



Inspection Report on

**Bespoke Senior Care Limited ta Home Instead (Cowbridge, Pontyclun and
Pontypridd)**

**Castle House
63-69
Cardiff Road
Cardiff
CF15 7RD**

Date Inspection Completed

15/09/2022

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About Bespoke Senior Care Limited ta Home Instead (Cowbridge, Pontyclun and Pontypridd)

| | |
|--|---|
| Type of care provided | Domiciliary Support Service |
| Registered Provider | Bespoke Senior Care Limited |
| Registered places | 0 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 19/01/2021 |
| Does this service provide the Welsh Language active offer? | This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture. |

Summary

This report covers the Cwm Taff, Cardiff and Vale and Gwent registered footprints of the service.

People report Bespoke Senior Care offer a reliable and consistent service. Care staff provide support in line with personal plans and people confirm being very happy with the service they receive. Personal plans outline the care requested and reviews are completed routinely. People have opportunities to provide feedback around the care they receive. Care staff are knowledgeable about the people they support.

The management of medication is effective. Care staff feel supported and receive ongoing opportunities for refresher training. Supervision is offered routinely. Up to date policies and procedures support good practice and care staff are clear on their responsibilities to protect people. The management team are visible and complete quality assurance measures.

Well-being

The service supports choice and control. Personal plans contain information on individual routines and detail how people like care tasks to be completed. The service always undertakes introductory visits before new staff members provide direct care and strives to match care staff to people with similar interests. Feedback shows the service works to build positive relationships with people and their relatives. Regular reviews ensure people can express their opinions and feedback on the care provided. People told us the service is flexible and responsive to requests and office and care staff are helpful in their approach.

The care offered by the service supports people to remain well. Personal plans are up to date to ensure people's physical needs are understood. The service is responsive to people's changing needs and maintains open lines of communication with health and social care professionals. The service manages medication effectively and maintains accurate records. Care workers use personal protective equipment (PPE) to reduce the transfer of infection.

Systems are in place to protect people from abuse. The service completes recruitment checks prior to staff beginning their employment. Staff receive appropriate training to ensure they can undertake their duties safely. People have access to information about how to raise concerns and the service has a complaints policy in place. Staff are aware of whistle blowing procedures and understand their responsibility to safeguard vulnerable adults. A range of up-to-date policies and good practice guidance is in place. The Responsible Individual (RI) is present in the service and completes quality assurance reports and three-monthly visits.

Care and Support

People are happy with the care and support they receive from Bespoke Senior Care. Feedback and staff rotas confirm care is provided by a small consistent team of staff who arrive on time and stay for the full duration of their scheduled calls. We were told office staff are easily contactable and the service offers flexible support and strives to accommodate requests as much as possible. People and relatives feel the service offers good quality care and staff treat them in a kind and considerate manner. Comments include:

“They are reliable and if there is a problem, they let me know”

“I would recommend them to anybody they are amazing”.

“I am very happy with the service”

One relative described the service as *“outstanding”*, *“personalised and flexible”* and staff *“anticipate needs and feel like part of the family”*

While another stated the service was *“fantastic”* describing it as *“personable and personalised”*.

Personal plans are detailed, and person centred. Professionals, relatives, and people using the service contribute to the development of individual plans. Plans provide sufficient detail to outline the support required and how this is to be provided. The service recognises people’s strengths and supports their wish to remain as independent as possible. Risk and manual handling assessments are completed as and when required. Staff complete daily notes to record the support provided during each call. Reviews ensure people remain satisfied with the support they receive and reflect changes in needs or circumstances.

The service manages medication effectively and infection control measures are in place. We viewed medication administration records (MAR’s) and found these to be accurate and fully completed. Feedback from people evidenced they receive their medication at the right time and as prescribed. People told us staff wear PPE to reduce the risk of infection. Staff we spoke with confirm they are confident in using PPE and report having easy access to supplies.

Environment

This theme does not currently form part of the inspection remit for domiciliary support services in Wales.

We can confirm the service operates from secure premises with appropriate arrangements for storing confidential information.

Leadership and Management

There are systems in place to monitor and support the quality of services. There are sufficient up to date policies in place to support good practice. The management team maintain regular contact with care staff to ensure they receive updates on changes in policies and procedures. Care staff we spoke with report having adequate time to spend with people during care calls, sufficient access to equipment and ample time to travel from one call to another. Staff rotas are well managed with additional calls only allocated to care workers after consultation. The completion of six-month quality of care reports are in line with regulations and RI visits are undertaken within the regulatory timeframe.

Care staff receive ongoing training and staff recruitment contains the necessary checks. Recruitment files contain sufficient checks to ensure staff are suitable to perform their role. We saw evidence staff benefit from an initial induction period followed by several shadowing opportunities. Documents are collected and submitted in a timely manner and confidential information is stored safely. The training matrix and discussions with office staff evidence care staff received ongoing core training to ensure staff remain sufficiently skilled to undertake their duties. Care staff we spoke with report they receive ongoing training to meet the needs of people they support.

Staff feel supported and valued by the service. Care staff describe the service as very supportive and confirm managers frequently call them to check on their general well-being. We saw evidence the service holds team meetings and regular one to one supervision sessions to discuss professional development and general practice issues. Care staff told us office managers and out of hours staff are easy to contact and responsive to any queries. Comments from staff include:

“I really enjoy working for them”

“They are always at the end of the phone and are supportive”

“Lovely company to work for”

“They take care of us”

Summary of Non-Compliance

| Status | What each means |
|---------------------|---|
| New | This non-compliance was identified at this inspection. |
| Reviewed | Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection. |
| Not Achieved | Compliance was tested at this inspection and was not achieved. |
| Achieved | Compliance was tested at this inspection and was achieved. |

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

| Regulation | Summary | Status |
|------------|--|--------|
| N/A | No non-compliance of this type was identified at this inspection | N/A |

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

| Regulation | Summary | Status |
|------------|---------|--------|
|------------|---------|--------|

| | | |
|-----|--|-----|
| N/A | No non-compliance of this type was identified at this inspection | N/A |
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Date Published 15/11/2022