

Bespoke Supported Living Ltd

# Bespoke Supported Living Ltd

## 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

We carried out an announced inspection of Bespoke Supported Living on 19 July 2016. The inspection was announced to ensure management would be available at the office.

The service had last been inspected in November 2013, when it was located at a different address. We found the service to be compliant with all regulations assessed at that time.

Bespoke Supported Living provides supported living and domiciliary care in Wigan and the surrounding areas. Support is provided up to 24 hours per day to people with a variety of needs including people with learning disability and mental ill health. Supported living is facilitated in three separate properties within the Wigan area. At the time of the inspection a total of 53 people used the service: 31 people were receiving domiciliary care; and 23 people lived in the supported living services.

At the time of the inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

All the people we spoke to told us they felt safe. We saw that the service had appropriate safeguarding policies and procedures in place. Staff were all trained in safeguarding vulnerable adults and had a good knowledge of how to identify and report safeguarding or whistleblowing concerns.

The registered manager, service managers and staff we spoke to had knowledge and understanding of the Mental Capacity Act (MCA) 2005 and how this applied to the people they supported. Staff were also knowledgeable of the Court of Protection and its role in legally authorising any deprivations of a person's liberty.

We saw that staffing levels were sufficient to meet the needs of the people who used the service. Whilst some staff indicated that additional staff resources were required, they confirmed that the service was still able to meet all calls and people's needs at the current levels.

Staff told us that they felt supported through completion of regular supervisions and monthly team meetings.

Robust recruitment procedures were in place to ensure staff working for the service met the required standards. This involved everyone having a DBS (Disclosure and Barring Service) check, at least two references and work history documented.

Staff reported that they received a good level of training to carry out their role. We saw that all staff completed an induction training programme before working with people who used the service and that on-

going training was provided to ensure skills and knowledge were up to date.

We saw that the service had both a policy and systems in place to ensure safe medicines management was maintained. People we spoke with confirmed that they received appropriate support to ensure medicines were taken as prescribed. We saw that the service carried out regular audits to ensure medicines had been administered correctly and that stock levels were accurate.

People we spoke with were complimentary about the quality and nature of the care provided by the staff. Staff were described as being kind, respectful and mindful of people's dignity.

We looked at seven care plans which contained detailed and personalised information about the people who used the service. The care plans also contained individual risk assessments, which helped to ensure their safety was maintained

Everyone we spoke to felt that the service was well run and managed. The management team were reported to be approachable and helpful and each staff member told us they enjoyed their jobs and working for the company.

## 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

The service had systems and procedures in place which sought to protect people from harm and keep them safe.

Staffing levels were appropriate to meet the needs of people who received support.

Safeguarding policies and procedures were in place and staff were aware of the process.

The service followed safe recruitment practices, to prevent unsuitable people from working with vulnerable groups.

### Is the service effective?

Good ●

The service was effective.

Staff reported receiving enough training to carry out their roles successfully and were provided with regular support and supervision.

People were supported to ensure their nutritional and hydration needs were met.

Care plans demonstrated that people had been involved in discussions around their care and support and their consent sought.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA).

### Is the service caring?

Good ●

The service was caring.

People told us staff were caring and friendly and respected their privacy and dignity.

Staff were aware of the importance of promoting independence and providing choice.

Information within individual care plans was produced in easy read format, along with pictorial representations which made it more accessible.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were person-centred and individualised with information about what and who was important to people, what they liked to do and how they wanted to be supported.

The service had a detailed complaints policy and everyone had a copy of this to refer to. Complaints were well managed and responded to in a timely manner.

People were regularly asked to provide their opinions and asked for their views about the standard of care they received.

### Is the service well-led?

Good ●

The service was well led.

Staff felt well supported by the management team.

Team meetings were held every month and every effort made to ensure all staff could attend.

Audits and quality assurance checks were carried out regularly and in a number of areas, to ensure good practice was maintained.

Spot checks and competency checks were carried out by team leaders and the management to ensure staff worked to high standards and address any issues noted with care provision.

# Bespoke Supported Living Ltd

## **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.

The inspection took place on 19 July 2016 and was announced. We gave the service 48 hours' notice, as the location provides a domiciliary care service and we needed to be sure someone would be in the office to facilitate the inspection, as well as allowing time to arrange for staff to be available to meet with us.

The inspection team consisted of two adult social care inspectors from the Care Quality Commission (CQC).

Prior to the inspection the service completed a Provider Information Return (PIR), which is a form that asks the provider to give some key information about the service. We also reviewed all the information we held about the service including statutory notifications and safeguarding referrals and contacted external professionals from Wigan Council.

As part of the inspection we spoke to the registered manager, two service managers (domiciliary care and supported living), seven staff members, eight people who used the service and two relatives.

We looked at seven care plans, eight staff files and seven training files. We also reviewed other records held by the service including audits, meeting notes and safety documentation.

# Is the service safe?

## Our findings

We spoke with eight people who used the service and each person told us they felt safe. One person said to us, "I definitely feel safe, I've used some horrendous companies before, but feel like I'm the priority with Bespoke." Another stated, "Do I feel safe, yes very much so." Whilst a third told us, "Yes, I feel safe, the girls are very good."

We looked at infection control practices within the service. We asked the eight people we spoke to if staff always wore personal protective equipment when necessary. All of them confirmed that staff had done so. One person told us, "Oh yes, they always wear gloves and aprons," whilst another said, "The staff always wear gloves, never been an issue."

We looked at the service's safeguarding systems and procedures. The safeguarding file contained an up to date safeguarding policy, along with information on how to report safeguarding concerns. This ensured that anyone needing to report a safeguarding concern would be able to access appropriate guidance. We saw that local authority procedures around the reporting of safeguarding concerns were in place. We saw that all concerns had been assessed and reported correctly following the local authority's safeguarding process.

We spoke with staff about safeguarding vulnerable adults. Each member of staff told us they had received training in this area and displayed a good understanding of how they would report concerns. One told us, "I would speak to my line manager or the registered manager." Another said, "If I saw or suspected abuse I would contact my manager and report this."

The service had a whistleblowing policy, which gave clear guidance on how to raise concerns. Staff told us they were confident in raising concerns and felt these would be taken seriously and acted upon. One member of staff stated, "I know how to report whistleblowing concerns, I would speak to my manager or if needed take it further and go outside the company."

We viewed eight staff files to check if safe recruitment procedures were in place. Each member of staff had a Disclosure and Barring Service (DBS) check in place with the DBS number and date of issue clearly displayed. The DBS check helps prevent unsuitable people from working with vulnerable groups and is a requirement when working in a care setting. All staff also had at least two references on file as well as a full work history where applicable, fully completed application forms and interview documentation.

We looked at how accidents and incidents were managed. The service had a detailed accident and incident policy and an accident file in place, however only one accident had been documented, which related to a staff injury sustained during duty. We spoke to the registered manager who told us this was the only injury that had occurred recently. We asked staff members about what to do if they witnessed an accident. Each member of staff confirmed they would report this to their line manager, however none had occurred for them to report.

We asked staff for their views and opinions of staffing levels. Of the seven staff spoken to, three told us there

was currently a shortage of staff, whilst the other four told us there were currently enough staff in place. One said, "We have enough staff, we are looking at bank staff to help cover short notice absence, such as when people phone in sick, but even when this happens there is no issue covering everything." Whilst another told us, "Staff levels are good; we have enough for the supported living." A third stated, "I'd say we have enough staff, I've had no problem making all of my calls." The three staff who reported a shortage in staffing levels, all confirmed that this had not impacted on the provision of care. One told us, "We are a bit understaffed, although still manage to make all of our calls," whilst another added, "We could do with more staff, particularly covering the [town] area, although I still get to all my calls and meet people's needs."

We spoke to people who used the service about staffing levels and whether staff always turned up on time for each call. One person told us, "They are very reliable, if they are running late due to traffic, they always let me know." Whilst another said; "They always turn up and sometimes even stay on a bit longer than they should, if they haven't got another call straight after me." Of the eight people spoken, one person told us they had experienced issues, with them reporting their carer had been double booked on a few occasions. After contacting the office, the service had resolved these issues and arranged for another staff member to visit.

We looked at staffing rotas for both domiciliary care and supported living for the last four weeks and saw that sufficient numbers of staff were deployed to meet people's needs. We also looked at the service's call monitoring and staff attendance sheets, which evidenced that all calls and shifts for the last four weeks had been covered.

In all of the seven care plans viewed, we saw risk assessments, which were person centred, detailed and easy to read and follow. We also saw that separate individual risk assessments had been completed for health and safety related issues such as fire safety, location of stop cocks and fuse boxes, to help assist in an emergency.

We looked at the systems in place with regards to medicines management. We saw the service had a medicines policy in place, which included self-medication, storage, administration and recording. Staff we spoke to had a good understanding of the safe management of medicines. We saw that some of the people who use the service self-medicated, with support only being given in the form of prompts and reminders to do so. People we spoke to told us that they were satisfied with the support received from the service. One told us, "I receive all my medicines on time, I self-medicate but they prompt me to do so at the right time. They also help me to order my medicines each month." Another said to us, "There are no problems at all with my medicines, I receive these every day when I should."

We spoke to a relative who told us they had insisted any staff that supported their [relative], had received specific training in percutaneous endoscopic gastrostomy (P.E.G) tubes. They told us, "I insisted the staff were properly trained in using a P.E.G, this was done quickly and they now administer medicines via P.E.G, there's never any issue with this." We saw that all staff that supported this person had received training and had their competency assessed from the district nursing team before administering medicines via the person's P.E.G.

We looked at five Medicine Administration Record (MAR) charts. We saw that these had filled out correctly with all medicines signed for at the correct times. We also saw that all staff who were authorised to give out medicines had their competency assessed.

We saw that regular health and safety checks of the properties where people lived had been completed. These checks looked at the exterior of the property, general safety, entrances/hallways, the kitchen area,



lounge areas and bathrooms/bedrooms. We saw there was a section for comments and actions could be recorded such as if any repair or maintenance was needed. This would ensure the environment was safe for people to live and that any potential environmental risks could be mitigated effectively.

# Is the service effective?

## Our findings

We asked people who used the service if they thought staff were well trained. One told us, "Staff are well trained, sometimes new ones lack a bit of confidence, but they still know what they are doing." Another said to us, "Yes, they are they all know what they are doing," Whilst a third stated, "My carer certainly knows her stuff."

We looked at eight staff files and seven additional staff training records and saw the service provided a comprehensive induction programme. All seven staff we spoke with confirmed this and also told us they had to complete the training before they could begin supporting people. One said to us, "My induction training was over 10 days, it covered all sorts of things such as safeguarding, medicines, manual handling, it was really good." Another told us, "Yes, I have had induction training; this covered everything I needed before I started working with people." Whilst a third said, "This type of job was all new to me; the induction training taught me everything I needed."

The staff we spoke to also confirmed that the service provided on going training as well as access to qualifications such as National Vocational Qualifications (NVQ's) in health and social care.

We saw evidence that the Care Certificate was in place at the service, although only a small proportion of staff had completed this to date. The Care Certificate was officially launched in March 2015 and is the new minimum standards that should be covered as part of induction training of new care workers. Employers are expected to implement the Care Certificate for all applicable new starters from April 2015.

We saw the service had a training matrix, which showed what training every member of staff had completed and when the next sessions were due. We saw that all staff had received training in key areas such as safeguarding, mental capacity and moving and handling. We saw that refreshers were overdue for a small number of staff. The registered manager acknowledged this and provided a copy of a plan for ensuring everyone was up to date with their training.

The staff we spoke with told us that supervisions were completed and they felt involved in the process. There was some discrepancy with how frequently these occurred, but everyone confirmed they happened regularly. One staff member told us, "I have supervisions regularly; it's good to have time to reflect on your performance and experiences." Another said to us, "We have these every six to eight weeks, they are always documented and I get a copy." Whilst a third said, "We have these every 12 weeks; we get to have some input into what is discussed." We saw copies of completed supervision documentation in the eight staff files we looked at.

There was evidence within the seven care plans we looked at that people's nutritional and hydration needs were addressed. People we spoke with told us they had no concerns in this area and felt well supported. One person said, "they always make sure I have three meals a day, they prompt me to do this and will cook for me if I am not up to doing it myself." Another told us, "I get plenty to eat and drink, they certainly feed me up." A third person stated, "I provide my own food, but staff make my meals for me, they are very good."

Staff told us that dietary sheets, menus and fluid monitoring sheets were in place and that information about what people had eaten and drank was recorded on the daily logs and handover sheets. One staff said to us; "I make sure people have eaten, I give them lots of options then record this on the dietary sheets and handover." A second staff said, "We fill in forms, such as menus, fluid charts, we document what someone has had." We saw completed copies of all these forms.

We saw that people who used the service or their representatives where necessary, had signed a contract agreeing to the care and support they received. People we spoke with told us they had been involved in decisions around their care. We also saw evidence that reviews of the care provided were carried out and these were signed and dated by the person as well as the service.

We asked people who used the service whether staff sought their consent. One person told us, "The staff always use phrases such as 'would you like' or 'can I'." Whilst a second person said, "We have a good relationship; they always announce themselves and ask me if it's okay." A third person reported; "We always have a chat first and they always ask before doing anything."

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.

We checked whether the service was working within the principles of the MCA. We found the service had an appropriate MCA policy and associated procedures in place and staff had all received training in this area. One staff member told us, "I know about the MCA, everyone is deemed to have capacity until proven not to." Whilst another told us, "The mental capacity act is there to protect people who don't have capacity."

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. The application procedures for this in care settings are called the Deprivation of Liberty Safeguards (DoLS) and can be legally authorised by the local authority. However, this is not relevant for people who receive domiciliary care in their own homes and the people who used the supported living service provide by Bespoke Supported Living, are considered 'tenants' within supported living accommodation. This means any decision to deprive a person of their liberty must be legally authorised by the Court of Protection. We saw that where necessary this process had been followed and the service had discussed matters relating to restrictive practices with the local authority and had completed all the paperwork required by law.

# Is the service caring?

## Our findings

People who used the service told us that staff were kind and caring. One person told us, "The carers are excellent," whilst another said, "the staff are fantastic, absolutely brilliant, I can't fault them." A third person said, "all the staff are very good, they are really kind," whilst a fourth told us, "brilliant, they are the best staff I have ever had, really open and friendly."

We spoke to two relatives who both told us they were very happy with the staff and the way they supported their family members. One said to us, "If we could, we would happily keep them all the time, nothing's too much trouble for them." Whilst the other told us, "The staff have a laugh and a joke with [relative], a lot of the staff give her a hug and kiss when they are going, which she really appreciates."

The people we spoke with told us they felt treated with dignity and respect by the staff that supported them. One person said; "I'm treated with dignity and respect, I have two or three girls who tend to come and all are very good about this." Another person told us, "They treat me respectfully, they are very careful about my dignity."

Staff members displayed a clear understanding of the ways in which dignity and respect could be maintained. One staff member told us that it was important to build up good relationships with each person, whilst two others said that they closed blinds or curtains and used towels to cover people when they provided personal care.

The staff we spoke with displayed awareness and understanding of how to promote people's independence and the importance of providing choice. They told us that people are encouraged to carry out any tasks they are able to complete and always asked what they would like to do. The people we spoke with confirmed that this was the case, one told us, "They let me do what I can do and encourage me to have a go." Another person told us, "I don't do anything I don't want to, the girls make suggestions but it's down to me to decide what I want." A third person told us, "I am always asked what I would like."

We found information within individual care plans was produced in easy read format, along with pictorial representations, which made it more accessible to the people who used the service and helped them understand the support and care being provided. We also saw that some people's contracts had been produced in easy read format, which had helped ensure they knew what to expect from the service.

We saw that the service had separate service user guides for domiciliary care and supported living and a copy of the respective guide was included in the information file each person had in their property.

We saw that the service held meetings for people who use the service. The supported living service held meetings every month, with minutes taken and circulated to each person. People who used domiciliary care services were invited to meetings via a 'we are listening' letter. We were told that the last one was cancelled as only two people were present.

## Is the service responsive?

### Our findings

We looked at whether the service was responsive to people's needs. All the care plans looked at contained a full personalised needs assessment, which included a detailed breakdown of support received, what the person's requirements were and why support was needed. Areas such as staff preference were also included such as wanting female only staff or preferring a small team to aid consistency. We saw that these requests had been respected and implemented.

We saw that where possible people had been involved in their initial assessment and planning of their care package. The people we spoke to confirmed this had taken place, one said to us, "The social worker set up the initial assessment but I have been involved in discussing and reviewing my care and support when necessary." Another person said, "I was involved in discussing my original care package," with a third stating, "I was directly involved in setting up my care plan, this has recently been adapted with my input."

We spoke to staff about the setting up of people's care plans and how they know what people want or like. One person told us, "we meet with people and go through what they want; [staff member] will draw up the care plan in collaboration with the person." Another said, "each person's file has documents in it which include, their likes, dislikes, things they enjoy doing. All staff have to read the file before supporting anyone."

We saw that care plans contained a 'my name is' document completed by each person, which provided staff with key information about them, to ensure care and support was personalised. Some of the areas on the form included, special people in my life, family, work history, how I communicate and things that cheer me up.

The people we spoke with within supported living services told us that during one to one time, they had been able to complete activities and attend outings of their choice. One person told us he would like to attend more group outings, such as a trip to a funfair, however other people who lived within the property had not been as enthusiastic. We saw that one staff member had purchased a bicycle, so that he could accompany a person who used the service on planned bicycle rides, which they had requested to do.

All the care plans we reviewed provided guidance around nutrition, communication, personal care, mobility, communication, medicines and medical issues. Each person had risk assessments in place, which were all specific to the individual rather than being generic. Wherever a person had a specific medical issue, detailed explanation of the illness, disease or condition along with how this was being treated and impacted on the care being provided had been included.

We spoke to people about whether they were asked for their views about the care and support received. We were told that the service sent out questionnaires, one person told us, "There's a customer perception survey, which I get sent and fill in," whilst another said, "They have questionnaires which are sent out asking us for our opinion, I did one not long ago."

We looked at the most recent satisfaction survey that had been sent to people who used the service. We saw

people were asked for their views and opinions about the standard of care they received, if their care and support needs were met, communication and if their safety is maintained. We found that the vast majority of comments made by people had been positive about the service they received. This system ensure that people had the opportunity to state if there was any aspect of the service they were unhappy with and informed management about the changes needed to be made.

We saw that the service had a detailed complaints policy in place. Copies of the policy and how to make a complaint were provided to every person who used the service. We saw that all complaints received had been fully investigated with detailed documentation covering each stage of the process. None of the people we spoke to had submitted a formal complaint. One person told us, "I've not really complained, once staff were a bit late but I rang the office and it was sorted straight away." A second person told us, "On one occasion a new staff member turned up drunk, they'd only been in the job a week or two, the registered manager dealt with this quickly and another staff came out to support me straight away." A third person told us, "Never had reason to complain and I'm the type to speak my mind, if I wasn't happy either me or my daughter would say something."

# Is the service well-led?

## Our findings

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, 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 also employed two service managers, who were responsible for overseeing the day to day operation of the domiciliary care and supported living services. People we spoke with knew who the managers were and how to contact them. As the service managers dealt with day to day operations, their names were mentioned most. However, three people told us they had the registered managers details next to the phone and had never had any problems speaking to her when required.

We asked staff whether they enjoyed working for the company and if they felt supported by the management team. Everyone we spoke to confirmed they enjoyed their jobs and felt supported. One person told us, "In all honesty I thoroughly enjoy working for the company, it's very rewarding." Another said, "Yes I love it, coming to work here is best thing I have done." A third staff member stated, "[manager] is brilliant, she always help out," whilst a fourth told us, "I have lots of access to [service manager's name], I feel very much supported."

We also asked staff for their opinions on the culture of the service. Everyone told us there was largely a positive and friendly atmosphere, albeit staff phoning in sick tended to result in other staff feeling stressed and put upon, which they felt impacted on morale. One person told us, "The mood here can be up and down, when it's up it's really good, but when people are phoning in sick, this makes the rest of us more stressed having to pick up their calls, this can affect the mood."

We looked at the minutes from the most recent staff meeting that had taken place, with records showing these took place each month. All the staff we spoke to confirmed that meetings were held monthly, and if necessary had been run twice to make it easier for all staff to attend. We saw that topics of discussion included any opening remarks from staff, things that have gone well recently, use of ID badges, handover sheets, waking nights, staff changes and policies and procedures. We saw that outcomes were agreed along with any actions to be taken. We also saw regular management meetings took place and discussions were held about service user forums, team meetings, call monitoring systems, supervisions and staff training requirement. These meetings meant both management and staff had the opportunity to discuss their work and about how the service could be improved.

We found that quality assurance audits were also undertaken by management from within the service. These checks looked at if service user meetings were being held, if there had been any complaints, if support plans were being completed accurately, risk assessments, medication, recording of accidents, fire safety and the cleanliness of the building. These checks ensured that relevant actions could be taken to ensure that people received an improved quality of care as a result.

The service also undertook spot checks of staff carrying out their work. We looked at a sample of these and saw both comments and actions were made based upon the findings. We noted some of the areas covered included completion of daily logs, staff communication, finances, rotas, the environment, staff supervision, fire, health and safety and medication. This would ensure staff worked to high standards and would enable management to suggest where things could be improved.

The service had a range of policies and procedures in place. We saw policies and procedures had been recently reviewed in April 2016 and were due for renewal 12 months later. The service had policies and procedures in relation to equality and diversity, health and safety, recruitment of staff, complaints, safeguarding, staff training, whistleblowing, first aid, infection control and medicines management. This ensured staff had access to relevant guidance and information if they needed to seek advice.