

Bespoke Care Services Ltd Support Service

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Type of inspection:
Announced (short notice)

Completed on:
18 October 2023

Service provided by:
Bespoke Care Services Ltd

Service provider number:
SP2021000021

Service no:
CS2021000031

About the service

Bespoke Care Service has been registered with the Care Inspectorate since April 2021 as a support service and care at home. This was the first inspection since the service registered. The provider is Bespoke Care Services Ltd.

Bespoke Care Services offer support to people aged 18 and over with a variety of conditions.

The service aims to specialise in providing support to people with neurological conditions.

About the inspection

This was a short notice inspection which took place on 17 and 18 October 2023. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection, we reviewed information about this service. This included registration information, information submitted by the service and intelligence gathered since the service was registered.

In making our evaluations of the service we:

- spoke with four people using the service and a family member
- spoke with two staff and management
- reviewed documents

Key messages

This was the first inspection since the service registered.

- people supported by the service were happy with their service

- people spoke highly of the staff

- we have made some areas for improvement to support the service moving forward

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We visited two people using this service and spoke with three by phone. All were very happy with the service and spoke highly of the staff. Some of their comments were:

'I am very happy, the carers are very good. They do all that's needed and more'

'staff are great'

'staff support me to go out and take part in things I like'

'if there is a problem, the manager will get you an answer'

'I have no complaints'

People told us they had consistent staff supporting them which helped build relationships and supported their dignity and respect, especially if receiving personal care. We were told if staff were running late they were contacted to let them know.

There was evidence people were involved in the development of their support plan and contributed to the level of personal information recorded there. People were involved in setting their personal outcomes which were reviewed to ensure they kept meeting people's changing needs. We were pleased to see outcomes being achieved or progress made towards meeting them.

We could see from plans that the service supported people to maintain or increase their independence. There was evidence of people improving their mobility and carrying out small tasks they could not before using the service.

Questionnaires had been sent out to people using the service but only one had been returned. These were to gather their views on the quality of the support they received, their staff and management. The one returned was very positive. We have asked the service to explore more ways for people to participate and give their views. For example the six monthly review is a good opportunity to ask people about the quality of their service. While we accepted the service routinely consulted with people, their views were not recorded.

Staff had Infection Prevention and Control (IPC) training including donning/doffing of Personal Protective Equipment (PPE) and correct use of PPE. This contributed to keeping people safe and helped prevent the spread of infections.

It was good to see the National Care Standards principles being demonstrated in the Continuous Improvement Plan but the vast amount of examples were around the manager's practice. This is an area that could be developed to include how carers across the team used the National Care Standards in their daily work. For example, this could be recorded as part of staff observations.

How good is our leadership?

4 - Good

There had been one incident. The incident report was very detailed and clearly showed what had happened and what steps were taken to try to prevent incidents happening again.

The continuous improvement plan was very detailed and covered all parts of the service. This included care plans, risk assessments and training. However, from this audit should come a development plan to clearly show how any issues were going to be dealt with. This should be a plan with timescales for completion to ensure improvements were made.

Returned staff questionnaires showed the vast majority of staff were very happy with the way the service was run, staff felt they could speak with the management team if any issues and they felt listened to. One commented 'happy to be part of this company, staff treated with respect'

How good is our staff team?

4 - Good

We sampled files of newly recruited staff and found all paperwork in place. This meant the service followed safer recruitment guidance which should keep vulnerable people safe. We provided the management team with 'safer recruitment' guidance from the Care Inspectorate to further support them moving forward.

Whilst we could see shadow shifts for new staff were recorded on the rota and we were talked through what was involved in the induction, there should be a document where the induction programme was recorded.

The induction programme should record when shadow shifts were done and what was observed. There should also be evidence of supervision during the induction to check everything is well or if the new staff member needed more support. This will ensure there is evidence the new staff member is competent.
(Area for improvement)

There should be on-going observation of staff practice to ensure staff are putting their training into practice. Whilst we were told the manager worked alongside carers all the time these observations should be documented. Observations are also a good opportunity to record people's thoughts on the quality of the staff member supporting them.

(Area for improvement)

Supervision sessions were provided as a 1-1 support for staff. The supervision records sampled showed good support and mentoring for carers who found some parts of the role challenging. Due to this support, carers had worked through these challenges and were now settled and happy in their roles.

A team meeting had taken place recently with all staff coming together. Minutes showed lots of topics were discussed but there was no record of what staff had contributed to the meeting as there were no discussions noted.

People were happy with the staff who supported them. There was a good team who worked well together to provide the best service they could.

Areas for improvement

1.

To provide evidence new staff have completed a full induction, the provider should develop an induction programme.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which states: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional; and organisational codes.' (HSCS3.14)

2. To ensure staff are putting their training into practice the provider should record observations of staff practice.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which states: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional; and organisational codes.' (HSCS3.14)

How well is our care and support planned?

4 - Good

Plans had life histories such as where people had been born, their children but also their interests and hobbies. This may help staff see people as individuals and provide topics for chatting.

Care plans were outcome focused and person centred which meant the person was at the heart of their service. The plan detailed the person's key short-term and long term outcomes that were important to them. Outcomes were detailed with steps to be actioned to achieve them recorded. They were evaluated which considered what was working well or not working or what needed to change to achieve the outcome. We could see that outcomes were leading to people being more independent.

Although we found plans were good in terms of what the outcomes were and how the service planned to meet them, the link was missing around how staff would assist the person to do this. The provider had already identified this and had created a 'daily task list'. It was good to find the service had identified this issue and had taken actions, however there should be more detail around how people prefer their support to be provided. Carers rely on support plans to deliver the correct level of assistance but plans looked at, only advised the person needed 'assistance with washing and dressing' not how staff should support this. We would expect clear guidance around how staff should carry out these tasks to ensure they offer consistency and appropriate support.

Risk assessments were in place and being reviewed six monthly or earlier if there were concerns. Care plans were also reviewed six monthly. This ensured the plan continued to meet peoples needs.

Peoples reviews were part of the service continuous improvement plan. However a review document should be developed that can then be part of the care plan. The person using the service should be given a copy if they wish.

The review document should clearly show people's needs continue to be met. The review would look at what service/support the person received and, if this needed to change to meet any changing needs. The plan would then be updated to show the changes. This would ensure the persons outcomes are regularly reviewed and continue to be what the person wants to achieve.

(Area for improvement)

Areas for improvement

1. To ensure there is a clear record of the six monthly review the provider should develop a review document.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which states: 'My future care and support needs are anticipated as part of my assessment' (HSC 1.14)

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	4 - Good
3.1 Staff have been recruited well	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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