

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Bspoke social care

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Date of Inspection: 30 December 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mrs Zoe Elisabeth Husband
Overview of the service	Bspoke Social Care is owned by Mrs Zoe Elisabeth Husband. The service supports people in Lincolnshire who have mental health difficulties or a physical or learning disability. At the time of the inspection the service provided support of the regulated activity "Personal care" to one person.
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 30 December 2013, talked with carers and / or family members and talked with staff.

What people told us and what we found

Prior to our inspection we reviewed all the information we had received from the provider. A person who used the service was able to communicate via text so we asked them some questions about the service in a text message which they replied to. During the inspection we spoke with a relative and asked them for their views. We also spoke with a senior support worker and the manager, who is also the registered provider. We looked at some of the records held at the service including one person's care file.

We found there were systems to involve people in planning their care which met their needs. A person told us they had been involved in preparing their care plans and they were happy with the care they received.

We found there were systems to keep people who used the service safe and protected from harm. Staff knew how to respond to any allegation of abuse. We asked a person who used the service if they felt safe with the staff employed at the agency and they said they did.

We found there were suitable staff employed and the manager was going to introduce systems to ensure they provided a good quality service as they supported more people. A relative told us, "They are reliable, they have lived up to what they offered."

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We found the provider had effective systems to involve people in planning their care, and obtaining people's consent for this to be provided. We saw there was an entry in a person's care file that stated the person had the mental capacity to make decisions about their daily life. This included how the care and support they required was provided. It was recorded in the file the person was unable to provide written consent due to their physical disability. We asked a person who used the service in a text message, "Were you involved in preparing your care plan?" The person replied by text, "Yes."

The provider may find it useful to note that the care plans prepared had a section for the person to sign to show their agreement with these. However as the person was unable to do so, these had not been altered to show the person had given consent in a way they were able to.

A relative told us, "They involved [NAME] when they made the care plans, they were good at that." The relative also told us their relation, "Gets on really well with them, she would be able to say if she wanted things done differently." We asked a person who used the service in a text message, "Did you feel your views about how you wanted to be supported were listened to and taken into account?" The person replied by text, "Yes."

The Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (2007) is legislation used to protect people who might not be able to make informed decisions on their own about the care they receive. The manager told us they did not support anyone who did not have the capacity to make decisions about the care and support they required and would not do so at present, although they may consider doing so in the future.

A senior support worker told us they understood the principles of the Mental Capacity Act (2005) and the person who used the service had the right to make decisions for themselves. They said they discussed with the person what they wanted to do, and said the person always made the decision.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care and support that met their needs and protected their rights.

Reasons for our judgement

We saw the care file for a person who used the service which was held at the office. The manager told us this was a copy of the care file held at the person's home. The care plan described how staff should respond to the person's identified needs. This included how moving and handling equipment should be used safely. A relative told us their relation had a file of care plans in their bedroom. The relative said this had been completed, "Compassionately." The manager told us they wrote a record of what they did each time they visited the person. They had brought some of these back from the person's home to show us.

A senior support worker told us they had devised the care plans with the person who used the service. They said they had sat down with the person and their relative to prepare them. They said the person would nod when they were in agreement with them. The manager told us the person enjoyed referring to their care plans and this was made into a "Bit of fun."

The manager told us they provided support with the person's moving and handling needs. They said another worker, who was not employed by Bspoke Social Care, assisted when two staff were needed to help the person, which was the case for their moving and handling needs. A senior support worker told us they had received training on moving and handling in their previous employment and said they were able to use the moving and handling equipment safely. We asked a person who used the service in a text message, "Are you happy with the support you receive from Bspoke Social Care?" The person replied by text, "Yes."

We found staff responded to people's needs. The manager told us the person's relative helped coordinate the person's care and ensured any relevant information was passed on to all those involved in the care package supporting the person. We asked a person who used the service in a text message, "Do they provide you with the care and support that was agreed in your care plan?" The person replied by text, "Yes."

The manager told us the more they got to know the person the better they had become at understanding how the person communicated. The manager described different ways the person communicated with them.

There was a care plan for supporting the person with eating and drinking. This included details that there were guidelines about supporting the person to eat safely provided by speech and language therapy (known as SALT who provide guidance on eating and swallowing difficulties.) The provider may find it useful to note there was no copy of these guidelines in the person's file.

There was information about the person's health condition in their care file. The manager told us they did not have any dealings with medication at present, but would do so if this became needed. The manager said they would need to ensure staff had the training required before doing so.

Staff provided effective care. We saw the person's care plans were written in a person centred manner and included details about how to promote the person's privacy and dignity. We asked a person who used the service in a text message, "Are you treated with respect?" The person replied by text, "Yes." A relative said their relation was treated with respect. They gave an example that the door was always shut when their relation received personal care.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Staff knew how to respond to any allegation of abuse. A senior support worker told us they had received training on safeguarding in their previous employment within the last year and we saw a certificate for this in their staff file. The senior support worker told us they had seen the provider's safeguarding and whistleblowing policies and understood these. We saw these in the provider's policies and procedures file.

Staff kept people safe from harm. A senior support worker told us they had been shown how to secure the person's wheelchair in the mini bus used to transport them. The senior support worker said they felt confident to be able to do this safely. The provider may find it useful to note there was no record to show the staff member had been shown how to do this and that they had been assessed as competent to do so.

A relative told us the senior support worker did not drive the vehicle so there was always themselves or another driver who was responsible for ensuring the wheelchair was securely fastened. We asked a person who used the service in a text message, "Do you feel safe when care workers from Bspoke Social Care are with you?" The person replied by text, "Yes."

We saw there were risk assessments completed on the property where they supported people to ensure this could be done safely. A relative told us they felt their relation was kept safe when they were supported by staff from the agency. They described the staff as, "Safety conscious." We asked a person who used the service in a text message, "Have you ever been hurt or injured when people have been supporting you?" The person replied by text, "No."

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

At the time of our inspection the registered provider/manager employed one member of staff as a senior support worker. The manager said they would be looking to employ more staff as they took on more people to support.

We saw the senior support worker's file and saw the necessary recruitment checks had been completed. These included a criminal records bureau check (CRB) and two references. The senior support worker told us they had been through the required recruitment checks before they took up their employment.

We asked a person who used the service in a text message, "Do the staff from Bspoke Social Care seem to be competent to care for you?" The person replied by text, "Yes." A relative said the senior support worker who supported their relation was, "Really good, and on their (relation's) wavelength."

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider was introducing systems to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The manager said that at present they received feedback from the person they supported and a relative on a daily basis. The manager said they would develop systems to monitor the service as they expanded. The manager showed us a text message the person had sent them the previous day.

We asked a person who used the service in a text message, "Do you feel your wishes are listened to by the staff from Bspoke?" The person replied by text, "Yes." A relative told us, "They are reliable, they have lived up to what they offered."

A senior support worker told us they prepared their rota for supporting the person with them and their relative. They said this helped them to plan particular activities and outings the person wanted support with. A relative told us their relation was very keen for the senior support worker to come to support her. The relative said, "She tries to make it nice for us as well. She cleans up after her when she has cooked a meal."

The manager showed us a complaints file which had some blank complaints forms in. The manager said they had not received any complaints but if they did they would see these as ways to identify how they could improve the service. We asked a person who used the service in a text message, "Do you know how to complain if you are not happy with them?" The person replied by text, "Yes." A relative told us, "I would say if something was not right. I know they would listen to me."

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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