

## Bespoke Care At Home

# Bespoke Care At home

### Inspection report

46-48 High Street  
Burnham  
Slough  
Berkshire  
SL1 7JP

Date of inspection visit:  
15 February 2016  
16 February 2016  
17 February 2016

Date of publication:  
29 April 2016

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Bespoke Care At Home is registered to provide domiciliary care to older people who require support and assistance in their homes. At the time of our inspection there were 37 people using the service.

The registered manager has been in post since December 2015. 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 and associated Regulations about how the service is run.

People and their relatives felt staff were caring, respectful and listened to what they had to say. This was observed during our visit to one person's home. People were involved in decisions in regards to their care; exercised choice and were encouraged to maintain their independence. Staff ensured people's dignity was respected when carrying out personal care. People said this was carried out in a dignified way. Staff had developed good working relationships with the people they provided care and support to. Care records evidenced staff were aware of what was important to people. This included their social histories; hobbies and their preferences.

People felt safe with the care provided and knew what to do if they had concerns. Staff had attended relevant training and demonstrated a good understanding of how to keep people safe from abuse. Risk management plans were put in place when risks were identified. These clearly outlined what staff needed to do to minimise the risks. The service ensured staff administered medicines safely. Training records showed staff had attended relevant training and people said the support they received with their medicines was appropriate. The service carried out safe recruitment practices which ensured people were cared for by staff who were of good character. We observed there was sufficient staff to provide care and support to people; this was supported by our review of staff rosters.

People received care and support from staff who received appropriate induction; training; supervision and appraisal. This was supported by our reviews of staff records and what people had told us. Staff demonstrated a good understanding of how to work with people who were unable to make specific decisions. However, we noted mental capacity assessments were not undertaken when people were not able to make specific decisions. We have made a recommendation for the service to seek current guidance on how to carry out mental capacity assessments in line with the Mental Capacity Act 2005 (MCA).

People said staff asked for their consent before care was delivered, a review of their care records supported this. People were effectively supported to eat well balanced meals and received support from the service to access other health professionals.

People felt the care delivered was specific to their individual needs. Initial assessments ensured the service captured essential information about people in order to establish what their care and support needs were.

People said staff were responsive to their needs and review of care meetings enabled them to communicate if changes in care their care and support needs was required. Care plans and risk assessment were regularly reviewed for their effectiveness and where there were changes in people's care and support needs, these were clearly recorded in people's care records.

People and their relatives knew how to raise concerns and the complaints log evidenced all complaints received were responded to in line with the service's complaint policy and procedure.

People and their relatives felt the service was well managed. Staff felt supported and said they were kept up to date with changes, able to provide feedback to management and due to this, changes to work practices had been made. The service sought feedback from people using various methods such as unannounced spot checks and weekly telephone calls. This enabled the service to make necessary changes to people's care needs and current work practices where required.

The service had effective quality assurance systems in place to improve the quality and safety of people who used the service. These were regularly monitored and reviewed for their 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 felt safe with the care provided and knew what to do if they had concerns.

People were protected from abuse because staff had attended relevant training and knew how to keep them safe.

Safer recruitment practices was in place ensured people were cared for by staff who were of good character.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Mental capacity assessments were not undertaken when people were not able to make specific decisions.

People received care and support from staff who received appropriate induction; training; supervision and appraisal.

People were effectively supported to eat well balanced meals and received support from the service to access other health professionals.

### Is the service caring?

Good ●

The service was caring.

People and their relatives felt staff were caring, respectful and listened to what they had to say.

People were involved in decisions in regards to their care; exercised choice and were encouraged to maintain their independence.

Staff had developed good working relationships with the people they provided care and support to.

### Is the service responsive?

Good ●

The service was responsive.

People felt the care delivered was specific to their individual needs.

People were able to communicate changes in their care needs and the service responded appropriately.

Care plans and risk assessments were regularly reviewed and kept up to date.

### **Is the service well-led?**

The service was well-led.

People were able to provide feedback to the service, this were responded to appropriately.

Staff felt supported and said they were kept up to date with changes.

The service had effective quality assurance systems in place to improve the quality and safety of people who used the service.

**Good** ●

# Bespoke Care At home

## **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 checked 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 was an announced inspection which was carried out by one inspector and took place on 15, 16 & 17 February 16. The provider was given 48 hours' that the inspection was going to take place. We gave them notice to ensure there would be senior management available at the service's office to assist us in accessing information we required during the inspection.

Before the inspection we reviewed all the information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect a service or the people using it.

The provider did not complete a Provider Information Return (PIR) as this was not requested prior to the inspection. 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 visited two people in their homes. We spoke with two relatives and three people who used the service by telephone; two care workers and the registered manager. We looked at five care records, three staff records and records relating to the management of the service.

## Is the service safe?

### Our findings

People said they felt safe with the care and support provided and told us what they would do if they felt unsafe. Comments included, "I would let my son know if I had concerns and the office. I've had no troubles whatsoever", "There's been no problems, I would report it to the boss", "There are no worries about being abused at all. I would ring the office", "I have never had the slightest feeling of concern and I am safe" and "I definitely feel safe. I would alert someone in the office."

Staff demonstrated a good understanding of how to protect people from abuse, and how to respond if they had concerns. This included reporting unsafe practices commonly known as 'whistle blowing'. A review of the service's 'safeguarding vulnerable adults' and 'whistle blowing policy and procedures' supported what staff had told us. The registered manager also showed us the 'Bespoke Safeguarding Procedure' which was given to all staff. This contained detailed information on what staff should do in the event they suspected abuse had occurred.

Most of the people we spoke with felt staff attended their homes promptly. Comments included, "They (staff) come within reason and say if they are going to be late", "They always come on time", "Yes, as a rule they do. I did have to ring up and ask if the care worker was coming on one occasion but they have got it pretty well in hand" and "They are pretty good on attendance." A staff member commented, "I see my regular clients everyday and get there on time." One person expressed concern with the variable times care staff arrived at their home, which was not within the agreed times. We passed their concern to the registered manager who said they would look into it.

There were sufficient numbers of staff to keep people safe and meet their care needs. Staff rosters showed the staffing levels were adequate. The registered manager spoke of the challenges they currently faced as most of their staff worked part-time hours. They said a recruitment drive was continually underway in order to ensure they could meet people's needs and no care packages would be taken from the Local Authority without ensuring they had adequate staff. During our visit we saw a person had arrived to be interviewed to work as a care worker at the service.

Staff felt staffing levels were maintained but acknowledged there was some pressures. For instance one staff commented, "I find it okay, we have a lot of part-time care staff and sometimes there are pressures but it is manageable."

Safe recruitment processes and checks were in place and being followed. Staff records included evidence of pre-employment checks such as references; employment histories and completed pre-employment health questionnaires. Disclosure and Barring Service (DBS) checks were carried out to ensure staff employed were suitable to provide care and support to people who used the service. This was supported by staff who described what documents they had to submit before they started working for the service.

When risks were identified risk assessments were put in place. These included risk assessments that covered people's mental health; personal lifestyle; medicines and manual handling. We found appropriate risk

management plans were developed to minimise these risks.

People were supported from staff to have their medicines administered safely. Most of the people we spoke with received support with their medicines from their family members. However, we visited one person and observed how a staff member administered their medicines. We found this was carried out in line with the person's care plan. We reviewed the medicine administration record (MAR) and found it was completed in line with the service's medicines policy.

People were safe from infection because staff ensured they used the appropriate personal protection equipment (PPE) and followed correct infection control procedures. People confirmed staff wore gloves and aprons when they carried out care tasks. This was supported by staff whose comments included, "We wash our hands before we start the call, put on aprons and gloves. We ensure our hands are washed in between care tasks" and "We ensure we don't wear the same gloves for personal care and food preparation and wear aprons." A review of staff records confirmed they had received the relevant training.

## Is the service effective?

### Our findings

Staff was aware of the implication for their care practice in regards to the Mental Capacity Act 2005 (MCA). This is important legislation which establishes people's right to take decisions over their own lives whenever possible and to be included in such decisions at all times. Care staff demonstrated an understanding of the act and knew whether people had the capacity to make informed decisions and if not. One staff commented, "We assume people can make decisions for themselves. I always note and speak to my manager if I felt their were concerns." Care records showed whether people had any mental health or cognitive issues. However, they did not evidence any mental capacity assessments undertaken to determine whether people who did not have capacity, could make specific decisions.

People thought staff were skilled to provide care to them. For instance one person commented, "When helping me to get dressed they (staff) do so in a professional way."

Staff received appropriate induction, training and supervision. Comments included, "Induction helped my understanding of the expectations required working in this setting. I have completed all my training to enable me to do my job correctly" and "I have done the majority of my training." A review of the staff member's training records showed they had or were in the process of undertaking the care certificate. The care certificate is a recognised set of standards that health and social care workers adhere to in their daily work. It applies to all health and social care staff. Completed workbooks demonstrated staff's understanding of the areas learnt and how they applied this in their work practice.

Staff said they found supervision beneficial. For instance, one staff commented, "I am supervised and have always had support . Unannounced spot checks are carried out to ensure I am doing my job correctly. It's good to have feedback to show me how I can improve." A review of staff records showed spot checks were undertaken; staff were up to date with their training; supervisions were regularly carried out and end of year appraisals to review staff's overall performance were carried out.

Where there were changes in people's care needs these were clearly reflected in care records. For instance under 'changes in health, preferences, risks' it was noted a person health condition had recently caused them to experience falls more frequently. The care record noted appropriate action was taken in response to this. Another care record noted a person in addition to their day calls, had started having calls in the evening.

Key workers meetings looked at how key workers could work more effectively. For instance, we noted key workers were given a list of things they needed to look at in order to assess if there were changes in people's care needs. This ensured people's care plans were regularly reviewed for their effectiveness; changed if found to be ineffective and kept up to date in recognition of people's changing needs.

People and their relatives said staff sought their consent and involved them in decisions. This was evidenced in care records which showed people had signed giving consent for the service to carry out duties agreed in their care plans.

The majority of people we spoke with did not require support with their meals. This was because they were able to prepare their meals for themselves or they received support from family members. One person whom we visited said staff supported them to eat healthy. They commented, "This morning, I had porridge with fruit and boiled eggs." A review of the person's care record showed 'menu planners' which recorded all the meals and drinks they had consumed. Staff told us these were used to ensure people who required support with their meals did not become malnourished.

People were supported to maintain good health and had access to healthcare services. Care records detailed all health professionals involved in their care. The registered manager informed us where concerns with people's health were identified they would involve their family members or those who represented them. Referrals would also be made to the appropriate health professionals such as district nurses and GPs.

## Is the service caring?

### Our findings

People and their relatives felt the service was caring and told us how staff demonstrated care. Comments included, "They (staff) are always co-operative and cheerful", "I can have a chat with most staff, they speak with me respectfully and listen to me" and "They (staff) are respectful, we have a laugh together."

During a home visit, we observed good interaction between a care worker and the person whom they supported. The care worker was attentive when the person spoke to them and the person appeared relaxed and comfortable in their presence. The staff member's conversation was centred on the person's preferences, hobbies and interests. Care records ensured staff were aware of people's social history and this was observed during our visit. A review of the person's care record supported what we had heard. Once the staff member had left the home the person commented, "They ask if you have a preference and make sure they see to it."

People and their relatives said they were involved and supported in planning and making decisions about their care. Reviews of care documented meetings held with people and their relatives in order to discuss and make decisions in regards to care being delivered.

Staff promoted people's independence and supported them to exercise choice. For instance, one staff commented, "I will try and get people to do things for themselves to maintain their independence." Another staff member commented, "People are able to choose what meals they have or what clothes they want to wear." This was supported by the people we spoke with. Comments included, "The help staff provides allows me to maintain my independence and I make my own choice", "They (staff) let you do the bits you can manage" and "They (staff) ask and give you the opportunity to choose what you want."

Staff respected people's need for privacy. Staff told us they ensured people's dignity was maintained when they carried out personal care. For example, one staff commented, "I would make sure it's only us in the room with the curtains closed and the door shut." People gave various comments to support this such as, "They (staff) treat me in a dignified way when washing my private parts" and "They (staff) are very good they ensure I am covered when washing me."

This ensured people's privacy and dignity was maintained.

Staff demonstrated a good understanding of how to care for people who required end of life care. When referring to a person who was at the end stages of life one staff member commented, "We have to be considerate to X's needs, gentle when carrying out care and ensure we do this at X's pace." Staff stated they had undertaken the relevant training. A review of their training certificates confirmed this.

## Is the service responsive?

### Our findings

People and their relatives said the care provided met their individual needs. Staff said the care delivered was personalised. For instance one staff commented, "We work with different people with different needs so the care has to be personalised." This was supported by people who gave various comments such as, "They (staff) provide the care I want" and "Yes, the care received meets my individual needs."

Initial assessments captured all the essential information needed to establish what people's care needs were. This included people's medical histories; communication needs; social history; religious and cultural needs and preferences. Daily records evidenced the care delivered was in line with people's care needs. These were dated; signed by staff and recorded the times care workers arrived and departed from people's homes.

'Home review visits' enabled people and their relatives to express their views on the care delivered and what changes that were required. As a result of these meetings plans of care were changed to reflect what people had said they wanted. One person commented, "The manager comes and review the care and gives us an opportunity to discuss changes or concerns." This ensured the service responded appropriately in order to fully met people's needs.

Care needs and risk assessments were regularly reviewed and were up to date. These recorded the dates the reviews were undertaken, any changes in people's care and support needs and the next scheduled review dates.

The service had a keyworker system which was implemented to support care staff working in people's homes. Key workers were assigned to regularly review people's care and ensure care staff were adequately supported whilst they were attending calls. This meant the service had systems to ensure care delivered met people's needs and staff received support when required.

People and their relatives said staff were responsive to their needs. For instance, one person commented, "In the beginning when the care started we gradually realised it was not enough. We spoke with the manager and now it has been increased." A staff member told us they were aware a person did not want regular care workers but wanted to see different care workers. The service was able to meet the person's preference and they are now satisfied. A review of the person's care record confirmed this. Another care record documented conversations staff had with a family member in regards to concerns they had about changes in a person's health. We noted appropriate action was taken by the service.

People and their relatives knew how to make a complaint. Comments included, "I have the odd occasions when the care worker did not attend regularly. I called the office and spoke with the manager who was reasonable" and "I usually approach the care workers and they respond to issues promptly." One person stated a concern raised with the service was dealt with but the action the service had taken was not communicated to them. We passed this information to the registered manager who stated they would speak with the person. Staff said all complaints received were referred to the office. The service's complaint

policy detailed what people should do if they have concerns. A review of the complaints register showed all the complaints received. This gave a detailed description of the complaint; who it was received by and action taken which we found to be appropriate.

## Is the service well-led?

### Our findings

People and their relatives felt the service was well managed. Comments included, "Generally speaking, they (staff) are quite good", "The manager is very approachable", "It seems to be working pretty well, they (staff) are pretty good" and "I think it is mostly well led. I can't say I have a problem with the care X is getting now."

Staff spoke positively about working for the service. One staff member commented, "Amazing, my confidence has grown. I love coming to work everyday." Another staff member commented, "I thoroughly enjoy my job and working for Bespoke Care at Home."

Staff said they felt supported in their job roles and listened to. They spoke about attending team meetings that enabled them to be kept up to date with changes within the service. For instance one staff member commented, "Staff team meetings happen regularly and helps us to get updates on what's happening in the service and what we are required to do to ensure the service runs well. We also give feedback to management and changes have been made as a result of this."

Staff newsletters were not only used to update staff members of changes but to recognise the hard work they did. The service awarded 'carer of the month' certificates to staff in recognition of their dedication; passion and hard work. Staff said this made them feel appreciated and motivated them to do better.

The service had effective quality assurance monitoring systems in place to improve the quality and safety of people who used the service.

Unannounced spot checks were undertaken at people's homes by the service's trainer. These were comprehensive and recorded amongst other things, if staff arrived on time; wore correct uniform; maintained people's privacy; read the latest diary notes (this was in order to ensure they were aware of any changes in people's care) and whether they were compliant with infection control procedures. This included whether staff wore aprons; washed their hands and ensured gloves were changed in between care tasks. We noted any areas of concern observed were noted and followed up or were in the process of being followed up.

Systems were in place to audit care plans (this included people's MAR charts) and daily records were reviewed to ensure the times staff spent with people was in line with what was agreed in their care packages.

Accidents and incidents recorded dates and times events happened and what action was taken.

The service used an 'agency manager system' to manage staff rotas. It captured staff sickness and annual leave booked. This ensured the service was able to organise staff rotas appropriately; ensure calls were not missed and take appropriate action if care workers were unable to visit people's homes as planned.

The service provided a 24 hour call out service. This meant people and staff could get additional support out

of the normal working hours.

Minutes of meeting held with staff evidenced how the service monitored the quality of the service being delivered. These included 'on-call office staff meetings' which centred on areas such as, staff practices when contacting the staff member designated to respond to issues that occurred outside normal working hours. Staff team meetings covered areas such as, training; confidentiality and ensuring staff followed policies and procedures. One staff member commented, "We're told to always record everything."

The service sought the views of people who used the service and acted upon them. We reviewed weekly telephone monitoring records which recorded telephone calls made to people. These evidenced people being asked their views on the service provided, as well as updated information people or their relatives wanted the service to know. Spot checks were also used to gather feedback from people on the care delivered. Family and This enabled the service to make necessary changes to people's care needs and current work practices where required.