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Bspoke Social Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

Bspoke Social Care is a domiciliary care service providing care and support to older people and younger adults, as well as people who may be living with a learning disabilities or autistic spectrum disorder, dementia, mental health needs, or a physical disability.

Not everyone using the service receives regulated activity; the Care Quality Commission (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 take into account any wider social care provided. At the time of our inspection 24 people were being supported with personal care.

At the time of our inspection, the service was not providing support with personal care to anyone with a learning disability or autistic spectrum disorder. Non-the-less the service applied the principles and values of Registering the Right Support and other best practice guidance. These principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

People's experience of using this service

People were at risk of receiving unsafe or ineffective care. Medicines had not been managed safely; information about people's needs, risks to their safety and how these risks should be managed had not always been recorded.

New staff completed shadowing to learn how to meet people's needs, but had received limited formal training or practical training. The provider did not have a robust approach to assessing and evidencing new staff had the skills and knowledge needed to safely support people. Clear and complete records were not always available to show risks had been assessed and managed. More detailed audits were needed to monitor the quality and safety of the service.

We made a recommendation about exploring and recording any wishes and views people had for care and support approaching the end of their life.

People and relatives consistently praised the kind and caring staff. They told us they felt safe with the support staff provided and complimented the person-centred support they received. People enjoyed staff's company and had developed positive caring relationships with them. Staff understood people's needs and took account of people's likes, dislikes and personal preferences when providing care. People's privacy and dignity were maintained.

New staff were safely recruited. The provider made sure enough staff were deployed and people praised the reliable staff who arrived on time and never missed visits. Staff were supported to identify and respond to any safeguarding concerns.

People were supported to receive medical attention if they were unwell or an accident or incident occurred.

Staff listened to people and followed their instructions. 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.

People felt able to raise any issues or concerns. The provider listened and responded to any complaints about the service.

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

Rating at last inspection

At the last inspection service was rated Good (report published 7 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to the governance of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was 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 not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Bspoke 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. 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

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Notice of inspection

We gave 5 days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection. Inspection activity started on 10 June 2019 and ended on 12 June 2019. We visited the office location on 11 and 12 June 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and two people's relatives about their experience of the care provided. We spoke with the provider, administrator and two members of care staff.

We looked at three people's care records in full and two people's care records in part. This included medication administration records and people's daily notes. We looked at six staff's recruitment, induction,

training and supervision records as well as other records relating to the management of the service.

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 Good. At this inspection this key question has deteriorated to requires improvement. This meant 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.

Using medicines safely

- People were at increased risk of harm, because safe systems were not in place to support people to take their prescribed medicines.
- Appropriate care plans and risk assessments were not always in place to guide staff on the support people needed with their prescribed medicines.
- Good practice guidance had not been followed when documenting the support provided with people's medicines; medicine audits had not been used to identify and address these recording issues.
- The provider had not completed competency checks to make sure staff had the knowledge and skills to safely administer medicines.

Assessing risk, safety monitoring and management

- People were at risk of harm because detailed care plans and risk assessments were not available to show risks had been assessed and to guide staff on how to consistently and safely meet people's needs.

The failure to adequately monitor and minimise risks when administering medicines, and to keep complete and accurate records about risks and how these should be managed was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had a good understanding of people's needs, the risks to their safety and how these could be reduced or managed.
- People consistently told us they felt safe with the support staff provided and said they had confidence in staff's knowledge and understanding of their needs.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm; most staff had been trained to help them identify and report any safeguarding concerns.
- The provider had a safeguarding policy and worked closely with the local authority to report and address safeguarding concerns to help keep people safe.

Learning lessons when things go wrong

- Staff responded to any accidents or incidents; they checked if people had been injured and helped them to get medical attention if needed.
- The provider reviewed accident and incident reports to make sure they had been dealt with appropriately, and to look at anything else that could be done to stop a similar thing happening again.

Staffing and recruitment

- Staff had been safely recruited; recruitment checks helped make sure suitable staff were employed.
- People received reliable care and support at the times they needed; a person who used the service explained, "They are very good with timekeeping, there's been no missed visits and they've never been late."
- Rotas were not clearly recorded and we spoke with the manager about developing a more robust and transparent approach to scheduling people's care and support.

Preventing and controlling infection

- Staff used personal protective equipment, such as gloves, to help prevent the spread of healthcare related infections.
- The provider was organising formal training in infection prevention and control.

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 Good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People were at risk of receiving ineffective or unsafe care, because staff had not always completed appropriate training or had their competency assessed.
- New staff shadowed other workers, but records did not show what was covered during this induction period or how the provider had made sure they were safe to work independently.
- A more robust induction, training and system of competency checks was needed to make sure staff were suitably trained.
- The provider acted in response to our concerns, for example, they booked moving and handling training for all staff and begun work to introduce medicine competency checks.
- The provider used formal supervisions and annual appraisals to support staff, monitor their wellbeing and identify goals for the future.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Holistic assessments of people's needs had not been consistently documented and care plans did not always provide enough information to guide and support good practice.
- People gave consistently positive feedback about the effective support they received; they told us, "The carers do a good job; they are thorough and don't cut corners" and "They are good at their jobs and genuinely seem to care."
- Staff worked closely with people and their families to make sure the support provided met their needs.
- Staff monitored people's needs and provided flexible support to help make sure they attended medical appointments or to seek emergency medical attention if needed.

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 MCA 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. We checked whether the service was working within the principles of

the MCA.

- People were involved with important decisions about their care; staff gained people's consent before supporting them.

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

- People received effective care to make sure they had enough to eat and drink; a person said, "They have been marvellous, they always offer to make me a drink."
- Staff encouraged people to eat and left drinks in accessible places to make sure people had enough to drink.

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 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

- People received caring support from kind and attentive staff; a person explained, "The staff are kind and very helpful. They do anything I ask them to."
- People were supported by a familiar team of staff; they had developed positive caring relationships with staff and valued their company.
- People praised staff's cheerful and helpful approach. A person told us, "They are pleasant to be around, they are always talkative."
- Staff respected people's equality and diversity; they treated people as individual and recognised their varied and diverse needs.

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

- People had choice and control over the support they received; staff listened to people and followed their instructions.
- Staff understood people's verbal and non-verbal communication and used their familiarity with people to help them communicate their wishes and views.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their privacy and dignity; staff were respectful in their approach and were mindful of supporting people to maintain their dignity. A person explained, "The staff appear to enjoy what they are doing, they don't make you feel uncomfortable or like you are burden."
- People benefited from patient and attentive support, which helped to maintain their independence.
- Staff encouraged people to regain and maintain their independence. A person explained, "I've got more confidence now, because of the attitude of staff. I look forward to their visits."

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 Good. At this inspection this key question has remained the same. This meant people's needs were met.

End of life care and support

- People's care plans did not show how their preferences and choices for care and support at the end of their life had been explored.
- The provider had an end of life policy and procedure, but this had not been fully implemented; some staff had completed training in end of life care.

We recommend the provider implements best practice guidance when assessing and recording people's end of life wishes.

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

- People received person-centred care which was responsive to their needs; a person explained, "The staff are brilliant, they do not rush, they give you the time you need and do what needs doing."
- Staff had a good understanding of the people they supported, their likes, dislikes and personal preferences.
- People had regular reviews to make sure the care and support continued to meet their needs; a person explained, "Whenever I have any issues, or my support plan needs updating, I liaise with them and it gets sorted."
- The provider was flexible in their approach and changed the times and lengths of people's visits to meet their specific needs and preferences.

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.

- Staff understood people's communication needs and how best to share information in a way they would understand.
- The provider made sure people had accessible information; for example, about how to complain about the service.

Improving care quality in response to complaints or concerns

- People felt confident speaking with the provider if they needed to complain. One person explained, "If you've got a problem and you ring [provider's name] and they always answer and deal with it. The problems are not brushed under the carpet."
- The provider had listened and responded to complaints; they gathered more information and took

appropriate action to resolve issues and concerns to improve the service.

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 Good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always guarantee the delivery of high-quality, person-centred care.

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

- People were at risk of receiving inconsistent or unsafe care; improvements were needed to make sure medicines were managed safely and regularly audited.
- Clear and complete records were not always in place regarding people's needs, the risks to their safety, and the support required to keep them safe.
- Staff had received limited training; the provider's induction did not evidence how new staff had been supported to provide effective care or assessed to make sure they were safe and competent to care for people who may be vulnerable.

The failure to adequately assess, monitor and minimise risks, and to keep complete and accurate records about risks and how these should be managed was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite these concerns about the provider's approach to minimising and recording risks, people gave consistently positive feedback about the care and support they received.

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

- People received person-centred care. The provider listened and responded to people's requests; they were flexible in their approach to supporting and meeting people's needs.
- People praised the kind and caring staff and the quality of the care they received.
- The provider was very 'hands-on' in supporting people; they understood people's needs and were a visible presence within the service promoting a person-centred culture and approach to providing care.

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

- The provider was open and transparent when dealing with issues and concerns; they understood their responsibility to apologise to people and give feedback if things went wrong.

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

- The provider was approachable and supportive of staff; staff told us advice, guidance and support was

available when needed.

- The provider monitored people's level of satisfaction to make sure they were happy with the support provided.
- People and relatives were positive about staff and the provider who they knew well; people knew who the provider was and felt they were approachable if they ever needed anything or wanted to change how they were supported.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not operated systems and process to assess, monitor and mitigate risks to the health, safety and welfare of service users. They had not maintained complete and contemporaneous records. Regulation 17(2)(b)(c).