

Bespoke Care & Support Services Limited







Bespoke Care & Support Services

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	

Overall summary

The inspection took place on 28 April 2015 and was announced. The provider was given 48 hours' notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies.

The service was set up in 2013 and provided care and support to people in their own home. On the day of our inspection 16 people were receiving support.

The service had a registered manager. A registered manager is a person who has registered with the Care

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

Staff had all undertaken training in safeguarding vulnerable adults and all the staff we spoke with were able to describe what actions they would take if they suspected abuse.

Summary of findings

Risk assessments were clear and associated risk reduction plans were detailed and easy to follow.

Staff understood the principles of the Mental Capacity Act 2005 and were able to describe how they would support people to make decisions and if they lacked capacity how they would act in their best interests when providing care.

People who used the service and their relatives told us staff were caring. They told us staff did not rush them and they had time to chat. They told us the staff were respectful at all times and ensured their privacy was maintained.

People received care that met their needs, choices and preferences and they were involved in the review of their service.

People knew who to complain to and had every confidence that any concerns would be acted on and resolved.

The culture of the organisation was good and staff felt supported by a management team that was experienced and who listened to them.

The service had not yet completed a whole service audit which they had planned to do in June 2015 but individual audits were undertaken to ensure the quality of the service was monitored.

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?

The service was safe

Staff understood their responsibilities around protecting people from abuse and they knew how to report abuse if they suspected it was occurring.

The service had an effective recruitment procedure to ensure suitably qualified and experienced staff were employed.

People's medicines were administered by staff whose competencies had been checked.

Good



Is the service effective?

The service was effective

People were cared for by staff who were well trained and supported to meet people's needs.

The registered manager and staff understood the principles of the Mental Capacity Act 2005. They understood the importance of making decisions for people who lacked capacity in their best interests.

Staff supported people to ensure their hydration and nutritional needs were met.

Good



Is the service caring?

The service was caring.

People who used the service and their relatives were positive about the way care and support was provided.

Staff respected people's privacy and dignity

Staff involved people in the care they were providing and promoted independence where this was appropriate.

Good



Is the service responsive?

The service was responsive.

People's care needs were assessed prior to the service being delivered. Care plans detailed the support people required.

The registered manager and staff had embedded person centredness throughout the service they provided.

People and their relatives know how to raise concerns and complaints and these were investigated appropriately.

Good



Is the service well-led?

The service was well led.

Staff told us the manager was supportive and listened to the staff.

Good



Summary of findings

The care manager regularly checked all the daily logs and medication administration to ensure people were receiving a safe, and quality service.

The culture of the organisation was good and all staff had great pride in the work and in the organisation.

Bespoke Care & Support Services

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 28 April 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service.

The inspection team consisted of an adult social care inspector. Before our inspection we looked at the provider's information return (PIR). This is information we asked the provider to send us about how they have met the requirement of the five key questions. We also reviewed the

other information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

We spoke with the registered manager, the home care manager and three home care assistants.

We spoke with a community matron and a dementia manager. We spoke with three people who used the service and four relatives.

We looked at three care plans and three daily logs in detail and three staff recruitment files. We contacted the local authority safeguarding and commissioning teams. The local authority advised us the registered provider was not part of their block contract so they did not monitor the service. However, the service was funded indirectly through the local authority as they had 10 people who had a direct payment. Most other people who used the service funded the service privately.

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service. One relative told us they were confident with the service provided by the agency and they could leave their relative knowing that the care assistant would arrive on time and if they were late, which was very rare they would be contacted. They told us they were now sleeping at night, because they felt so happy with the service provided by Bespoke Care.

Staff we spoke with had a good understanding of how to identify abuse and act on any suspicion of abuse to help keep people safe. They were able to describe the type of abuse you might find in a community setting and the signs of abuse. One care assistant told us they would recognise abuse if “a person’s behaviour changed or they saw bruising. Or they might not want to eat any food”. The care manager described a recent situation where they had suspected neglect and could describe the appropriate actions that had been taken to protect the person and prevent abuse from happening in the future.

The service had a thorough risk assessment and care planning process in place. We saw detailed environmental and general service user risk assessments and individual risk assessments in the three files we looked at. These included the assessment of risk around medication and moving and handling. Risk assessments and the care plans were reviewed regularly to ensure they remained relevant. The moving and handling care plans were very detailed and easy to follow detailing the technique to be followed to support the person safely.

We noted that the service had a procedure in place for emergency situations such as if they could not gain access to the property. We asked staff about this and they were able to describe the actions they would take if they could not gain access. They were also able to describe what they would do if they entered the property and found the person on the floor. This showed us the service plans in place to deal with the type of emergencies that are common in a community setting and staff knew how to follow these plans.

The registered manager told us they had the right amount of staff to provide the current service but they would have to take on more staff to expand the service. They had to turn down some packages of care as they knew they could

not provide the service to their high standards and they would rather maintain the reputation they were building up. The people we spoke with all told us the staff had time to sit and chat with them and how important this was to them. They told us the staff never rushed them. One person told us they expected this of the agency as they were paying for the service.

We reviewed three staff files to check the registered provider had followed safe and effective recruitment procedures. The files included contract information, supervision and appraisal information, training and development, and application documents such as application forms and. Disclosure and Barring Service (DBS) information. The DBS has replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) checks. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups.

We noted that new staff were required to have two references but the staff that had transferred over from the previous agency did not have two references. When we asked the registered provider about this they explained that they had managed the staff for the past 10 years and were able to act as a referee but had not done this in writing as they did not want it to be seen as a conflict of interest. Staff we spoke with told us all the care assistants recruited to the agency had been handpicked by the registered manager and the care manager from the previous agency they had managed. They took pride in this and told us all the staff were extremely experienced and skilled to provide a quality service. New staff underwent a trial period before being employed so that the care manager could observe how they interacted with the people who used the service to ensure that they demonstrated the types of behaviours they wanted from their care staff.

Records showed us staff had been trained in how to administer medication appropriately. One care assistant we spoke with told us if they were ever unsure about medication or if they found the medication was different to what the person normally had, they would always ring the office to check with the care manager before administering. They told us one person they supported had a medication dispenser, but most people had their medication set out in dosette boxes or blister packs and the amount of support

Is the service safe?

they require varied between the people they supported from minimal prompts to placing the medication in people's hands. They told us they do not support anyone who had medication administered covertly.

The registered manager told us that staff were provided with personal protective equipment which enabled them to carry out their caring duties safely. Community equipment such as hoists and slings were provided through local community equipment arrangements.

Is the service effective?

Our findings

One person who used the service told us their care assistant was “very capable, skilled and well trained”. A relative of a person who used the service told us they thought the care assistants had the knowledge and skills to provide the service for their relative who had complex needs.

The registered manager showed us a set of workbooks they had compiled for staff to gain knowledge and skills and staff completed an on line test once they had read the information. The workbooks covered the following areas: medication management, mental capacity and the deprivation of liberty safeguards, pressure ulcer prevention, infection prevention and control, manual handling refresher, dementia awareness, and dignity and respect, safeguarding, stroke awareness, equality and diversity and food hygiene awareness. Staff told us using these workbooks and the online test was a positive experience and their understanding of the areas was followed up in supervision with the care manager.

Staff were also given a copy of Bespoke care Assistants Manual which contained detailed information about working for Bespoke and information on induction, policies, training and behaviours. This ensured that staff understood their responsibilities and worked within the company policy framework.

The registered manager told us they used the Skills For Care and national skills academy, Royal College of Nursing and the Care Quality Commission for guidance to ensure their staff have the skills to perform in their roles. Staff received regular supervision and all staff have had an annual appraisal. The care manager undertook regular spot checks on staff to ensure they had the skills and competencies to perform well in their roles.

Staff had all received training on the Mental Capacity Act 2005 and were able to describe how they supported people to be able to make their own decisions. This involved supporting people to make decisions about what to wear and what to eat and they would always support the choice of the person if they had capacity and would act in their best interests if they lacked capacity.

We asked whether any staff had undergone any specialist training and were told that one member of staff had expressed an interest in undertaking a dementia care course, so they facilitated this at the local college. One member of staff told us they had requested additional training around diabetes care as they were supporting a person with diabetes.

We were told by people who used the service and their relatives that communication between them and the agency was good. One person told us “they always ring even if they are only going to be a few minutes late”.

We saw written consent in peoples care files, this included consent around key code access, consent to speak to family members if required. Staff told us they always sought consent from people before undertaking personal care tasks and explained what they were going to do.

People’s support plans contained information about what they liked to eat and how they liked to be supported at meal times. One care assistant told us how they encouraged one person they supported to maintain a healthy diet and they sat with the person whilst they ate. They ensured they had adequate hydration and always left the person with a drink as they left the premises. Another person told us how they tried to support a person who had requested a meal prepared from their cultural background. The person who used the service showed them how to prepare the meal to ensure it was cooked to their requirements.

Is the service caring?

Our findings

Relatives and people who used the service told us the care staff were very caring. One relative said the care assistants had been a 'godsend'. They told us the care staff treated their relative with dignity and respect and had taken time to get to understand the needs of their relation. One person who used the service told us the care staff were 'absolutely superb' and described them as 'caring, chatty and wonderful people'.

Staff we spoke with told us they were proud to work for the service and were motivated to provide a high standard of care. One person said "I really do want to do a good job and care for people how I'd want my mum and grandma cared for. The best you can do." One care assistant told us none of the staff cut corners. They all strove to provide a high level of service and have great pride in the service. They told us that most of the new people they were supporting were as a result of word of mouth and the good reputation they were building up and they really wanted the company to succeed. One relative we spoke with told us the agency had supported their relation to secure a gardener and to have their home decorated whilst they were in respite care. This showed them, they really cared for their relation and nothing was too much effort.

The care manager told us that all staff were introduced to the person they would be caring for prior to commencing the service. One care assistant told us they always started off by introducing themselves to the person, and asking them what they would like support with, even though it is written in the care plan. They told us some people liked a cup of coffee and a chat before commencing with personal

care and that this was part of the service to ensure people were comfortable with them and not rushed. They told us they encouraged people to be as independent as possible throughout personal care.

People and their relatives told us they had been involved in the care planning process and had undergone a detailed assessment in their homes prior to receiving care. People were given a copy of the services user guide which detailed all the aspects of the service Bespoke Care were able to provide. This included their core values, aims and objectives, and how people can be expected to be treated. It also contained information on how to complain. We saw evidence in the care file reviewed that this leaflet had been given to the people who used the service and they or their representatives had signed to say they had received this information.

Staff told us they always ensured people's dignity and privacy. For example, one care assistant told us they always knocked at the door even if they had a key. The first thing they did was let the person know they were in the home. They ensured doors and curtains were shut and that they left people to remain alone in the bathroom whilst they used the toilet.

The care plans detailed how people would like to be addressed. This was important to one person who used the service and they told us they liked to be addressed in a particular way. People who used the service told us their care assistants were consistently on time, although one person told us the agency had changed their call to be half an hour later, and they preferred the call to be slightly earlier. The agency only had two missed calls in the time they had been operating and that was an issue with rotas. The system had been changed to ensure that this would not happen again.

Is the service responsive?

Our findings

People received care that met their needs, choices and preferences. People purchased their care as a private arrangement or through direct payments which meant they and their families were the decision makers in how the care was to be delivered. One person who used the service told us “You expect a little bit more when you are paying for the service. I like my care assistant’s attitude. They are very helpful. They don’t rush and they sit and have a chat with me.”

The care manager carried out a thorough assessment of people’s needs before providing care. This included information on how the person wished to be addressed and detailed every aspect of how the person wanted the care to be provided in a very person centred way. One record around nutrition contained the following information “I enjoy water or juice which needs to be served to me in an anti-spill cup”. Another entry stated “I am a private person. I would like support with washing my back and my feet”. One entry stated. “I enjoy a shower each morning and can manage to wash some of my body myself. I wash my hair in the shower”. This showed us the registered provider embedded person centredness in their approach to assessment and care planning.

We saw daily logs were person centred and in one file, the care assistant had recorded that they had explained who they were when they arrived, their name and why they were there.

All the care staff we spoke with could describe how they provided care in a person centred way and they told us how important it was for the people they supported to have

a good experience of the care they provided. One care assistant told us “People are individuals. Everyone is different. We get to know the people we support. They feel more comfortable with you if they know you and have a connection with you. I’ve even supported someone to go to a hospital appointment when family have been unable to do it.”

The care people received was subject to on-going review. There was a formal review annually with the person and their representative and where appropriate with the local authority. There was detailed review information in the care files we reviewed and the review looked at whether the service provide was still meeting the person’s need.

People told us if they had any concerns they would contact the registered manager or the care manager and were confident that they would address any issues. All the people we spoke with and their relatives spoke very highly of the registered manager and the care manager. They told us their experience of care had been better with this agency than their previous experiences. One person told us “they are leaps and bounds above the care company we had before”.

People had a copy of the complaints procedure included in the service users guides. We saw the details of all the complaints that had been raised in the previous year and also the number of compliments the service had received. The registered provider had dealt with all the concerns appropriately and was logging all issues raised. This showed us the registered provider had a complaints system in place which was used appropriately to resolve issues that had arisen.

Is the service well-led?

Our findings

The service had a registered manager in post since October 2013. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had clear values about the way care should be provided to the people who used the service. The registered manager said "Person Centredness runs through everything we do. Our service is based around the service user. Person centredness is mentioned in all the training we do." They told us their organisation was forward thinking and open. They valued the staff and they all worked together as a team. They told us staff motivation was high and they held a social gathering with staff twice a year to ensure continued good relationships. They told us they wanted to expand slowly so that they continued to provide a quality service.

Leadership was evident and staff told us they respected the registered manager and the care manager and they wanted the new service to succeed. They all felt part of the new organisation and showed great pride in their work. One staff member told us "I think the organisation is well led. I think this is because of the level of experience and dedication of the team. We are small. The managers are keen to employ people with the right attitude. Everyone gives 100%". The staff we spoke with all told us they loved their job and they loved working for Bespoke Care. They wanted to ensure that the agency had a good reputation locally as this is how they would be able to expand.

Staff told us they had regular contact with the management team and spoke to them on a daily basis. Team meetings were held every three months and staff told us they felt able to raise issues with the registered manager. The latest meeting was held in February 2015 and we saw the

minutes of the meeting. It covered areas such as staff training, Mental Capacity Act 2005, and dealing with challenging service users and carers. One care assistant told us the care manager "is very good. When we have meetings they listen to us and what we suggest happens."

We saw that supervision was held regularly and the care manager undertook spot checks with staff but also worked on some shifts with staff so they could directly observe their practice. They recorded their observation of staff practice and we saw this information was held in staff files. The care manager also had memos and hand-outs which they sent to staff with their rotas. These covered areas such as tips for coping with hot weather to ensure people were kept hydrated.

The care manager checked all the Medication Administration Record (MAR) sheets and signed that they had done this and also reviewed all the daily logs to check that staff had completed these to the standards expected and also the time spent with people who used the service. They have not completed an overall audit of the service as yet, but had a framework in place to do this. They have proposed that they will undertake a full audit once a year each June. They had sent out questionnaires to people who used the service but as the service was small they had received only three responses. However, they sought the views of people who used the service regularly at service user reviews.

The registered manager and the care manager monitored the quality of the service by regularly speaking with people who used the service and their families to ensure they were happy with the service provided. The registered manager told us they had feedback from other sources too such as the local authority care navigators, dementia services, the district nursing team and the GP's.

The registered manager told us they had great pride when they heard good things about their service and how important it was that the word was spreading about their service.