

Bespoke Clinical Care Support Service

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Type of inspection:
Unannounced

Completed on:
25 February 2026

Service provided by:
Bespoke Clinical Care Ltd

Service provider number:
SP2016012812

Service no:
CS2017353798

About the service

Bespoke Clinical Care is registered to provide a care at home service to children and adults with complex/intensive care needs living in their own homes and the community. The provider is Bespoke Clinical Care Ltd.

The service is provided by teams of staff supporting people living in North Lanarkshire, Stirling, and East Renfrewshire. The management team are based from an office in Hamilton. The registered manager coordinates the overall running of the service. The senior clinical care coordinator also holds some management responsibilities. The healthcare support workers provide direct support to people.

Support is provided to people living in their own homes, with one shared tenancy for two people. The range of support hours varied based on assessed need. People were supported from a few hours per day, to seven days per week including overnight support when required.

At the time of the inspection, the service was supporting 12 people.

About the inspection

This was an unannounced inspection which took place between Monday 23 and Wednesday 25 February 2026. 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 previous inspection findings, registration information, information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- visited people in their homes and spent time with four people using the service
- spoke with six of their family members
- spoke with 11 staff and received 10 questionnaire responses
- spoke with one visiting professional
- observed practice and daily life during home visits
- reviewed relevant documentation
- received feedback from five people supported and two external professionals through surveys issued prior to the inspection.

Key messages

- Warm, nurturing, and trusting relationships between people and staff had a consistently positive impact on people's wellbeing.
- People benefited from meaningful, personalised, and enjoyable activities which improved their quality of life, promoted independence, and supported aspirations.
- Strong partnerships with multidisciplinary professionals enhanced the quality, safety, and effectiveness of care and contributed to very good outcomes.
- Medication support was safe and well organised, with further improvements underway to strengthen documentation for PRN ('as required') protocols and care plans.
- Staff were very well supported, valued, and developed, leading to confident, motivated teams who delivered consistently positive experiences for people.
- People benefitted from stable, well matched core staff teams which promoted strong relationships and personalised support.
- The service demonstrated a clear commitment to staff wellbeing, reflected through team building, open communication, and a supportive culture aligned with organisational values.
- Personal planning was generally effective, with strong examples where people were meaningfully involved in developing plans that clearly reflected their voice and supported positive outcomes.
- Improvements to personal plans will support consistency in quality and accuracy of information to guide staff and support provision of high quality care.

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?	5 - Very Good
How good is our staff team?	5 - Very 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?

5 - Very Good

We found significant strengths in how the service supported people's health and wellbeing which clearly outweighed areas for improvement. Therefore, we evaluated this key question as very good. These strengths had a notable positive impact on people's experiences and outcomes.

Staff consistently demonstrated kind, person-centred interactions which promoted people's comfort, safety, and wellbeing. We observed warm, familiar, and nurturing relationships where staff understood people as individuals and adapted their approach sensitively to their communication styles and preferences. One relative told us, "Staff have great communication [...] everything is working really well for me and my son." A staff member commented, "It is good to be part of a team that ensures all our service users get the most out of their lives." These experiences promoted trusting, stable, and meaningful relationships.

People benefited from a wide range of purposeful opportunities that promoted fulfilment, stimulation, and enjoyment. Staff supported people to engage in a wide range of activities aligned with their interests and aspirations, such as attending belly dancing, concerts, learning opportunities, and university. Families confirmed this had a substantial positive impact on people's quality of life. One parent described the improvement for their daughter as "night and day" noting staff's commitment to communication, stimulation, and meaningful engagement. These opportunities ensured people experienced choice, purpose, and an active daily life, consistent with very good practice.

The service had strong and proactive links with multidisciplinary partners, including speech and language therapists, district nurses, and the ventilation team. Staff worked alongside professionals well to provide safe and skilled care. Professionals described the service as "excellent," "elite," and delivering "what's expected and more." They noted staff were "knowledgeable" and quick to act when changes occurred. Staff knew people very well and were highly responsive to changes in presentation, resulting in early intervention. These approaches ensured people's health and wellbeing benefits from their care and support.

Monitoring tools, such as bowel charts, seizure records, nutrition/hydration charts, and stress/distress logs, were generally used well and contributed to strong clinical oversight. Monthly clinical analysis and reporting by the manager provided analysis of changes in need and risk with regular information shared with complex care colleagues. This ensured people experienced very good outcomes and staff responded timeously to changes in their health and wellbeing.

We highlighted some minor discrepancies in the completion of some monitoring charts we reviewed. The service had already begun addressing these. We discussed opportunities to personalise daily task records to ensure documentation reflects what support people receive. This will ensure that charts remain accurate and specific to the needs of individuals.

Medication folders and records were well organised and we were assured that medication was administered in line with best practice. The management team had begun work on PRN protocols for 'as required' medications and we highlighted the value of fully recording PRN effectiveness to support ongoing review and oversight (see area for improvement 1).

Introducing clear medication care plans for each person will enhance consistency and help staff access up to date guidance without risk of information being missed. We have commented on this further under key

question 5 'How well is our care and support planned?'. Overall, medication processes were safe and improving.

Areas for improvement

1. To support people's wellbeing and ensure they experience interventions that are safe and effective if receiving 'when required' medicines, medication protocols should contain clear, up to date, and accurate guidance on when medication should be administered.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people. Therefore, we evaluated this key question as very good.

Staff consistently told us they felt well supported, respected, and valued in their roles. They described the management team as approachable, responsive, and committed to their development. One staff member said, "My support from my managers and colleagues was second to none. We are given support to further ourselves in our training." Another commented, "My workplace is my happy place [...] I wouldn't work with another company." This strong sense of belonging and morale contributed directly to stable, confident teams who delivered consistent, compassionate care.

Families also recognised the positive impact of staff capability and team stability. One relative told us that new staff had been "amazing" and that staff "just put me at ease," demonstrating how effective induction and role modelling supported trusting relationships. Reviews reflected that staff teams had "settled in well" and established good relationships with people, and families appreciated the consistency provided by core teams. This promoted continuity, trust, and strong partnership working which benefitted people's wellbeing.

Staffing arrangements were person-centred, flexible, and shaped by people's wishes, helping ensure the right match of skills and personalities. Personal plans reflected people's involvement in selecting who supported them and captured what was important to them from their staff members. This approach to matching ensured people were supported by staff who understood what mattered to them and could meet their needs and aspirations.

Small, consistent core teams meant staff knew people very well, which families identified as having a positive impact on people's safety, comfort, and daily experiences. Rotas were shared in ways that people understood, such as personalised staff boards, improving predictability and reducing anxiety.

There were strong systems of oversight to assure safe staffing, including safer recruitment practices, Protecting Vulnerable Groups (PVG) checks, induction processes, supervision, appraisal, and training. Evidence showed safer recruitment was followed in line with best practice. A supervision matrix was in place, with planned and completed dates, and staff described regular opportunities for guidance despite some gaps in formal recording. Staff reported that informal supervision, open-door contact, and immediate access to managers meant they always felt supported. The service recognised that supervision was not taking place consistently in line with policy and had begun reviewing how to better capture both formal and informal support to strengthen oversight and professional development.

The service also used competency checks, observations of practice, themed team meetings, and bespoke training to support safe, high quality care. Staff reflected positively on teambuilding opportunities and the supportive culture. One person told us, "We all get on really well - it's a good team." These approaches ensured staff felt valued and confident in their roles which contributed to high quality outcomes for people.

While a small number of staff required up to date supervision records, this did not detract from the overall positive impact of strong leadership, good oversight, and the culture of learning and support.

How well is our care and support planned?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Personal plans were available both in people's homes and in the staff office. People and their families were aware of personal plans and had involvement in their development and review. One example we sampled, the person supported had played a key role in developing and writing their own personal plan. This captured their voice clearly, reflecting their strengths, areas where they required support, and how they directed their own care. This promoted independence and ensured staff understood how to support them in ways that aligned with their goals and preferences.

We found some variances in the quality of personal plans we reviewed. Other plans did not capture this same level of detail and some lacked in person-centred information. Although staff knew people very well, some personal plans did not effectively capture people's interests, preferences, and life histories fully. The management team should ensure all personal plans are kept up to date and consistently capture essential person-centred information to guide staff support, such as people's likes, dislikes, and what was important to them (see area for improvement 1).

Care plans should be in place where people have an identified health or care need. Some care plans contained helpful detail about eating and drinking, positioning, equipment, and daily routines that are important such as sleeping arrangements. These examples demonstrated how personalised information supported safe and consistent care. However, other plans varied in quality. We shared examples where care plans could be improved to ensure information recorded was clear and accessible to staff for key areas, such communication plans, stress and distress plans, and medication care plans. Although most information was available throughout plans, it was not always well organised or easy to locate. The management team should review and implement up to date care plans for key areas relating to people's identified needs. This will ensure staff have access to relevant up to date information on how best to support people's needs and keep people safe (see area for improvement 2).

Personal plans for people with more complex needs were very detailed and comprehensive. We suggested ways to support staff to navigate plans by including an overview of important information, such as a one page profile summarising what matters most to people, which would help staff find information quickly.

Although monthly meetings were taking place with families and people supported to ensure care and support remained aligned to people's needs, we could not always see clear evidence of personal plans being fully updated following this in line with expected timescales. While staff and families described regular opportunities for reviews, this was not clearly captured and recorded. By making improvements to six-monthly review processes this will ensure personal plans remain an accurate reflection of people's needs, preferences, and wishes (see area for improvement 3).

Families reported they were involved in personal planning and felt listened to. Responses to internal surveys indicated most understood the content of personal plans and felt included in developing them. Regular meetings with families offered meaningful opportunities to influence plans and the monthly clinical reports contained high quality information that could strengthen ongoing reviews if incorporated into the personal planning process.

Areas for improvement

1. To support person-centred care, the provider should ensure all personal plans contain detailed person-centred information about each person's interests, preferences, life history, and what is important to them. This will help staff provide consistent and individualised support.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan is right for me because it sets out how my needs will be met as well as my wishes and choices' (HSCS 1.15).

2. To support people's safety and wellbeing, the provider should ensure that up to date, person-centred care plans are in place for all identified health and care needs. This should include, but not be limited to, stress and distress, communication, and medication care plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan is right for me because it sets out how my needs will be met as well as my wishes and choices' (HSCS 1.15).

3. To ensure people experience care and support that is right for them, personal plans should remain accurate and up to date. Reviews should be undertaken as and when there is a change in people's circumstances and within six months, and clearly documented.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very 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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