Bespoke Home Care Limited

Bespoke Home Care 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

Overall summary

Bespoke Care Ltd is registered to provide support to people living in their own homes who need help with their personal care. At the time of the inspection there were 85 people using the service. The majority of people using the service were older people, some of whom had physical disabilities and some were living with dementia.

This comprehensive inspection took place on the 2 and the 21 October 2015. We gave the provider forty-eight hours' notice to ensure management and staff would be available to speak with. This was the first inspection since the service re-registered following a change of address.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We undertook this inspection earlier than initially planned so we could follow up on concerns we had received that the service did not employ enough staff to complete the calls they were contracted to fulfil. We had also been told that some people had experienced missed care calls and sometimes staff arrived late and left early. However our findings did not support what we had been told. We found the provider did employ sufficient numbers of staff, where ever possible action was taken to avoid late or missed calls and staff did stay for the full duration of the calls they were contracted to undertake.

The provider obtained feedback from people about the service provided on an on-going basis and dealt with concerns and complaints as they arose. However robust systems were not in place for reviewing, monitoring and assessing the delivery of care and support. The provider was not undertaking their own internal audits, therefore they were unable to demonstrate how they monitored and identified if standards were falling and improvements were needed. The absence of a robust quality assurance framework meant the provider had not identified and taken corrective action to address errors in the MAR (Medicine Administration Records) charts.

Employment procedures were not robust. Identity and security checks had been completed before new staff started work. However the provider had not always obtained all the information required such as references from previous employers. Therefor the provider could not be assured these staff were suitable and safe to undertake their role.

The registered manager and provider had failed to fulfil their legal responsibilities to notify the CQC of incidents where they suspected abuse may have taken place. Whilst action was taken to rectify this issue, it is an area of practice that needs to be embedded into every day practice.

People, relatives and care workers spoke highly of the service, the management and staff. One person told us they were "Completely satisfied" and that the staff were "very good". People described staff as being kind, patient and considerate. One person told us "I'm happy with the carers. They are caring and very genuine." Another said, "Each one who comes in has always been polite and friendly. I'm happy with the carers."

When we asked staff what the philosophy of the service was, one staff member told us "To make sure the elderly are being cared for, its very family orientated it's about caring for people as you would want other people to care for your nan".

People's privacy and dignity was respected. Staff had a firm understanding of respecting people within their own home and providing them with choice and control. People said the service met their needs and encouraged them to be as independent as possible. People were asked for their views of the service and complaints and concerns raised had been responded to promptly.

People confirmed they felt safe with the staff. Systems were in place to protect people from abuse and harm and staff knew how to use them. Where concerns had been identified these had been passed to the local authority for them to consider under safeguarding.

Staff knew the people they were supporting and were aware of their personal preferences, likes and dislikes. One person told us "They are very good and always find out how I feel". A staff member told us "I love the job and my clients, I want to really make a difference to their lives and I think I do that". Care plans were in place detailing how people wished to be supported and people and or their representatives were involved in making decisions about their care. They were supported with their healthcare needs and staff liaised with their GP and other health care professionals as required.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs. They felt supported within their roles, describing an 'open door' management approach, where the registered manager and management team were available to discuss suggestions and address problems or concerns. One member of staff told us "It's brilliant I can just pop in the office whenever if you have any concerns or need anything. I've had some feedback about how I am doing and was told that I have

Summary of findings

had lots of compliments from clients which is really nice to be told this". Another staff member told us "It's a lovely place to work, the clients are all great and I love caring for them".

The registered manager and provider, along with senior staff provided good leadership and support to staff who delivered care to people. They understood the needs of the people well and accommodated people's preferences.

We identified two areas where the provider was not meeting the requirements of the law. You can read what action we have told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

Staff recruitment practices were not robust.

The arrangements for the management and administration of medicines were not consistently followed. Gaps in medication administration records had not been investigated and accounted for.

People felt safe when receiving support from staff. There were appropriate staffing levels to meet people's needs and staff were given sufficient travelling time in-between each care call.

Appropriate steps had been taken to protect people from the risk of harm and abuse. The provider had taken action to address concerns raised under their whistle blowing policy.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to meet people's needs.

Staff received regular training to ensure they had the competencies they needed to fulfil their roles and responsibilities.

People were supported to eat and drink according to their specific needs.

Staff supported people with their health care needs. They liaised with healthcare professionals as required.

Staff followed the principles if the Mental Capacity Act.

Is the service caring?

Good

The service was caring.

Staff were patient and kind and respectful of people's privacy.

Peoples independence was promoted and people were involved in decisions about their care

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and care plans were in place outlining their care and support needs. Staff were knowledgeable about people's needs, interests and preferences.

People new who to speak to if they had a compliant. Complaints had been responded to and investigated appropriately.

Summary of findings

Is the service well-led?

The service was no consistently well-led.

The provider had missed opportunities to improve the service, because robust quality assurance and monitoring systems and processes were not in place.

The provider had not always fulfilled their legal obligation to inform the CQC of notifiable events.

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable raising concerns.

Requires improvement

Bespoke Home Care 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.

This inspection took place on 2 & 21 October 2015 and was announced. We undertook this inspection earlier than initially planned so we could follow up on various concerns we had received that the service did not employ enough staff to complete the calls they were contracted to fulfil. We had also been told that some people had experienced missed or shorter care calls due to staff arriving late and leaving early. After the first day of our inspection we received some further concerning information in relation to staffing levels and missed calls which led us to undertake a second visit to the service. This was the first inspection of this service at this address. There were no concerns identified at the last inspection of the service which took place on the 14 May 2013 at a different address.

The inspection was undertaken by an inspector and an inspection manager.

Before our inspection we reviewed all the information we held about the service including notifications we had received about events effecting people living at the service sent to us by the provider. We also reviewed the provider information return. This is a document completed by the provider which provides statistical information about the service and a narrative detailing how the provider ensures people receive a safe, effective, caring, responsive and well-led service.

At the inspection we used a range of methods to assess the quality of services provided. This included talking with 11 people, the nominated individual, the registered manager, two administrators/care co-ordinators, seven staff that delivered care. We also reviewed records relating to the delivery of people's care including; five peoples care plans and care records, medication administration records, accident and incident records, and a sample of other people's care records relating to accidents and incidents affecting people who lived at the service and records of complaints people had made. We looked at records relating to the management of the service including communications sent to staff, six staff recruitment records, staff training records, record relating to the supervision of staff, staff duty rota's, health and safety records and customers satisfaction surveys. We also received feedback about the service from the local authority safeguarding and contracts teams.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe and raised no concerns about their safety. It was evident people were comfortable in the company of staff. People told us they knew who to speak to if they were worried or unhappy about anything.

Recruitment practices were not always robust. The provider had ensured they obtained proof of the identity of staff members and Disclosure and Barring Service (DBS) checks were completed before new staff started work. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support. However other pre-employment checks had not always been completed. Providers are required to obtain references in relation to the character of all staff. Where staff have previously worked in care, this should include a reference as to their conduct whilst working for that employer. However it was evident that where staff had previously worked in care, those employers had not always been asked to supply a reference.

Providers are also required to have a record of each staff members full work history, the reason they left previous employment including an explanation for any gaps in their work history and a declaration that they are fit to carry out the work they are employed to undertake. On the first day of our inspection it was evident that this information was either missing or incomplete for most staff. On the second day of the inspection the provider had amended their application forms to ensure the required information would be obtained for all new applicants. They had also started to request further references and documentation for the staff already employed.

The provider had not always obtained all the information they are required to hold about staff before they were deployed to work at the service. Therefore they could not be assured these staff were suitable and safe to undertake their role. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The procedures in place for the administration of medicines had not been consistently followed. People told us their medicines were administered on time and recorded on Medication Administration Records (MAR) charts. It is important that MAR charts are fully and accurately completed so that the effectiveness of the medicines can be monitored and to identify whether there is any pattern, for example if a person refuses their medicines at particular times or in specific circumstances. Each person's MAR chart was returned to the office at the end of each month. All of the MAR charts we looked at for the last three months contained gaps where there was no indication of whether the medicines had been administered, refused or omitted. The registered manager told us that gaps in the recording on the MAR charts had been followed up with the staff responsible but there were no records to confirm this and it was not evident that any additional training and support had been offered to those staff responsible for the gaps in the records.

We brought the concerns about the completion of the MAR charts to the attention of the registered manager who was responsive and immediately took action to address the concerns. When we returned for the second day of our inspection the registered manager told us that they had introduced a new system where by staff checked the MAR charts at each visit to make sure they had been fully completed. Where gaps were identified staff had been instructed to check the stock of medicines to see if it had been administered and telephone the office so that they could follow this up with the staff member on duty when the gap occurred. Each senior staff member had been instructed to check the MAR charts on a weekly basis and again when they returned them to the office at the end of the month. A senior member of staff told us "MAR charts gaps, in most of the cases is where the carer has not signed the MAR chart and recorded it in the diary instead. " They went on to say "At a meeting yesterday we were told we now have to monitor and report any errors to the office". As this new system had only just been introduced we were not able to assess whether it had been effective in reducing the number of gaps in the records. This is an area of practice that needs to improve.

We checked the information we had been given about staffing levels at the service and found there were enough staff to meet people's needs. Staff were delegated to work on specific call routes which allowed them time to travel from one call to the next. When considering new packages of care, the management team took into consideration the number of hours care already provided, the number of care workers employed and if they would have sufficient availability. During the course of the inspection the registered manager took a call from the local authority who

were asking the agency to cover a call starting that day. The registered manager looked at the staff planner and concluded that they were not able to meet the person's needs at that time and did not agree to undertake the call.

We checked the information we had been given in relation to missed and late care calls. We were satisfied that the provider had taken appropriate action to avoid these. For example on occasions when staff had taken unexpected leave the registered manager had informed the people affected and made arrangements for other staff members to undertaken the care calls. The registered manager told us and staff confirmed if they were running late they called the next person they were due to visit and or the office to inform them of this. It was evident that in this situation the registered manager and other office staff who were trained to provide care calls had covered some of these calls. On occasions when people had telephoned the office to inform them that staff had not turned up for a care call and the staff member concerned had not informed the office the provider had made arrangements for the call to be completed by another staff member. It was evident from the records that some of the missed calls we had been told about were due to the person cancelling their call or being out at the time the call was due. The provider told us some of the people we had been told had not received their calls were living with dementia and often said they hadn't had a call when they had. Records confirmed these calls had taken place as planned and that they had received the care they required.

People were informed if staff were running late. People told us staff usually arrived on time and records confirmed this. One person told us "Sometimes they're a little late but it usually due to the traffic, nothing major". A staff member told us "Generally there's enough time but if we have a new client we can go over slightly, you can usually make up later on, or you just tell the office you are going to be late". Another staff member told us "What is on the care record is pretty accurate as to how much time is needed. It is the same regular people on my rounds and I know their routines so I get to know how much time roughly each person needs so I don't really over run and if I do it does not matter you stay there until the job is done. Once I had to stay for an ambulance so I just rang the office and they re-allocated the rest of my calls until the ambulance arrived." A further member of staff told us "If you don't have enough time you report it to the office". They gave us an example where one person had a 30 minute call to get up and have a shower. They explained the person had been getting slower but they didn't want to rush them. They told us they fed this back to the office who then arranged for the call to be changed to 45 mins. They told us "They do listen. I've never had to say there's not enough time since this".

We checked the information we had been given that staff did not always stay for the full duration of the care call. Records of the calls completed by staff detailed the time they arrived and left people's homes. We compared these times with the length of time the contract specified the call should be. We found that the majority of the time staff arrived and left on time and there were more instances of staff staying longer than they were contracted to than not doing.

People's rights were protected and steps had been taken to keep them safe from harm. Staff had received safeguarding training and were able to described different types of abuse and what action they would take if they suspected abuse had taken place. When safeguarding concerns had been identified referrals had been made to the local authority for them to consider under local safeguarding procedures. Staff told us and the records confirmed that concerns staff had raised with the provider under the whistle blowing policy had been taken seriously and acted on appropriately. It was evident that the provider had implemented their own disciplinary procedures when staff misconduct had been identified. For example when staff had not turned up to a call and or had not informed the person or the office they were unable to make a call or were running late.

Systems were also in place to assess wider risk and respond to emergencies. We were told by the registered manager that the service operated an out of hour's on-call facility within the organisation, which people and staff could ring for any support and guidance needed. There was a business continuity plan, which instructed staff and management on what to in the event of the service not being able to function normally.

The provider had taken steps to make sure the environment in people's homes and the equipment that staff were required to use was safe. Most people who used the service received funding for their care from the local authority who had assessed the risks to individuals health and safety. For example assessments had been completed to assess the risk of people falling and of developing pressure sores. The registered manager told us staff always

Requires improvement

Is the service safe?

checked people's skin and reported any reddening of the skin or skin breakdown to the relevant health care professional and encouraged people to use any pressure relieving equipment they had been prescribed and records confirmed this.

Moving and handling assessments to establish whether people needed support to move had been completed and identified equipment people needed to move as safely and independently as possible. Staff had made referrals to the relevant health care professionals when staff had identified a person's mobility had reduced and when equipment to help them to move safely was needed. Staff told us they were knowledgeable about this equipment and knew how to use it safely. People who needed a hoist to transfer confirmed two staff supported them to do this.

Good

Is the service effective?

Our findings

People received effective care and support. People told us they got the help they needed and they were looked after well by the staff. Most people felt staff were competent and skilled at their roles and they had confidence that staff knew what they were doing. One person told us they were "Completely satisfied" and that the staff were "very good".

Staff told us they went through an induction programme which included working alongside experienced staff and that they completed a range of training before they worked on their own. They told us they were supported in their role and could speak with their line manager to request training or to have a private discussion about their own welfare and personal development. One staff member told us their induction helped her gain confidence and understanding about how it must feel to be cared for and sometimes frightened. Another member of staff told us "It's brilliant I can just pop in the office whenever if you have any concerns or need anything. I've had some feedback about how I am doing and told that I have had lots of compliments from clients which is really nice to be told this".

Most staff told us that spot checks had been undertaken to check the standard of their work. One senior member of staff told us they completed spot checks at people's homes after staff had finished their care call. They explained this was so they could see if everything had been completed as planned for example whether the person been washed, had staff prepared their food and whether staff had left the property secure. They told us "If we find any issues you contact the office and they usually talk to the staff concerned." Records of spot checks that had been completed included comments from people about how they felt the staff were doing and whether they were satisfied with the standard of care they were receiving. One person had commented the staff member was 'A professionals and very capable carer'. Two people recalled spot checks being completed, one person about a month ago and another said that they had taken place two or three times.

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. We checked whether the service was working within the principles of the MCA.

Staff understood the importance of gaining consent from people before delivering care and respecting people's decisions if they refused, declined or made decisions that may place them at risk. Where people lacked the capacity to make decisions the local authority had assessed their mental capacity and this was documented. The registered manager told us that if they felt any person lacked the capacity to make specific decisions they would make the relevant referral for the person's mental capacity to be assessed. They also told us some people had representatives who had the legal authorisation to make decisions on the person's behalf and this was documented within the person's care plan.

People were supported by care workers that had the knowledge and skill to carry out their roles and responsibilities. There was a programme of training in place that the provider required their staff to complete including the care certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Designed with care workers in mind, the Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. One staff member told us they were in the process of completing the care certificate and as part of that was covering issues such as mental health, dementia and learning disability. They told us they felt very well supported, and that management had arranged specialist training such as catheter care when needed. They said "The good thing about this place is you do not have to chase about training".

Communication between staff was effective. Information, for example changes in people's care needs or call times was passed to the staff team by way of an application on their mobile phone, a text message and or a phone call. Staff also received newsletters in relation to specific topics for example; record keeping, and they found this

Good

Is the service effective?

information useful. One member explained how they wrote in red pen in the care records if there was something important to pass onto the staff member completing the next visit.

People's health care needs were monitored and referrals had been made and input sought from a range of health care professionals when needed. It was evident from people's records that staff carried out any instructions health professionals had given. Each person was registered with a GP and this was documented in their care records. Daily records detailed how people were feeling and any changes to health were noted and acted on. We saw that records detailed people's relatives had been consulted on matters relating to their care needs and that where relevant, meetings had been held to discuss people's options.

People were complimentary about the help they received to prepare food and felt they were supported to have enough to eat and drink. One staff member told us how one person had not eaten their lunch and so they had logged this in the care records stating the person needed to be encouraged to eat their next meal and that this had happened. We saw people's care records specified the food and drink they preferred and the meals that they needed help to prepare. We saw one person's records stated they were unable to use a kettle so at each visit staff should leave them a hot drink in a thermos flask. One staff member told us they had reported to the office that one person they supported was losing weight. They said this had then been passed to the relevant health and social care professionals and food supplements had been prescribed for the person as a result.

Good

Is the service caring?

Our findings

People and their relatives were positive about the service. People told us staff were good and caring. Most people told us their care calls were completed by regular staff who they had formed good relationships with. One person told us "I'm happy with the carers. They are caring and very genuine." Another said, "Each one who comes in has always been polite and friendly. I'm happy with the carers." A third person told us "They are pleasant and I'm very pleased with them". A fourth person told us staff were," Marvellous." A staff member told us "I love the job and my clients I want to really make a difference to their lives and I think I do that".

People's dignity and privacy was respected. Staff explained they maintained people's privacy and dignity by knocking on doors and waiting to be invited in before entering and making sure doors and curtains were closed. They gave examples such as using towels to cover people when they were washing them. One staff member told us, "We treat people as you would like your nan to be treated." Another staff member told us "I keep them covered when getting them dressed". A third staff member told us "Even if in the house on your own (when supporting a person) I would always shut the bathroom or toilet door".

Staff expressed a commitment to making time and chatting with people and putting them at ease. One staff member told us one person they supported was initially embarrassed to receive care from them so they talked with them to make them feel relaxed. Another told us "I always talk with people and provide assurances. I talk through everything I am doing or about to do". A staff member told us they had received some feedback from their line manager that one of the people they supported was nervous and that they needed to talk to the person and provide assurances whilst supporting them to transfer using the hoist, which they confirmed they did. Another staff member told us "We really work hard at getting to know them so they can trust you and then they let you help them". People confirmed they get along with the staff who spent time talking and chatting throughout the care call. One person told us "They are very good and always find out how I feel".

People confirmed they felt staff enabled them to have choice and control whilst promoting their independence and making their own decisions. One staff member told us "I encourage people to do as much as they can, so for example I have a lady who you have to really encourage to make and eat her breakfast. She does a little bit, I do a little bit." Another staff member explained "Before I steam in and do it for people I ask them to try and do it themselves." They gave us an example of one person who has a diary. They told us "I encourage her to write in it each day and said if she can't I will start it off for her". Care plans included directions for staff on which tasks people could manage independently. For example 'They can wash all the parts of their body they can reach'.

People told us their care and support was provided in the way they wanted it to be. People advised they were aware of their care plan which the management team regularly spoke to them about. One staff member spoke affectionately about the people they cared for and explained how they tailored their care calls to meet individual's needs "One day they want to you say wash the kitchen floor and just have a chat and the next they want a shower and you to cook them a meal". Another staff member told us "I know my round and I never have to rush, and besides I would never rush a customer anyway. No two people are the same and neither are their calls. If you run over, you run over, it does not matter the customer comes first".

People's confidentiality was respected. Staff spoke about the importance of confidentiality and not discussing people outside of work or with other people they supported. They explained the information they held on their phones about people's needs was secure and password protected. One staff member told us "Information on PP (a mobile phone application) is secure because it's confidential. Even if I happen to leave it (their phone) around no one can log in".

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Each person had their own care plan which considered their individual needs. Care plans detailed information on the care and support that people required from staff at each care call. For example during a morning call, two staff members were required to support a person to transfer from bed using a hoist, then one staff member to support them with their personal care, make the bed, prepare their breakfast and make a hot drink.

People's needs were assessed and care and support was planned and delivered to reflect their individual care plan. Each person had their needs assessed before they used the service. These assessments were then used in the formation of the person's care plan. Care plans included the support people needed for their physical, emotional and social well-being needs to be met and were personalised to the individual. Where known, relevant information was readily available on people's life history, their daily routine and important facts about them. This included people's food likes and dislikes, for example one person's care plan stated they liked their tea making with two teabags which should be left in the cup. They included what remained important to people and daily routines such as their preferred times for getting up and going to bed and whether they liked to listen to the radio or watch television. Staff explained they continued to work with people and their relatives to document people's personal preferences. This provided staff with a clear overview of the level of support and tasks required at each care call.

Mechanisms were in place to review and assess the effectiveness and responsiveness of the care plan and package of care. Management held individual reviews with people and their relatives to ascertain how things were going. The reviews considered whether people were happy with the standard of care and if people were happy with the overall service they were receiving and considered whether any changes were required for example changes to the times of their calls. The registered manager and staff told us the initial assessment of people's needs completed by the local authority often stated that people required calls at times of day which did not suit the person. They told us in these instances staff had fed back to the office that the call times had been set too early or too late in the day and changes had been made to the call times to accommodate individual's preferences.

Staff told us the service was very responsive to any changes or amendments they may want to make. They explained when people's needs changed they informed the office and the person's care plan would then be reviewed. Records we saw confirmed this. One staff told us the needs of one person they provided a care call had to be increased due to deterioration in the person's health. They explained they had informed the office that the call was taking more time and that the person was unable to stand. They told us, and we saw, that management had reviewed the person's care plan and that it had been updated to reflect the fact that two members of staff were needed to undertake the call. We saw another person's care plan had been updated to reflect a change in their mobility. A referral had been made for physiotherapist input and for an assessment to be undertaken in relation to the need for moving and handling equipment. People confirmed that a representative from the service regularly visited or contacted them to see how everything was going and if they remained satisfied with the service.

The provider understood the importance of working in partnership with healthcare professionals and Social Services to ensure the best delivery of care. A member of the management team told us they had recently become an approved provider of West Sussex County Council and records confirmed this. Documentation was available when the management team had been in contact with Social Services and the outcome of the conversation was recorded. Care plans included details on the person's allocated social worker and where appropriate social workers had been involved in reviews of packages of care.

People and their relatives were involved in planning their care. People told us about a folder left in their homes which was their copy of their care plan. Most people told us they had either been involved with developing their care plan or a close relative had. One person said their GP helped to develop their plan. Senior care staff told us they were responsible for overseeing the review of the care plans for specific individuals each month and were required to

Good

Is the service responsive?

report the completion of this to the registered manager on a monthly basis. This helped to ensure that changes in people's needs had been identified and recorded in the relevant sections of the person's care plan.

Complaints had been investigated and responded to appropriately. Most people confirmed they felt able to express their views, opinions or raise any concerns. Information on how to make a complaint was provided to people when they first started receiving care. The complaints policy was also accessible to people within their homes, within their care plan. The policy set out the timescales that the organisation would respond, as well as contact details for outside agencies that people could contact if they were unhappy with the response. The information provided to people encouraged them to raise any concerns that they may have. We saw that each complaint had been investigated with feedback provided to the complainant.

People felt able to raise concerns with the staff and management and felt they were listened to. One person who had made a complaint said that the office dealt with it quickly and were satisfied with the outcome. A relative told us they had raised a complaint by speaking to the office and followed this up with a letter. They confirmed their complaint had been documented and responded to. The provider had maintained records which showed complaints had been investigated appropriate action had been taken with the outcome recorded and feedback given to the complainants.

Requires improvement

Is the service well-led?

Our findings

People and care workers spoke highly of the leadership of the service. People confirmed they would recommend Bespoke Care Services to a friend. Despite people's high praise for Bespoke Home Care Ltd, we found aspects of the service were not consistently well-led.

Feedback on the quality of the service provided was sought from people, relatives and staff on an individual and on-going basis. However the provider was not using internal quality assurance frameworks to govern the running of the service or completing any internal audits. Audits are a quality improvement process that involves review of the effectiveness of practice against agreed standards. Audits help drive improvement and promote better outcomes for people. For example the registered manager told us, and we saw they recorded supervision and spot checks in staff member's personnel files but they did not have an overview of this information. Therefore it was not possible for them to assess whether staff were receiving supervision in line with the providers own policies and procedures. Likewise, although staff told us they had shadowed experienced staff before they started working on their own there were no records of this or of whether or not they had been shown how to use the hoist as part of their induction. Whilst complaints had been addressed by the provider on an individual basis, they had not all been recorded within the complaints log. Therefore the provider did not have a clear overview of the complaints to analyse and help drive improvement of the service.

There were no records to show that audits of MAR charts had been completed which meant the provider did not have an overview of the reasons why errors in the recording of medicines had occurred and opportunities for corrective action to be taken had been missed. Care plans were checked each month to ensure they were up to date but these checks had not always identified shortfalls. For example one person's care plan documented they had a Power of Attorney but there was no record to indicate whether the legal documentation to support this had been seen.

Management were open and transparent about these issues. They acknowledged there had been a lack of oversight of the quality assurance processes and told us they would take immediate action to rectify this. When we returned for the second day of our inspection we saw relevant information was being collated and audits had started to take place. However this is an area of practice that requires further developed and embedded. The lack of effective quality monitoring of the service is a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014.

Despite the lack of robust quality assurance processes the provider did show a strong commitment to wanting to improve and was able to demonstrate to us how they had learnt from experience. For example they had identified that by changing the staff call routes they had reduced their travel time and the likely hood of them being stuck in traffic. The last customer satisfaction survey completed in July 2014 showed a high level of customer satisfaction and office staff were in the process of completing another survey by way of telephone interviews. It was evident that when shortfalls in service provision came to the attention of the registered manager and provider they took remedial action. For example by the end of the first day of our inspection the nominated individual had updated the staff application form to ensure it requested staff to provide all the required information and subsequently sent action plans to the CQC outlining the improvements they planned to make and the timescales in which they would be completed.

The registered manager and provider had not fulfilled their legal requirement to notify the CQC when they suspected abuse may have taken place. They told us they would take action immediately to address this issue. Following our inspection we received a notification from the registered manager as required. This is an area of practice that needs to be embedded.

There was a clear management structure in place. Staff members were aware of the line of accountability and who to contact in the event of any emergency or concerns. Staff said they felt well supported within their roles and described an 'open door' management approach. When referring to the management staff member told us "They have not paid me to say this, they are lovely, if there are any problems they try and sort them out".

The registered manager and office staff were seen as approachable and supportive, taking an active role in the running of the service. One staff member told us "The staff in the office are really nice, you can call in any time for a chat". It was evident that management knew the people who used the service well and were able to describe to us

Requires improvement

Is the service well-led?

individual's needs and personal histories. They were aware of which people had family involved in their care and who they should contact in emergencies. For example they were aware of which family members they needed to call if staff were running late for a call and of the day services people attended who they may need to inform if a person was not well or for whatever reason they could not attend.

Staff showed enthusiasm and interest in their work. They clearly understood the value of having fun at work was an appropriate balance to the sometimes more demanding elements of their role. One staff member told us "I am very happy with the job it really make a difference". Another staff member told us "It's a lovely place to work, the clients are all great and I love caring for them". All the staff including the registered manager and nominated individual told us people came first and it was apparent from our conversations with people and staff this philosophy governed the day to day delivery of care. When we asked staff what the philosophy of the service was one staff member told us "To make sure the elderly are being cared for, its very family orientated it's about caring for people as you would want other people to care for your nan". Another staff member said "To care". A third staff member wasn't sure what we meant by 'ethos' but told us in reference to the staff team and service "It's like a family".

The provider recognised the importance of staff continuing to learn and develop and how this improved the quality and delivery of care and outcomes for people. Management told us they actively encouraged staff to progress to more senior roles within the company and for staff to complete training in areas that interested them. Two members of staff confirmed they had been successful in securing a more senior position within the service. There was a staff training and development plan in place for the next 12 months which identified all the training that the provider required staff to complete.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Regulation 19(1)(a)(b)(c)(3)(a)(b)Schedule 3 The registered person had not ensured that the information detailed in Schedule 3 was available for each person employed to work at the service.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 (1)(2)(a)(b)(e) The registered person had not ensured there were systems and processes in place for assessing the quality of the service and driving improvement.