Bespoke Health & Social Care Ltd

Bespoke Health & Social Care

Inspection report

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Date of inspection visit:
14 August 2019

Date of publication:
02 September 2019

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

About the service
Bespoke Health & Social Care is a domiciliary care provider providing personal care to 134 people at the time of the inspection. It provides personal care for people living in their own homes, so they can live as independently as possible.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided

People's experience of using this service and what we found

People were supported by staff who had the knowledge and skills to ensure they were safe from harm. Risk assessments had been completed to consider what support was needed in these areas to reduce the risks. Staff were recruited in line with best practice and the number of staff were reflective of the package needs. Medicines were managed safely, and staff ensured clear infection control practices. The provider had reflected on incidents and lessons had been learnt.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff had received training relevant to their role and this was in line with best practice and current guidelines. When people required support with their nutritional needs this was documented and reflective of the individual. Health care was promoted, and the staff worked in partnership with many health and social care professionals.

The care was provided by staff, which people told us were kind and compassionate. People's needs were respected, and care provided in a dignified way. Care plans reflected the individuals needs and they had been integral to the package of care. People's communication needs were identified and supported along with any cultural or religious needs.

The provider ensured that any complaints had been responded to and people and staff were encouraged to feedback about the service. Any issues were reviewed and agreed outcomes of change made. There was a planned approach to reflecting the quality of the service, audits were used to ensure records and medicines were administered safely. There was a range of improvements which were being driven by the changing market and feedback on the service outcomes. The provider worked with a range of partners to support people's health and social needs.

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

Rating at last inspection

The last rating for this service was Good (published 7 March 2017). The service was rated as requires improvements in 'Safe' and we saw improvements had been made in this area.

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

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.

Details are in our safe findings below

Is the service effective?

Good

The service was effective,
Details are in our effective findings below

Is the service caring?

Good

The service was caring.

Details are in our caring findings below

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Good

The service was welled.

Details are in our welled findings below

Bespoke Health & Social Care

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was completed by one inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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
We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 July 2019 and ended on 20 July 2019. We visited the office location on 14 July 2019 and made telephone calls to people who used the service and staff after this visit.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require

providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report and gave them the opportunity throughout the inspection visit to update us.

During the inspection
We spoke with the registered manager, the clinical lead and the human resources manager. We spoke with nine care staff after the inspection, as the staff work across the country and were not able to attend the head office. We reviewed a range of records. These included five people's care records and associated information. We reviewed a variety of records relating to the management of the service, including complaints and staff training /competency checks. We also reviewed the recruitment records for three staff members.

After the inspection
We sought additional assurances around the management of the service and plans to embed some policies and procedures. We also spoke with five people who used the service and three relatives by telephone.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely;
- At the last inspection we asked the provider to take action to make improvements to managing their medicines, we found this action has been completed.
- There was detailed information to support medicine administration. A medicine administration record (MAR) was completed when the person had received their medicine.
- The MAR sheets were reviewed monthly by the clinical lead and any errors or concerns addressed, this included further training when this was identified as a need.
- Staff had received training in medicine administration and their competency in this area was reviewed regularly.
- Many people had medicine which was provided to support specific needs or changes in the persons presentation, known as required medicines. For this medicine there were clear guidance and risk assessment to reflect when medical intervention maybe required. For example, when supporting people with diabetes or epilepsy.

Systems and processes to safeguard people from the risk of abuse
- Staff were knowledgeable about safeguarding and could explain the processes to follow if they had concerns. Staff told us how they would raise concerns and felt confident these would be addressed.
- The provider had responded to any raised concerns with an investigation and the completion of the required notifications.
- Recently the provider had raised safeguard concerns following a person's hospital discharge. This showed they acted on all concerns to recognise the importance of reducing the risk of harm to people.

Assessing risk, safety monitoring and management
- People had complexed needs which required risk assessments to be completed for all aspects of their care. We saw these reflected current practice and guidance and had been reviewed when any changes had occurred.
- People were supported to move using equipment. One person told us, "I feel safe with the staff, and have no problems they are well trained."
- All equipment was detailed in the care plan and any mechanical items had been serviced in accordance with the required timeframes to maintain their safety.
- People had individual plans for emergencies. For example, when out enjoying activities or if they were required to evacuate their home in the case of an emergency like flood or fire.

Staffing and recruitment; Learning lessons when things go wrong

● People had bespoke teams of staff to support them with their package of care. We found many packages received consistant staff and the package of care worked well on this basis.
● However, we found some people's package of care had to use agency staff due to the difficulties in recruitment. The provider had recognised this as a lesson learnt, in needing a new approach to staffing to ensure there was a contingency.
● The provider had developed a planned approach with the human resources team to consider how they could reduce the risks in this area. They were now over recruiting in some areas to provide the opportunity to be more responsive, since using this strategy there has been a reduction in the use of agency staff.
● All the people we spoke with had been involved with the recruitment of their staff. Some people choose to be more involved than others. All the people had received a 'meet and greet' once the staff member had been recruited. People told us they valued this approach and felt it made a difference in the care relationships being established.
● We saw that checks had been carried out to ensure that the staff who worked at the home were suitable to work with people. These included references and the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. This demonstrated that the provider had safe recruitment practices in place.

Preventing and controlling infection
● Staff had received training in infection control practices, they had access to personal protective equipment such as gloves and aprons.
●Infection control practices were assessed during staff competency checks which were carried out in people's homes.

Good

Is the service effective?

Our findings

Effective – this means 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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- Staff had received training in a range of subjects to meet the individual care packages. A health care professional said, "Clinical staff are always willing to train, educate and support staff."
- When staff commenced their role, they received induction training and time to shadow established staff. They then received training which reflected the care needs of the individual. For example, support with specialist feeding or spinal care.
- Staff reflected on the continued training being provided to maintain their skills. People who received services felt assured by the staff training and that staff received competency assessments on their skills.
- The training reflected best practice and all the details were included in the care plans.
- Prior to people receiving care there was a comprehensive assessment, which detailed all the care requirements and the relevant best practice and training needed to provide that care.
- Staff were able to request additional training, and this was sourced and provided. One staff member told us how they had received training in what to look for in relation to septicaemia. Following the training these symptoms where identified and the person was able to receive swift treatment.

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

- When people required support, this was done in consultation with them. One person told us, "The planning is the best part, then staff cook the meal often under my guidance."
- Other people had their food provided through a percutaneous endoscopic gastrostomy, this is a tube into the persons stomach to provide a means of feeding when oral intake is not adequate. All staff had received training in managing this method of nutritional support. One relative said, "Staff have had a lot of changes to [name's] feeding regime, they are well informed and know what to do."
- Care plans provided the details for all the dietary support people required. Staff had received the relevant training in these areas to support their skills.

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

- People told us they were supported by a range of health care professionals, to maintain their wellbeing. This was reflected in the information recorded.
- Staff were able to reflect on different health care professionals who they worked in partnership with. For example, one staff member talked about the respiratory team and how they worked to maintain the person at home with care or to reduced hospital admission.

● Another health care professional told us, "Staff are not afraid to make difficult decisions to maintain safety of [name] as the ultimate priority which can always be challenging in such situations."
● For some packages of care staff supported people when they had hospital admissions, this ensured they received continuous care.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.
● We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
● People's capacity had been assessed and records showed that where people may be lacking the capacity to make particular decisions, a two-stage assessment of their capacity was carried out. All details in relation to the court of protection requests had been made so that the required assessments and authorisations could be made.
● People we spoke with confirmed that staff asked their consent before commencing care.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- The provided ensured that each package of care was reflective of the individual's needs. People had been part of the recruitment process and the training was bespoke. One person told us, "I have a good relationship with all the staff. They are all lovely."
- This demonstrates the provider understands the needs of different groups of people, promoting equality and anticipating any support required.
- People we spoke with were happy with the care they received from the staff. Many relationships had been long standing. One person said, "They are like family." Another person said, "It's mutual respect, we enjoy each other's company and that makes all the difference."

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to maintain their independence. One person said, "Training for staff is good and I show staff how I need my care providing. I am happy with the care."
- All the people we spoke with reflected on staff supporting their decision making and respectful care. One relative said, "Nice people, they take all the care needs into consideration. It gives me time away."
- Families and people of importance to the person were part of the support network. This was reflected in their involvement of the care plans and in supporting the person with their decision making.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and staff knew how to maintain people's confidentiality. One person told us, "Staff respect my privacy, they leave me to my private time when I request."
- Another person said, "Staff leave me to it when I am safe to promote my independence." Relatives commented on the staff showing respect of their homes.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The care was planned around people's needs and this was often required to be flexible. One person said, "Never been a time when the company has been unable to provide the care, they always work around my needs, this includes different locations, they are very flexible." Another person told us they had moved from another service as they were not reliable. Since being with Bespoke health care, they had not been let down at all.
- All the staff told us they felt the care plans were detailed and included all the required guidance. One staff member told us, "Every package I go to. I read the care plan, they are very informative. Plenty of detail and pin points information before you meet the person."
- Relatives reflected on the care planning, noting they are frequently reviewed and updated when the person's needs change.
- A health care professional commented, "When Bespoke took over the care package for this very complex package, there were many challenges as you can imagine. The team are very organised, responsive and thorough." They added, "Staff respond to [name] changing care needs exceptionally and we have no concerns regarding the care provided."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had communication books at the homes to share information with staff when they commence their shift. This was to support some people who were unable to provide information verbally.
- The staff used a range of communication methods depending on the required need. For example, some people used basic sign language called 'Makaton'. Other people had laminated signs. A staff member said, "[Name] uses body language, the raise of the eyebrow. We have a good relationship so get to know these things."
- Some people used technology to support their needs. For example, eye gaze computers, this is a communication aid using a mouse that is controlled with the eyes. Other people used the translation aid were English was not their first language.

Supporting people to develop and maintain relationships to avoid social isolation;

- People were supported to follow interests and to take part in activities that were socially and culturally relevant to them. For example, some people enjoyed long walks, others bowling and trips to local towns.

Each person had their own arrangements to support their interests.
●Some people had been supported to access education and other people to go on a holiday. All of these were completed with a package of care.

Improving care quality in response to complaints or concerns
● The provider had the processes in place to act on any complaints that had been received. We reviewed the complaints register and found they had been dealt with in line with the provider's complaints policy.
● One complaint had identified that the policy was not clear for people to read and understand. The provider has reviewed the policy and now has a step by step guide.
● Some people had raised concerns with the organisation and told us they felt they were responded to and addressed swiftly.

End of life care and support
● When people required support at the end of their lives, the provider had worked with other professionals to ensure the people's wishes were respected. This included any agreed medical interventions and pain relief plans. These plans were instigated at the time of diagnosis.
● Some people had not considered an end of life plan. The provider recognised that given the complexed nature of people's care they should consider this area. They agreed to review this aspect within their care planning tool. We will review these changes at our next inspection.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff we spoke with felt the company aimed to reflect their care ethos. One staff member said, "They are forever improving, they aim to support the person to live their life as they wish to live."
- The provider had developed some service values. They planed to cascade these to the teams and use as a bench mark in improve areas of support and training.
- People who were supported by the service, told us once they had an established group of staff the package worked well. The care plans were detailed and inclusive and had been reviewed in line with any changes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We checked our records which showed the registered manager had notified us of events in the home. A notification is information about important events which the provider is required to send us by law, such as serious injuries and allegations of abuse. This helps us monitor the service.
- It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their most recent rating in the home and on their website.
- The provider aimed to be open and transparent. They currently provide a regular report to the commissioners of the packages. This provides information on the care which has been provided to the person and any changes.
- The provider had completed some news stories relating to how the service had supported people and they were looking at a newsletter or other ways to share good practice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems and processes had been completed to ensure that audits and checks were used to improve the quality of care. These included care planning and medicines management.
- The provider had recognised there was a high turnover of managers in some areas. They had completed exit interviews in the aim to establish any learning or areas of improvement. One of the areas was the induction. This has been reviewed and now provides more support calls.

● Another area of development has been in relation to the 'on call' service. As the company has grown they have recognised the need to provide a more planned approach to out of hours support. The provider shared with us their new approach, which we will review at our next inspection.
● The provider was looking at new ways to developing the business. This included the introduction of iPad to the packages. This will enable the staff to record things electronically. The provider had a staged approach to developing different elements be activated and to provide training for staff. For example, the use of medicine records and care planning. Staff we spoke with felt this was a positive move as it would maintain all the records in one place and an easy format.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People had been encouraged and supported to feedback their views and these had been listened to.
● The provider used to send out quality questionnaires, however there was a limited response. Now they complete telephone calls to the person or their representative to discuss their care. This has proved to be a positive approach and enabled the provider to obtain feedback and consider improvements to the individual packages. Any identified needs were shared with the package manager.
● Staff had been given the opportunity through a survey to reflect on the service and the support and training they received. We saw the provider had responded to staff's concerns. One of these was in relation to how holiday pay was paid. The provider now offers staff other options.
● Many staff were on zero-hour contracts, the provider was looking at how they could develop staff contracts to support the business and staff needs.
● Staff we spoke to felt they could raise any concerns and that they were supported. Staff received one to one meetings which reviewed all areas of their role. One staff member said, "It is a very open meetings, we discuss everything." Other staff reflected on the positive approach to training, one saying, "They are all over the training, we get plenty."
● Clinical staff we spoke with told us they had regular communication with their clinical lead, through conference calls and meetings. At one of these it was identified that some further training in septicaemia would be of benefit and this training was being arranged.

Working in partnership with others
● Partnerships had been encouraged and developed. There was a positive response from health care professionals we spoke with, one said, "From our perspective the Bespoke team approached the package in a professional and appropriate manner and handled the situation with care and compassion."
● Each care package had established relationships with local health care providers and community services. This ensured the care was supported by local community health teams.