (SfC) Care Certificate. The care certificate is a nationally recognised certificate for people working in the care sector. Staff received a copy of the handbook and this contained information about the service, contract information and the importance of standards of care. Staff told us they had received a copy of the handbook.

Staff told us about the support they received from the registered manager and nominated individual. They explained that they both regularly worked alongside staff and that they appreciated the support they received. Comments included "They are always on hand", "Very approachable" and "They will do "hands on"." Staff said that they kept in contact with other staff members and the office by telephone calls and texts. Annual observations were undertaken by the management with staff. People gave consent to this prior to the event. This included observing care practice, medication and moving and handling. Conclusions and recommendations were made as appropriate and an action plan produced when required. This was discussed with the staff member following the observation. Spot checks were also completed to review staffs competency to undertake their role. This also included a post interview with the person to check all care was delivered according to their plan and that they were happy with the service provided.

The registered manager explained that some supervision sessions with staff had lapsed and these were currently being brought up to date. She said they had decided to employ senior staff who would in due course be supervising the care staff team. Currently staff had supervision with the registered manager or nominated individual. Staff had a supervision record and information was kept. Staff told us that they had received individual supervision and that regular contact was kept with the management team.

Good

Is the service caring?

Our findings

People and their family members told us that staff were caring, kind and friendly. Comments included "The staff are excellent", "Staff are helpful", "This is the best team I have had", "They [staff] all look after me very well" and "The staff are very kind".

People and family members told us that people's dignity and privacy was respected by the staff. Comments included "Yes, staff treat me with respect", "Staff definitely treat me with dignity and respect" and "Staff are most caring".

Staff explained how they would support people and ensure that their privacy and dignity was maintained. They said they would talk to the person letting them know what they were about to do. They would make sure doors and curtains were closed and that when supporting a person with personal care they would cover parts of the body with a towel to help maintain the person's dignity. Staff explained that they encouraged people to do as much as they could for themselves and one staff member said that one of the people they supported was able to brush their own hair, which they like to do. Another staff member explained that one person they supported was unable to communicate verbally. The said it was very important to read information in the care plans and look for "signs of agreement" from the person, from their body language. They said they were able to tell from this if things were going well.

One person told us about how staff helped them remain independent. They had a mobility car and staff were able to use this and assist the person in accessing the local community. The person told us how important this was to them to be independent of family members sometimes and this enabled them to go shopping and visit local places of interest. Another example was where a person was supported out and about in the community. It stated that the person became anxious if their routine was changed. It explained that the routine should not be changed unless absolutely necessary and that staff needed to be patient with this person and encourage them to make their own choices about where to go and what to do.

The registered provider had a data protection and confidentiality policy which the staff had signed to show they were aware of the policy and its contents. This outlined a commitment from the registered provider to ensure that personal details or views of people were kept confidential. Some information relating to people was held on computer and only designated staff had passwords to access such sensitive information. This helped to ensure that people's personal information was kept confidential.

We saw that the registered provider had a wide range of cards and letters thanking the staff and registered manager for the support they had been given. Comments included "I am grateful for your patience and kindness whilst caring for [name]", "Thank you for looking after [name]", "Thank you for the care and kindness you have shown all of us" and "Thank you for the sensitivity, kindness, reliability and support of your staff team.

Information was available about the service which included the statement of purpose and a brochure. The statement of purpose included information about the registered manager and nominated individual and

the type of service provided. The brochure included general information about the service, what the service can provide and details of how to contact them. The service also had a website for people to access. The registered manager said that usually people phoned to ask about the service and one of the management team visited people prior to the start of the service.

The registered manager told us about how staff supported people with end of life care. They said they had supported people in the past but that they didn't have specific training in this area. They explained that they would work with other agencies such as the GP, district nurses and the hospice staff to support people to remain as independent as possible. Care plans would include support and wishes that the person required at the end of their life. The registered provider had a policy on advance care planning which gave information about how to support a person to discuss their concerns and wishes, values and personal goals, and to help people understand about their illness and prognosis. Advance care planning is a voluntary process of discussion about future care between an individual and their care providers.

Good

Is the service responsive?

Our findings

People and family members told us that the staff team knew people well and were responsive to their needs. One person said "I needed extra help for weeks after breaking my arm. Bespoke were able to offer that service efficiently and almost right away, for which I was most grateful". Family members said "[Staff] stayed an extra half an hour with [name] to support and reassure them whilst waiting for the ambulance. For this we were very grateful", "Thank you for your prompt communication with the family which took the stress out of the situation", "Staff found [name] and cared for them until the paramedics arrived. The paramedics said the staff's actions had minimised [names] problems".

People told us that they were visited by one of the management team prior to the service starting. We saw that an introduction form was used to record people's needs. They obtained information about the person, their needs and support required which included personal details, their likes and dislikes and how they wished to be supported, medical history and current medication, and information regarding moving and handling. The registered manager confirmed that basic details were gathered so that they could ensure that they could meet the person's needs and to start to develop the care plan. The introduction forms seen showed brief details and this was discussed with the registered manager and nominated individual. They agreed that more detailed information would improve this and agreed to review the form to include more information. Following the inspection the registered manager shared the "new" form with the inspector and said that they would start to use this for future packages of care.

We reviewed four care plans and saw that clear instructions and detailed information was available regarding each call that was made to the person. Information was person-centred and up to date. The care plans were divided into the different call times for example morning, lunch, tea and evening. Each one gave information about where the person would be; what support they needed; how to carry out that support and other relevant information regarding that visit. Examples included "When you arrive in the morning, please turn on the radio as I like to listen as I get ready", "Please support me to brush my teeth before I go into the lounge", "Please ensure I have everything I require before leaving" and "Please support me with my medication and creams and sign the sheet". Also included in the care plans was "What is important to [name]" and included information such as family members; what they preferred to be called; and brief information about the person. All plans were up to date and reflected people's needs and support required. One person said "The care coordinator comes and checks the care plan and to see that everything is okay" and a family member said "They [staff] are really good and they do consult me over the care plan". This meant that staff had up to date information about the people they supported and that information was regularly reviewed.

Daily notes were seen in the care plan documentation kept in people's homes. We saw that good information was recorded about the tasks that had been undertaken and about changes where appropriate in people's wellbeing. The notes were clear and well written. Additional information was also stored on the computer system about issues that may have arisen. For example one person had several falls and documentation regarding this was recorded so that the senior staff could alert relevant other people to the changes in the person condition and needs. With their consent the person's family, social worker and GP

had also been contacted.

People told us that they were happy with the service and had no concerns or complaints. Comments included "No complaints, if I had I would say", "No problems", "Any concerns I have the phone numbers of the office and the owners" and "I would speak to the owners if I was unhappy". The registered provider had a comment, compliments and complaints policy which we saw was included in the care plan folder within people's own homes. The policy included details of how to make a complaint, how this would be dealt with and details of other agencies that people could contact such as the Care Quality Commission, Citizens Advice Bureau or the Cheshire Independent Advocacy Service. No complaints had been received by the service.

Good

Is the service well-led?

Our findings

A registered manager was in post and had been registered with the Care Quality Commission (CQC) for four years. The registered manager was also co-owner of the service with the nominated individual. The nominated individual had 19 years' experience of working in the health and social care sector. The registered manager and nominated individual both hold a Level 5 in management and leadership.

People told us that the registered manager and nominated individual (the owners) visited them regularly and worked with the staff team to ensure that standards are maintained. People said "Both the owners come out regularly and work alongside the staff", "I know who both the owners are" and "They [the owners] are approachable and I know them well." People we spoke with considered that the owners maintained a strong presence within the organisation.

Staff told us that they thought that the registered manager and nominated individual were supportive, approachable and helpful. They said that they often worked alongside the staff team and they felt that any suggestions staff made were listened to. During our visit to the office we observed the interactions between the owners and several staff members which were friend, kind and professional. We saw that staff talked freely to the owners about the people they supported and raised any concerns they had. We noted that the owners knew each person who used the service and were able to offer advice and support to the staff team.

The registered manager and nominated individual visited people on a regular basis, either to monitor staff, review care packages or to work alongside staff or cover any care required. They both worked "hands on" with staff on a regular basis and they said this gave them the opportunity to work with staff, support them with the work and any training needs and have informal discussions with the people who used the service. The registered manager said this was a vital resource for her and the nominated individual. When a new package of care is started the care plan was reviewed after three months, then six months and after a year. An annual review was then undertaken. However the registered manager said that should any changes occur then an additional review would be undertaken. Copies of reviews were included in the care plans and showed these were completed on a regular basis. Comments from people included "We are happy with all the staff", "We know the girls", "The night call has moved to a better time" and "The service is excellent".

A "record of contact form" was seen on people's files within the office. The registered manager explained this was used to document conversations held with family members, friends or other professionals regarding and individual. We saw a range of people had been contacted for example the occupational therapist was contacted about an assessment for a person. Another example was where there was contact with a family member and they had fed back to the service that the person was happy with the staff and what they were doing for them.

Annual questionnaires were sent out to the people who used the service. Comments included "Very happy with [staff] don't want another support worker", "I would like to thank Bespoke and in particular [staff name]", "[Staff] is helpful and responsive. She notices small changes in my health and when to call the doctor" and "Keep up the good work". A discussion was held with the registered manager and nominated

individual about what happened with the information gathered. They explained that they reviewed all the responses and if any concerns were raised these would be dealt with, however, general information from the questionnaires was not fed back to people who used the service or the staff team. They agreed to look at ways of achieving this for the next set of questionnaires which were due out shortly.

Quality assurance audits were completed on the medication, care plans and daily records. These were carried out monthly when documentation was returned from people's homes to the office and prior to information being stored. Where issues were raised these were actioned and appropriate action was taken. For example on the medication audits where a staff member had missed a signature on the medication record sheet then this would be discussed with them, further training completed and an observation of practice would be completed.

We saw the registered provider had a wide range of policies and procedures in place. These included data protection and confidentiality; disciplinary and grievance; moving and handling; infection control; health and safety; and dignity, respect and diversity. However, we found that within some of the policies reference was made to past rather than current legislation and a review of all policies was needed to ensure this reflected up to date guidance. This was discussed with the registered manager and nominated individual who said this would be undertaken. Following the inspection evidence was received to show this had been completed.

The registered manager and nominated individual were open and transparent. They regularly notified CQC as required by law of significant incidents and events that affected people or the running of the service. Notifications were sent shortly after the incidents occurred which meant that we had been notified in a timely manner.