

Bespoke Care Cheshire Ltd

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Inspection report

Deva House
30 Overpool Road
Ellesmere Port
Merseyside
CH66 1JN

Tel: 01512685070

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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 

Summary of findings

Overall summary

About the service: Bespoke Care Cheshire Ltd is a Domiciliary Care Agency providing personal care to adults with physical and mental health needs. At the time of the inspection they were supporting 36 individuals.

People's experience of using this service:

We found a breach in regulation 17 as the registered provider needed to better evidence the checks and audits that were in place to determine the quality of the care. The Quality Assurance systems had not highlighted the shortfalls we found in the record keeping of medicines or care plans. Policies and procedures had not been brought up to date to reflect current best practice and legislation.

We have made a recommendation about the management of medication. People were safely supported with their medicines but improvements were needed to record keeping to ensure that this was safe.

Care records contained information staff required to provide a personal and effective service to people. A regular review of people's care was undertaken to ensure all of their support needs were met in line with the person's wishes. However, daily notes indicated that care plans did not always reflect all the support that staff were providing.

People who used the service and their relatives were extremely positive about the impact it had on their lives: enabling them to remain safe, healthy and as independent as possible within their own homes. They said that staff were kind, patient, knowledgeable, considerate and competent.

The registered manager worked in partnership with health and care professionals and the local community to ensure support was sufficient and coordinated.

Staff received robust induction, on-going training and support so that they could be effective in their roles.

Rating at last inspection: This service was rating Good at the last inspection (report published October 2016).

Why we inspected: This was a planned inspection based upon the previous rating.

Enforcement: Please see the 'action we have told provider to take' section towards the end of the report.

Follow up: We will request an action plan from the provider setting out how they intend to make improvements. We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was no longer fully safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service remained Effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was Responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was no longer always Well Led.

Details are in our Well Led findings below.

Requires Improvement ●

Bespoke Care Cheshire Ltd

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by an adult social care inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes. Not everyone using this service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The service was given one days' notice of the inspection site visits because some of the people using it required notice that we would be contacting them for their views. We also needed to be assured that someone was in the office to support the inspection.

Inspection site visit activity started on the 15 April 2019 and finished on the 18 April 2019.

We visited the office location on 16 and 18 April 2019 to see the registered manager, the registered provider and office staff; and to review care records and policies and procedures.

What we did:

Providers are required to send us a Provider Information Return (PIR) in which they tell us about their

service, what they do well, and improvements they plan to make. This information helps support our inspections. The registered manager had completed a PIR which provided us with information for our inspection

We gathered information by looking at records and speaking to people. This included reviewing the notifications we had received from the service and any information from third parties. We looked at records around the management of the service such as accidents and incidents, safeguarding, complaints, rotas and timesheets, audits and quality assurance reports. We also reviewed three staff files and training records. We reviewed the care plans and medication administration records of six people using the service.

We contacted the local authority and other commissioners of the service but received no feedback.

The views of nine people using the service, five relatives and six members of staff were also considered.

Following the inspection, we invited the registered provider to provide us with additional information such as revised medication records, care plans and risk assessments.

Is the service safe?

Our findings

Safe – we looked for evidence that people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Using medicines safely.

- Recording systems were in place but were not always in line with best practice. Medicine Administration Records (MARs) were not always signed, checked and countersigned by a second person to ensure they were correct.
- MARs did not contain all the information needed to ensure that staff were aware of how to administer medicines safely
- Some medicines were taken 'as required' but there was insufficient information to direct staff to the circumstances in which this medication should be given or offered. Where a variable dose was prescribed, there was no guidance as to how much medication should be given.
- Whilst there had been no significant impact on people using the service, improvements to records were required to ensure the safe management of medicines.

We recommend that the registered provider review its medicines management to ensure that it is based upon best practice guidelines.

- Staff competence to support with medicines management was assessed throughout the year by a senior member of staff.
- People's independence to manage all or some of their own medicines was maintained as long as it was safe to do so.
- The registered manager took immediate steps following our feedback and submitted to us several reviewed and improved documents.

Systems and processes to safeguard people from the risk of abuse.

- Everyone said that staff did all that was possible to help keep them safe in their own homes. Relatives told us that they had every confidence in the staff and their visits helped alleviated any concerns about their loved one's safety throughout the day. One told us "I never worry about their safety or health as they are our second pair of eyes".
- Policies and procedures in relation to safeguarding and whistleblowing were in place and staff demonstrated a good awareness of these.
- Staff received regular training and updates regarding safeguarding adults to keep their knowledge up to date.
- The registered manager was aware of their responsibility to liaise with statutory services if safeguarding concerns were raised.
- Records were kept secure and electronic records were password protected. Paper records were stored securely in line with the relevant data protection law

Assessing risk, safety monitoring and management.

- Initial assessments considered some of the potential risks associated with providing a person's support. This included risks to health, safety and welfare.
- Plans were put in place to mitigate and reduce documented risks as far as was possible.
- Improvements were needed to ensure appropriate risk assessments and management plans were available for all actual and potential.
- An on-call system was in place and people were provided with the name and telephone number of staff who they could contact in the event of an emergency.
- The registered provider was in the process of reviewing the safety checks on equipment used by staff in a person's own home.

Staffing and recruitment.

- People confirmed that they had a familiar core group of staff who visited them.
- People said that staff had enough time to provide the support required and they never felt rushed.
- If care calls were running late, people were informed so that they were not anxious that no one was coming.
- Office staff planned visits efficiently so that care staff were not rushed and had enough time to travel between people's homes. There was good coordination of visits requiring two staff.
- The service was responsive and tried to accommodate changes to call times where necessary.
- Staff files contained the necessary pre-employment checks to ensure that only fit and proper persons were employed.

Preventing and controlling infection.

- Staff were aware of the principles of infection prevention and control.
- Personal protective equipment was available for staff to use when care was provided. People confirmed that it was used.

Learning lessons when things go wrong.

- Following reflection upon a safety concern, the registered provider introduced mobiles for staff that enabled them to track exactly where staff are and when they left visits. This has provided greater protection for lone workers.
- The pre-assessment process has recently been reviewed as the staff had identified that they were not gaining enough information prior to starting the service.
- The induction process was reviewed as it was deemed that computer based training was not as effective. New process and face to face sessions have enabled the service to better assess staff abilities and improve their knowledge and skills before going in to the community to shadow.

Is the service effective?

Our findings

Effective –we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- A new initial assessment had been introduced to improve the quality of information available to staff when first starting to support a person.
- Assessments of people's needs were reviewed regularly.
- Staff spent time reading the person's support plans and wherever possible shadowed a regular member of staff before carrying out their first visit.
- Staff were able to apply what they had learnt in training effectively to ensure that support was delivered in line with best practice.

Staff support: induction, training, skills and experience.

- New staff had an induction of both theory and practice. They were shadowed until they felt confident to work independently. Staff completed the Care Certificate.
- Staff appeared to be competent, knowledgeable and skilled and people told us they had "Every confidence in them."
- Staff were provided with on-going training to ensure that they continued to provide good quality care.
- Regular supervisions and an annual review were held with staff which they found to be effective.
- There were robust spot check and direct observations by senior staff that focused on care delivery and quality of care.

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

- Care plans indicated the support people required to ensure they had sufficient food and drink throughout the day.
- People were supported to prepare meals of their choice.
- Where appropriate for monitoring purposes, staff kept a record of what a person had been offered and consumed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- Care plans and risk assessments considered the input from other professionals or external care
- People and relatives gave examples of where the support provided had a positive impact on a persons' independence a health and wellbeing; comments included "The care has contributed to an improvement in my [relatives] health" and " They are brilliant at making me do all my exercises so I can get back to normal" and " The paramedics said the carers actions had minimised my [relatives] problems".
- There was positive feedback in the form of emails from healthcare professionals. One had communicated

saying " Thank you for all your hard work, you have been amazing and the team are very grateful".

- Staff mobile phones included an application that enabled them to view a person's care records and Rota. The system also gave the person or family members, with consent, access to the information.
- The service worked alongside health and social care professionals when people required additional equipment or support to remain at home.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 with appropriate legal authority such as through the court of protection. We checked whether the service was working within the principles of the MCA and found that they were.

- Staff assumed that people had the mental capacity to make decisions for themselves unless they had assessed otherwise.
- People had signed their care plans to confirm their consent to support and the sharing of specific information to other parties where it was necessary to maintain their health and welfare.
- Staff talked to us about how people were involved in decisions about their care and how they may be required to make decisions in a person's best interest if lacked in capacity. People confirmed that staff sought their consent in regards to their support.
- Care records indicated where a person had given legal authority for someone to make decisions on their behalf for example, through a lasting power of attorney.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People provided positive feedback about the staff and the service. Verbal and written statements such as "Care is given with complete compassion", "I can only praise their professionalism and attitude" and "They are so caring, they are like my family now".
- Staff spoke about people with kindness and compassion. They demonstrated that they knew people well and had a good understanding of their physical and emotional needs.
- Staff had background information about people's personal history. This meant they were able to gain an understanding of people's diverse needs and the approach needed to respect the individual's needs and wishes.
- The language used in documentation was respectful and enabling.
- The service was looking at additional ways to support people who were living with dementia. For example, providing staff with additional training or practical advice.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence.

- People were encouraged and supported to express their views, and records reflected people's preferences and choices.
- Staff had a genuine concern for people and were keen to ensure that their rights were upheld.
- A person's right to privacy and confidentiality were respected.
- A recent survey carried out by the registered provider indicated that 100% of those responding said their privacy and dignity was respected by staff.
- Some people had input from their relatives or other care services; care was provided in an integrated way.
- Wherever possible, staff were introduced to people before the service started.

Is the service responsive?

Our findings

Responsive – we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's care plans contained information about specific needs, personal preferences, routines and how staff should best support them.
- Some daily notes referred to the support staff were providing such as to prevent the risk of pressure ulcers or in relation to catheter care. However, not all care plans indicated what care should be undertaken, how often and how to monitor for changes with appropriate action to follow. The registered manager gave assurance that all daily notes and care plans would be reviewed immediately.
- People's needs were identified including those related to their age, disability, ethnicity and gender.
- People said that they were encouraged to be independent and to do as much for themselves as possible.
- People's information and communication needs were assessed at regular intervals throughout. Staff gave us examples of where they adapted communication style or method to meet the specific needs of people.

Improving care quality in response to complaints or concerns.

- No complaints about the care service had been received since the last inspection.
- There was a complaints process for people to follow and this was readily available within the service.
- People were confident that they would be able to raise a concern and that it would be responded to.
- People said that they felt able to speak to the manager at any time.
- There were no clear records of when 'concerns' were raised with the office and how they had been managed and addressed.

End of life care and support

- Staff were aware of those people who had expressed a wish not to be revived in the event of specific health circumstances. These people had a Do Not Attempt Cardiopulmonary Resuscitation Order in place for this purpose.
- The service had supported people to remain at home with an end of life care package in place should this be their expressed wish.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- There was schedule in place for the monitoring of paper records such as MARs that had been returned to the office.
- The registered manager told us about the processes that they used to monitor the quality of their service but they did not keep any records to support what the audit comprised of. We could not be sure they analysed information from these checks to identify any trends and patterns that could inform learning to improve the service.
- Audits did not highlight the shortfalls we found in record keeping.
- There were policies and procedures in place to inform practice but some of these required updating to reflect current legislation and guidance.

Quality assurance systems were not fully robust and systems would not pick up issues effectively. This indicated a breach of Regulation 17.

- The registered persons' were clear about the information that CQC required and their inspection rating was clearly displayed.
- Both people using the service and staff said that the service was well led.
- Staff acknowledged that the registered manager had worked within the service and so knew what it was like to work in each of their roles.
- The rating of the last inspection was visible on the service website and in the building.
- The registered manager was aware of their responsibility to notify the CQC of key events but had not yet had to do so.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- The service regularly sought the views of people and staff
- There was an open door policy. Both people who used the service, relatives and staff came with their individual matters directly to the registered provider or registered manager,
- There was good communication between workers, regular staff and team meetings, and regular information and updates for staff

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- A quality audit of all aspects of the service had been completed by the registered provider in January 2019 and was very positive.
- People's views were gathered in a variety of ways; survey results were acted on and they informed improvements, which were communicated back to people. Customer satisfaction surveys were supplemented by personal contact from the management team.

Continuous learning and improving care.

- The registered manager acknowledged any comments made during the inspection to ensure best practice in the future
- Staff told us of the positive management structure in place that was open and transparent and available to them when needed.
- Staff felt supported to gain qualifications and bring any matters to the attention of the registered manager.
- The culture of the service was caring and focused on ensuring people received person-centred care that met their needs in a timely way. It was evident staff knew people well and put these values into practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider did not have effective governance, including assurance and auditing systems and processes.</p>