

Bespoke Clinical Care Support Service

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Type of inspection:
Unannounced

Completed on:
13 June 2024

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 service has been registered with the Care Inspectorate since 2017.

The service is provided by teams of staff supporting people living in North Lanarkshire, Stirling and East Renfrewshire, with the office based in Hamilton.

At the time of the inspection, the service was supporting eight people, one of which was a child.

About the inspection

This was an unannounced inspection which took place between 11 and 13 June 2024. The inspection was carried out by two inspectors and an inspection volunteer 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:

- Spoke with three people using the service and four of their family members.
- Spoke with 13 staff including management.
- Observed practice during home visits.
- Reviewed relevant documentation.
- Received feedback from 16 staff and four external professionals, through surveys issued prior to the inspection.
- Contacted one of the local authority commissioning teams.

Key messages

- People were overwhelmingly positive about the care and support provided.
- Personal plans were very detailed and relevant to people's specific complex needs.
- People's health and wellbeing were supported very well.
- Staffing arrangements supported positive outcomes for people.
- Some improvements to the service's quality assurance processes were needed to ensure full compliance.
- The provider and management team were committed to ensuring that people were well cared for and people were supported by a motivated staff team.

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 leadership?	4 - Good
How good is our staff team?	5 - Very 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 evaluated this key question as very good, where the service's performance demonstrated major strengths in supporting positive outcomes for people.

People spoken with, during the inspection, were overwhelmingly positive about the care and support provided. They told us about the positive and trusting relationships that had developed with staff, 'we are delighted with the care', 'they always listen to me, always on the ball, trust them completely'. This meant that people received the right care and were supported to remain living in their own home.

The way people are supported, should enable them to make decisions and have control over their own health and lifestyle choices. We heard how staff supported people with their social needs as well as their physical and mental health needs, supporting people to be part of their community, including supporting people to return home following prolonged periods of time in hospital. People told us that they were supported by a consistent group of staff and rotas were sent on a regular basis, so they always knew who was coming to provide the support.

Personal plans, viewed, contained care plans and risk assessments that had been developed with input from people they support, their families, hospital and specialised staff. All were seen to be up-to-date, very detailed and relevant to people's specific complex needs and the care and support required. People told us that they were in regular contact with staff, and management, and had regular reviews. We saw that people's care and support was reviewed on a monthly basis. Environmental risk assessments, of people's home, were also carried out to ensure the safety of both the person receiving support and the staff providing support.

Ongoing collaboration and input from health professionals, such as district nurses, pharmacy, GP, occupational therapists and nutritional advisors, was evident when required. This meant that people's health and wellbeing was being supported.

Feedback we received from external professionals involved with the service, was overwhelmingly positive about the care and support provided. Comments received included, 'my service regards Bespoke as the best home care agency available to our patients', 'staff have a very good knowledge of person's health and seek appropriate support from health professionals in a timely manner', 'X is always involved with decisions made as far as able and supported to access social activities which they know they enjoy'.

How good is our leadership?

4 - Good

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

The service benefitted from a stable and committed provider and management team which included team leads, some of whom had been recently recruited, to help with the growth of the service over the last year. People told us about the positive and trusting relationships that they had with the provider and management team, comments included 'can contact the manager at any time', 'see team leads and manager on a regular basis', 'know the manager very well'. People, we spoke with, told us that they felt able to raise any issues or concerns with staff or management and were confident that it would be dealt with. This helped to make people feel valued.

We found some evidence of feedback, gained by the service, from people and staff, in personal plans, which we were told fed into the individual package review. However, these were not always dated and we felt that this information could be analysed and collated better, to reflect the overall service provision and any action taken to improve the service or people's outcomes.

There was evidence of investment in bespoke electronic systems to support their growing business and the service's business plan reflected what they had achieved, in the last year, and future plans.

We suggested the development of a service improvement plan, linked to the Health and Social Care Standards and/or inspection quality framework. Management had attended recent Care Inspectorate improvement and self-evaluation meetings and were very enthusiastic about being involved and developing this further. This will be beneficial to people's outcomes.

We viewed a selection of policies and found that these needed updating with relevant details, legislation and current best practice. We suggested that the policies have review dates to ensure that the service and all staff were aware of, and working to, the most up-to-date legislation and best practice. Management began updating the policies during the inspection. We also noted that some referred to 'patients' and 'nurses' and we asked that these terms be reviewed. We clarified, with management, that the service does not provide nursing care and if they wish to, at any time, they would be required to apply for a nurse agency registration.

Management kept records of any complaints, accidents or incidents. They confirmed that no complaints had been made directly to themselves and we viewed the records they had in relation to incidents, which had occurred within the last year. We saw that appropriate investigations and actions had been taken to protect people. However, it became evident that relevant notifications had not been submitted to the Care Inspectorate. Management acknowledged this oversight and agreed to ensure that relevant notifications were submitted. To minimise the recurrence of incidents, we suggested that staff complete reflective accounts, to evidence their understanding of the incident and their learning. We also suggested that anonymised incidents, could be discussed at staff meetings to allow wider learning within the staff team.

The service had an electronic employee database to reflect the number of staff employed and related quality assurance processes such as, completed training, supervision meetings, appraisals, observations of practice, competency assessments, professional body checks. However, we found that this was not up-to-date. Although management were clear about the frequency of these processes throughout the year and we viewed some completed individual records, it was difficult to see what had been completed by all staff. An overview of all completed quality assurance processes needed to be implemented, in order to monitor compliance and the action taken when compliance was not met. The provider acknowledged that, with the growth in business, a better system was needed to reflect what had been completed and achieved by staff, and a new Human Resources manager had been recruited to develop this further.

However, whilst we acknowledged that the areas identified in this key question had not resulted in a negative impact on the quality of the service provided, there is the potential for this to occur when legislation is not followed and expected quality assurance processes are not clearly evidenced. We were aware that management, were in regular contact with people, their families and staff through home visits and we have taken the very positive feedback, we received from people, their families and external professionals, into account when evaluating this key question.

We were assured that the provider and management team were committed to ensuring that people were well cared for and people were supported by a motivated staff team.

How good is our staff team?

5 - Very Good

We evaluated this key question as very good, where the service's staffing arrangements demonstrated major strengths in supporting positive outcomes for people.

People should expect to be supported well by staff who know and understand their needs and have the required skills and experience. People told us, 'staff are experienced and confident', 'staff are a great group of people and well trained', 'have a consistent staff team'.

Staff provided care and support to people with complex needs within packages commissioned by the NHS or social work. Staff were matched with people following an assessment of their needs and in consultation with the person receiving support and their families.

We saw that the staff recruited were experienced and skilled in order to provide the complex care and support required. Recruitment of staff was seen to follow safe practices. We discussed with management how the recruitment of staff may be further enhanced by more use of value and competency based scenarios. Management were continually recruiting staff to ensure that they had the right staff to provide the right care to the people they supported.

Staff were supported through their induction, by shadowing experienced staff and regular probation reviews to ensure relevant progress with their practice, practical and mandatory online training. Ongoing training consisted of annual mandatory training and additional tailored training, specific to people's needs. Staff told us about the training provided and that they felt that this enabled them to provide the right care and support.

We were told that ongoing staff learning and practice was supported and monitored through supervision meetings, both group and individual, competency assessments, staff meetings, observations of practice and annual appraisals. The sample of completed records, viewed, showed appropriate discussions and relevant identified areas of development and action to be taken. We suggested that reflecting feedback from the people they support, and their families, would demonstrate how staff's performance benefited people's outcomes.

Feedback, we received, from staff was very positive about the support and communication from management, including on-call and the training provided, including the opportunity to achieve relevant qualifications. We highlighted a couple of areas, to management, that staff felt could improve the service further.

Comments we received from external professionals involved with the service, included, 'Bespoke staff are very competent and patient focused', 'staff have a good knowledge of people's support needs and are very respectful when carrying these out'.

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 leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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