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# Bspoke Social Care

## 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

Bspoke Social Care provides registered personal care to people living in their own homes in Lincoln and surrounding villages. The service also operates a 'social support' service to assist people in areas such as shopping and accessing leisure facilities although this aspect of the service is not registered with the Care Quality Commission (CQC). At the time of our inspection eight people were using the registered personal care service.

We inspected the service on 19 October 2016. The inspection was announced.

The service was managed on a full-time basis by the owner who worked in the service on a daily basis, both in the office and delivering care. The owner was the registered provider ('the provider') with legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

CQC is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and to report on what we find. Staff demonstrated their understanding of how to support people who lacked the capacity to make some decisions for themselves and reflected in this in the way they provided care and support.

People and their relatives told us that they were satisfied with every aspect of the service they received. In particular, the provider's careful approach to managing staffing resources which meant people were supported by the same staff on a consistent basis.

Staff had the knowledge and skills required to meet people's individual needs effectively. Staff also knew how to recognise and report any concerns to keep people safe from harm. The provider assessed potential risks to people's personal safety and gave staff detailed guidance on how to address them. People who needed staff assistance with their medicines were supported safely. Staff also worked closely with local health and social care services and supported people to access any specialist support they needed.

Staff had established warm, friendly relationships with people and went out of their way to help them in any way they could. People were involved in planning the care they received and their needs and wishes were understood and followed by staff. People were supported to prepare food and drink of their choice, whenever this was required. Staff treated people with dignity and respect and encouraged them to maintain their independence.

The provider had an open, responsive management style which set the cultural tone within the service. She was well-known to, and respected by, everyone connected to the service. She had a strong professional and personal commitment to the provision of person-centred care which was understood by her staff and reflected in the support they provided to the people who used the service. Staff worked together in a supportive way. They enjoyed working for Bspoke Social Care and felt listened to by the provider.

## 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.

Staff knew how to recognise and report any concerns to keep people safe from harm.

The provider assessed potential risks to people's safety and put preventive strategies in place to address them.

Staffing resources were managed carefully to ensure that people received the same staff on a regular basis. Staff had enough time to meet people's needs without rushing.

The provider had safe systems for the recruitment of new staff.

People's medicines were managed safely in line with good practice and national guidance.

### Is the service effective?

Good ●

The service was effective.

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

Staff were aware of how to support people who lacked capacity to make some decisions for themselves.

Staff worked closely with local health and social care services and supported people to access any specialist support they needed.

Staff assisted people to prepare food and drink of their choice.

### Is the service caring?

Good ●

The service was caring.

Staff had warm relationships with people and supported them in friendly, helpful ways.

Staff encouraged people to maintain their independence and to

exercise choice and control over their lives.

People were treated with dignity and respect.

### **Is the service responsive?**

The service was responsive.

Staff knew people as individuals and provided care that was responsive to each person's individual preferences and needs.

People knew how to raise concerns or complaints and were confident that the provider would respond effectively.

**Good** ●

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

The service was well-led.

The provider was well-known to everyone connected to the service and provided strong, supportive leadership to her team.

Staff worked together in a friendly and supportive way.

A range of auditing and monitoring systems was in place to monitor the quality of service provision.

**Good** ●

# Bspoke Social Care

## **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 registered persons were 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.

The inspection was announced. The provider was given 48 hours' notice of our inspection visit because the location provides a domiciliary care service. We did this because the provider is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report. We also reviewed other information that we held about the service as notifications (events which happened in the service that the provider is required to tell us about) and information that had been sent to us by other agencies, including the local authority.

The inspection was conducted by a single inspector who visited the administration office of the service on 19 October 2016. Following this visit, our inspector telephoned people who used the service and their relatives, to seek their views about how well the service was meeting their needs.

During our inspection we spoke with two people who used the service, five relatives, the provider, two support workers and a local social care professional who had contact with the service. We looked at a range of documents and written records including two people's care records, two staff recruitment files and information relating to the administration of medicines and the auditing and monitoring of service provision.

# Is the service safe?

## Our findings

People told us they felt safe using the service and that staff treated them well. One person said, "They come in and wake me up. I have no worries about them coming into the house." Another person's relative told us, "They have given us peace of mind. When I go to work, I have no fears that Mum is not being looked after properly."

Staff told us how they ensured the safety of people who used the service. They were clear about to whom they would report any concerns relating to people's welfare and were confident that any allegations would be investigated fully by the provider. Staff had received training in this area and policies and procedures were in place to provide them with additional guidance if necessary. Staff told us that, where required, they would escalate concerns to external organisations. This included the local authority safeguarding team and the Care Quality Commission (CQC). Advice to people and their relatives about how to contact these external agencies was provided in the introductory booklet that was given to people when they first started using the service.

Before a person started using the service, the provider met with them to assess their needs and preferences and agree the support to be provided. As part of this process, possible risks to each person's wellbeing were considered and assessed, for example risks relating to nutrition and medicines. We saw that each person's care record detailed the measures that had been put in place to address any risks that had been identified. For example, one person had been assessed as being at risk of developing skin damage if they sat in the same position for prolonged periods of time. Staff had been given detailed guidance on actions to take to address this risk, including supporting the person to get up and walk about for a short time during each care call. The provider reviewed each risk assessment personally on a regular basis, updating them to take account of any changes in the person's health or circumstances.

The provider had also taken steps to ensure the safety of staff, all of whom worked on their own for much of the time. For example, staff had been alerted to potential trip hazards in one person's house. The provider told us that she encouraged staff to contact her whenever they needed advice or had any worries about their safety. Confirming this approach, one staff member said, "If I have any problems I know I can contact [the provider]."

Staffing levels were determined by the number of people using the service. The staffing rota was prepared personally on a weekly basis by the provider who, in scheduling care calls, took great care to ensure that, wherever possible, people received care from the same staff members. The provider told us, "It's so important to provide consistency with staff. People don't like being mucked about and having to tell [new staff] what to do every time. Also, imagine you are 90 years old, partially sighted with reduced hearing. You couldn't have just anyone walking in." This commitment to providing continuity of staffing was appreciated by the people who used the service and staff alike. One person told us, "It's mostly the same [staff]. I have got so used to them. I prefer it like that." Another person's relative said, "Mum gets the same staff each time. She's got used to them. It's one of the positives." Commenting on the fact that she worked regularly with the same people, one member of staff said, "I have two regular clients. I see them every week. It's nice, as you

can get to know them and they feel more comfortable with a familiar face. It was very different in my last homecare company."

The provider's careful, person-centred approach to call scheduling meant people were also satisfied that staff had sufficient time on each care call to meet their needs without rushing. One person's relative told us, "They never look as if they are in a hurry. They take their time to sit down and chat." A staff member said, "I never feel under pressure to complete calls. And if I ever feel I don't have enough time I speak to [the provider]. One person increased from 30 minutes to an hour." People also told us that their care calls were never missed and that staff almost all always arrived on time. One person said, "They always arrive on time, if they don't get held up by traffic. They ring me if they are going to be held up. They are very good at letting me know."

The provider told us that she had recently recruited three new support workers to enable the service to expand and take on more clients. Describing her approach to recruitment, she said, "I am very fussy! I like people who can think on their feet. We pay at a higher level to get a higher level of staff. It's worth it. They don't let me down."

The provider had safe recruitment processes in place. We reviewed two staff personnel files and noted that suitable references had been obtained. Disclosure and Barring Service (DBS) checks had also been carried out to ensure that the service had employed people who were suitable to work with the people the service was registered to support.

People who needed staff assistance to take their medicines were supported safely. The provider had assessed people's need for support in this area and set out detailed guidance for staff to follow. Support workers had received medicines training and knew how to provide assistance in line with national guidance and good practice, reflecting people's individual needs and preferences. If people needed support to take their medicines at the right time, staff signed a medicines administration record (MAR) sheet to confirm that this had been done. One relative told us, "I have been quite impressed with the MAR sheets. I check them and the staff do sign them, which is good." The MAR sheet had been updated recently to provide more space for staff to record any additional explanatory notes. Discussing this change, one member of staff told us, "The new sheet [makes it easier] to communicate with each other. Things change." The completed records were reviewed regularly by the provider and any issues identified were followed up as necessary.

## Is the service effective?

### Our findings

People told us that they thought staff had the skills and knowledge to meet their needs effectively. One person said, "They have been trained how to get me out of bed properly." Another person's relative told us, "They are very good and have been a big help to me and my family. They seem to know what they are doing." Commenting on their experience of working alongside some of the support workers employed by the service, one local social care professional said, "The way the staff provided care was gold standard. I was very impressed with them."

New support staff participated in a structured induction programme which included an introductory meeting with the provider and a number of initial training courses. This was followed by a period of shadowing an experienced member of staff before starting to work as a full member of the team. The provider said, "The most important part of the induction is getting out to meet the people [the staff member will be working with]. People are really important and don't fit into boxes." Commenting on their induction, one member of staff told us, "It prepared me well. And I definitely understood what [the provider]'s expectations were." The provider was aware of the national Care Certificate which sets out common induction standards for social care staff and was in the process of building this into the induction programme for new recruits.

The provider maintained a record of each staff member's annual training requirements and had provided a range of courses to meet their needs including moving and handling, safeguarding and first aid. Commenting on some recent training, one member of staff said, "It was helpful to see how [a particular bit of equipment] is used and have someone demonstrate it." The provider encouraged staff to study for nationally recognised care qualifications and asked them to give feedback to their colleagues following any external training course they had attended. Reflecting on a recent dementia awareness course she had attended, one member of staff told us, "It was very interesting and gave me some new approaches. I then asked for some more training on communication. Straightaway [the provider] supported it. I had to feedback to the team. I am hoping to do some more training cascades in the future. With a small team it's so easy to do."

Staff demonstrated their understanding of the Mental Capacity Act 2005 (MCA). This 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. Although some people had lost capacity to make some decisions for themselves, support staff understood the importance of respecting each person's continuing right to make as many other day-to-day decisions for themselves as possible. For example, one staff member told us, "It's important to offer people a choice. In what they eat, what they wear. We mustn't presume they are going to like something."

Although she had not been involved in any best interests decisions for anyone using the service at the time of our inspection, the provider's professional training and previous experience had given her a good

understanding of best interests decision-making processes and she was clear on the steps she would follow should this be necessary in future.

The provider provided staff with regular one-to-one supervision in the office. One staff member told us, "I have supervisions with [the provider] in the office. But I don't pine for them like I did in other companies because if I want to discuss something I don't have to wait. [The provider] is always available." Reflecting this approach, the provider said, "Each member of staff rings me every day. They ring me for advice, I encourage it. Everyone has a supervision every day!" The provider also worked on shift with each member of staff on a regular basis and supervised their practice in providing people with support. Commenting on their experience of working alongside the provider, one member of staff said, "She is very hands on. She pops in on a regular basis to meet me and the clients. It's really helpful as she knows exactly what I am talking about if I need any advice or support. She's not a distant boss."

Staff worked closely with a range of local health and social care services on behalf of the people who used the service, including district nurses, occupational therapists and social workers. For example, one member of staff told us they had become worried about someone who had very fragile skin. With the person's agreement they had contacted the district nursing service who gave the person the specialist treatment they needed and provided staff with advice on supporting the person with their skincare in future. Talking about the importance of seeking professional advice and guidance, a staff member said, "It's always best to pass on any concerns. If in doubt, ask. We are not doctors or nurses." This proactive approach was confirmed by one person's relative who told us, "They spotted something they didn't like the look off and advised us to get the doctor out. They've done that a couple of times. It's been good that they told us."

Staff assisted people to eat and drink whenever this was required. Staff were aware of each person's particular likes or dislikes and understood the importance of respecting people's choice in what they had to eat and drink. For example, one person told us, "They give me my breakfast. It's usually cereal but I like porridge when it gets colder." Another person's relative told us, "If my father wants something cooked properly [rather than in a microwave] they'll use his cooker and do it for him." Staff were also aware of any risks that been identified in respect of people they supported to eat and drink. For example, the risk of dehydration and the importance of encouraging people to drink regularly. One person's relative said, "They encourage him to drink as much as possible. It very important to keep his fluids up or he ends up dehydrated. They understand that."

## Is the service caring?

### Our findings

People told us that the staff who worked for the service were caring and kind. One person said, "They are the best I have ever had. I am very happy." Another person's relative said, "They are very friendly and have built up a good rapport."

The provider was a qualified social worker and had a strong professional and personal commitment to the provision of person-centred care. Describing her approach she said, "I tell the staff to treat people as you would want to be treated. And it's not just about treating people the same. Everyone is different." This ethos was clearly understood by staff and reflected in their work with the people they supported. One member of staff said, "It's important to support people in their preferred way and not put your own judgement on things. One lady likes a squirt of Chanel in the morning. Some people have a particular hairbrush or magazine. One person likes their bed linen washed on a Wednesday. It's these small things that they cherish." Another member of staff told us, "Some people like their front door locked, some people don't. One lady doesn't like sugar in her tea, another lady does." People we spoke with confirmed that staff supported them in a warm, friendly way that reflected their individual interests and preferences. For example one person said, "I like to talk to them. If you are on your own and have no one to talk to you can get demented. We talk about anything and everything!" Another person's relative said, "They are very friendly. Mum gets on well with them."

People told us that staff often went out of their way to help them, in ways that went beyond the requirements of the core homecare contract. One person's relative said, "They always ask if there is anything else they can help me with. It's nice that they offer. It's not part of their job." Another relative told us, "They do all these extra things to help Mum stay in her own home. They put water in the bird cage and let her dog out to the toilet." Talking of one person who had gone into a care home for a short period of respite care, the provider said, "The carers went two or three times a week to see them and check that the care was okay. They spotted that [the care home staff] hadn't put their hearing aids in."

Staff were also committed to helping people to maintain their independence and to exercise as much choice and control over their lives as possible. Talking of one person they supported, a member of staff said, "She needs help her put on her tights. We don't want to take away her independence. We encourage her to all the other things she can do and not get disillusioned because she can't do her tights." Another staff member told us, "One person likes to have the bathroom door open [when we are in there together]. They told me that on day one." Again, this approach was confirmed by the people we spoke with. One person told us, "We do things together. I do parts [of my wash] myself. But my left arm hurts so much, they do the rest."

Staff were aware of the importance of helping people maintain their privacy and dignity. Describing the way in which they provided people with personal care, one member of staff said, "Some people have looked after themselves all their lives. I try to do everything in the most dignified way that I can." This commitment to supporting people in ways that preserved their dignity was commented on by the people we spoke with. One person said, "I always say, do you mind shutting the door [when they are helping me to get washed.]" Another person's relative said, "They respect [my relative]'s privacy. Whenever they are in the bathroom, it's

door closed and blind down." To maintain the confidentiality of people's personal information, the provider had systems in place to ensure people's personal care records were stored securely and that computers were password protected.

Information on local advocacy services was included in the information booklet that was given to people when they first started using the service. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes. Although no one who used the service at the time of our inspection received advocacy support, the provider was aware of the services available locally and said she would not hesitate to contact them should this ever be required in the future.

## Is the service responsive?

### Our findings

The provider told us she took personal responsibility for handling all new enquiries and referrals to the service. She said, "When I get a call, I complete an initial enquiry form and ask the person if they would like to meet me on their own or with family or friends. I then go out to meet them to do an assessment. I do all the assessments personally, although if I know who the person's main support worker is going to be, I take them with me." Once the assessment had been completed the provider or an experienced member of staff then prepared a support plan to set out the details of the service to be provided. Confirming this approach, one person's relative told us, "There is a file in the house detailing Mum's needs. [The provider] discussed it with me before they started." Another person's relative said, "[The provider] came out to see us and we all sat down and discussed the best way to support Mum."

We reviewed people's support plans and saw that they were written in a very detailed way, enabling staff to respond effectively to each person's individual needs and preferences. For example, one person had a particular blanket that needed to be left by their chair so they could reach it easily. Another person liked their bath to be filled about half full with warm water and bubble bath. Some plans were written in the first person and the provider said she was in the process of updating other people's plans to ensure they were also written in this way to make them more personal. Staff told us that they found the support plans helpful when providing people with care and support. For example, one member of staff said, "They give you the specifics for every individual. How they like to be supported and any special requirements. For instance, one person is very particular and likes their care to be done in a set order."

We saw that the provider reviewed each person's support plan regularly to make sure it remained up to date and accurate. The provider told us that she conducted these reviews in the person's home and involved the person and their family in the process. Reflecting this approach, she agreed to amend the review documentation to ensure people had an opportunity to sign to confirm their participation in these meetings.

The provider told us that she operated a keyworker system to provide each person with a lead member of staff who would provide as much of their personal care and support as possible. Describing the benefits of this approach, the provider said, "We have the keyworker system as we like to keep consistency. Staff get to know people's routines and people will start to trust them. If I am going to have someone in my house washing my bum, I want to trust them." Reflecting the consistency of staffing in the service, support staff clearly knew and respected people as individuals. One member of staff said, "I want to help people meet their needs in their way. We all have our little quirks which boost us psychologically and help our overall well-being." Staff used their knowledge to provide support in a responsive way that reflected each person's particular preferences. One staff member told us, "One person likes tomato sauce on toast. They say, 'This is weird, isn't it!' You pick up the little things that mean so much." The provider said, "If the salt and pepper are the wrong way round on the table, it doesn't matter to me but it does to them." People clearly appreciated the way staff responded to them as individuals. For example, one person told us, "We have little funny things we say to each other and laugh. Silly little things!"

Information on how to raise a concern or make a formal complaint was included in the information booklet people received when they first started using the service. People told us they were confident that any complaint would be handled properly by the provider. However, people also told us that they had no reason to complain. One person said, "You can complain, although I don't myself. I would just ring up [the provider] and it would all be sorted." Another person's relative told us, "I have never had any reason to complain to [the provider]. But if I did, I am sure she would be there for me." Describing how she encouraged people to contact her immediately if they had any concerns, the provider told us, "I know everyone and they all know me. They ring me with anything at all and if they have a problem, we sort it out there and then." We saw that the small number of formal complaints that had been received had been managed well.

## Is the service well-led?

### Our findings

Everyone we spoke with us told us how highly they thought of Bspoke Social Care. One person told us, "They are the best I have ever had. Very well-organised." Another person's relative said, "I certainly would recommend them. In fact, I have! We are very lucky to have them." One local social care professional told us, "They are very special at their job. I am very impressed and would definitely use them again."

The provider provided care herself on a near daily basis. She told us, "I go to everyone's house and know their routine. I do like to be hands on. I like to make sure everyone is okay. Staff and service users. If there is a gap in the rota I do it myself. We don't let people down." Reflecting this approach, the provider was clearly very well known to, and respected by, everyone connected with the service. One person said, "I like [the provider]. She comes and looks after me. She's a nice lady." Another person's relative said, "I have confidence in [the provider]. We'd be lost without her." A member of staff told us, "She's not your normal kind of boss. She does all of the shifts herself and is fully aware of every individual. She wouldn't ever expect you do something that she wouldn't do herself."

Throughout our inspection visit the provider demonstrated an open and responsive management style which set the cultural tone for the service. For example, in the way she readily agreed to make changes to the support plan documentation to make it clearer that people had had the opportunity to be involved in any reviews. She also provided strong, supportive leadership to her team which was clearly appreciated by staff. One staff member said, "[The provider] is very approachable and supportive. She is the boss but she is a very friendly boss. I've never had that before!" Staff were aware of the provider's whistle blowing procedure and knew how to use it if they had concerns about the running of the service that could not be addressed internally.

Staff told us they worked together in a friendly and supportive way. One member of staff said, "Everyone is friendly and easy to work with." The provider organised regular team meetings to encourage effective communication and staff told us these were a helpful forum to meet up and discuss any issues. One staff member said, "As we all work independently it's nice to come together to see each other." Staff also said they were able to talk openly with the provider and felt listened to if they raised any issues. One member of staff said, "She always asks my opinion and takes it on board. She makes me feel included."

The provider conducted regular customer satisfaction surveys to ask people and their relatives to comment on the service they received. We reviewed the feedback people had provided in the most recent survey and saw that everyone who had responded had indicated a high level of satisfaction with the service. Although no negative comments had been made, the provider told us that she had reviewed the survey results carefully to identify any follow up action required. We also saw a number of thank you cards that people had sent to the provider. One person had written, "Thank you for being so good with my dad. Everyone has been lovely and he now looks like my dad again." Another person had sent the provider a poem which included the lines, "It is a plain fact but very true. Our lives would be much less bright if we couldn't call on you!" The provider told us she had circulated the poem and any other compliments received to all the staff in the service. She said, "It's nice for staff to see them."

The provider had systems in place to monitor the quality of the care provided. For example, the provider undertook regular audits of the daily communication logs to make sure that staff were delivering care in line with each person's personal support plan. The provider also reviewed people's medicine record sheets regularly to ensure staff were completing them correctly. The provider was aware of the need to notify CQC or other agencies of any untoward incidents or events within the service. We saw that any incidents that had occurred had been managed correctly in close consultation with other agencies whenever this was necessary.