



Inspection Report

Regulation of Care Act 2013

Domiciliary Care

Bespoke Care

Announced Inspection

17/1/18 & 26/1/18

0830-1200 & 1315-1445



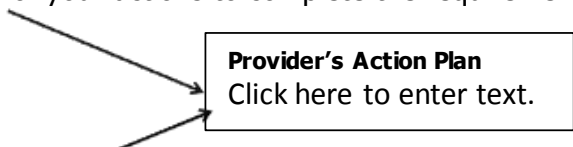
*Registration and Inspection Ground Floor,
St George's Court, Hill Street,
Douglas, Isle of Man, IM1 1EF*

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Completing and returning your report

To complete your report form, enter text by clicking on the box see the instructions below.

Use the tab key to move to the next box.

1. Provider's action plan
 - a. Add details of your actions to complete the requirements/recommendations (if applicable)
- 

Provider's Action Plan
 Click here to enter text.
2. Provider's comments/response
 - a. Confirm you have read and agree/disagree the contents of the report by clicking on the appropriate box
 - b. State any factual inaccuracies found, add comments (if applicable)
 - c. Sign (type name when returning electronically) and date
 3. Return your report to randi@gov.im within 4 weeks
 4. Do not use any other method e.g. links to Cloud or other file sharing services

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Part 1: Service information

Part 2: Descriptors of performance against Standards

Part 3: Inspection Information

Part 4: Inspection Outcomes and Evidence and Requirements

When making decisions the Registration and Inspection Unit have regard as to how well the service meets the Domiciliary Care and Child Care Agencies Standards (July 2013). Providers of services are required, as part of their conditions of registration, to fully comply with the minimum standards.

This report identifies strengths and areas of good practice as well as areas where, in order to meet the minimum standards, improvement is required. It also summarises the findings of an inspection of the service and any requirements and recommendations made. It will form the basis for decisions by the Registration and Inspection Unit regarding registration, any variation of registration conditions and any enforcement action.

Standard 3 – Contract

Standard 9 - Safeguarding

Standard 11 – Records kept in the home

Standard 12 – Recruitment and selection of staff

Standard 13 - Development and Training

Standard 14 - Qualifications
Standard 20 - Quality assurance

In addition the following areas will be considered in each inspection:

Standard 19.4 - Complaints

Part 5: Provider's comments/response

Part 1 - Service Information**Name of Service**

Bespoke Care

Tel No: (07624) 335955**Care Service Number**

ROCA/P/0238A

Address

1st Floor
Baltic House
Station Road
Ballasalla
IM9 2AE

Conditions of Registration

The manager to complete QCF level 5 in Health and Social Care by October 2017.

Registered Company Name

Bespoke Care

Email Address:

bespokecareiom@gmail.com

Name of Responsible Person

Karen Daly

Name of Registered Manager

Karen Daly

Manager's Registration number

ROCA/M/0154

Date of latest registration certificate

11/1/18

Date of latest manager certificate

11/1/18

Date of any additional regulatory action in the last inspection year (ie improvement measures or additional monitoring).

None

Date of previous inspection

This is the first inspection

Person in charge at the time of the inspection

Karen Daly

Name of Inspector(s)

Sharon Kaighin

Part 2 - Descriptors of Performance against Standards

Inspection reports will describe how a service has performed in each of the standards inspected. Compliance statements by inspectors will follow the framework as set out below.

Compliant

Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. In most situations this will result in an area of good practice being identified and comment being made.

Recommendations based on best practice, relevant research or recognised sources may be made by the inspector. They promote current good practice and when adopted by the registered person will serve to enhance quality and service delivery.

Substantially compliant

Arrangements for compliance were demonstrated during the inspection yet some criteria were not yet in place. In most situations this will result in a requirement being made.

Partially compliant

Compliance could not be demonstrated by the date of the inspection. Appropriate systems for regular monitoring, review and revision were not yet in place. However, the service could demonstrate acknowledgement of this and a convincing plan for full compliance. In most situations this will result in requirements being made.

Non-compliant

Compliance could not be demonstrated by the date of the inspection. This will result in a requirement being made.

Not assessed

Assessment could not be carried out during the inspection due to certain factors not being available.

Part 3 - Inspection information

The purpose of this inspection is to check:

- Is the care safe?
- Is the care effective?
- Is the care compassionate?
- Is the service well led?

No	Standard	Requirements/recommendations from previous inspection	Met/not met
		None	

Feedback from relevant parties

Two service users were visited as part of the inspection. They both stated that they were very satisfied with the service, and they had no complaints. Some of the comments they made were as follows:

- "They look after me very well."
- "They are friends."
- "I have no complaints."
- "They care for me very well."
-

Feedback from service users which had been received in thank you cards included the following:

- "..All prepared to go the extra mile.."
- "..Brilliant"
- "An enormous heartfelt thank you for all your incredible support"

Part 4 Inspection Outcomes and Evidence and Requirements

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9) Standard 3 – Contract
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OUTCOME
Each service user must have a written individual service contract for the provision of care with the agency.

Our decision:

Compliant

Reasons for our decision

All service user files were seen on inspection, and they each contained a written contract. These specified the following information:

- Name, address and telephone number of agency;
- Contact number for out of hours and details of how to access the service;
- Areas listed which the carers would not undertake;
- Circumstances in which the service may be cancelled or withdrawn;
- Fees, together with mileage rates, payable for the service;
- Insurance information including liability for breach of contract or damage;
- Arrangements for monitoring and review of needs through needs assessments and annual reviews or as necessary.
- Process for assuring the quality of the service. This is done through anonymous satisfaction surveys, spot checks and regulatory inspection.
- Responsibilities of the service user and the agency in relation to health and safety matters ;
- Information regarding cover in situations of holidays and sickness;
- Arrangements for entering and leaving the property;
- Process undertaken for non-payment of fees.
- All contracts apart from one were signed, with confirmation seen that the client's personal representative was aware and had agreed the contract.

Requirements and recommendations

None

Provider's action plan

Not applicable

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9) Standard 9 - Safeguarding
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OUTCOME
Service users are protected from abuse, exploitation, neglect and self-harm.

Our decision:

Compliant

Reasons for our decision

Service users were protected from abuse in a variety of ways. Isle of Man multi-agency policies and procedures were in place and easily accessible for consultation by all staff. Staff feedback evidenced that they were aware of the correct procedures to take in cases of suspected abuse. The manager was clear regarding the appropriate action to take, and a safeguarding log was seen in place to record any

relevant issues. Safeguarding training, together with all appropriate refresher training, had been completed by all staff. The Statement of Purpose confirms that any safeguarding concerns would be reported in line with Isle of Man guidance for raising an alert.

Requirements and recommendations

None

Provider's action plan

Not applicable

**Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 11 – Records kept in the home**

OUTCOME

The health, rights and best interests of service users are safeguarded by maintaining a record of key events and activities undertaken in the home in relation to the provision of support and care

Our decision:

Compliant

Reasons for our decision

The inspector had sight of a sample of records in service users' homes. The records were all clear, factual, signed and dated with a comprehensive log kept. Records were kept in a safe place available for all visiting staff to complete. Written records were archived after one month, as appropriate, to a secure locked cabinet. If it was considered inappropriate to keep records in a service user's home, then the manager confirmed that this would be fully recorded. Arrangement would be in place to ensure continuity of recording care visits. Service user records would be available to access if requested by appropriate individuals.

Requirements and recommendations

None

Provider's action plan

Not applicable

**Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 12 – Recruitment and selection of staff**

OUTCOME

The well-being, health and security of service users is protected by the agency's policies and procedures on recruitment and selection of staff.

Our decision:

Compliant

Reasons for our decision

A recruitment policy was in place at the time of inspection. This included equal opportunities and anti-discrimination information and provision. All staff files were examined on inspection, and the following checks were confirmed:

- Two references;

- Current enhanced DBS check;
- Work permit (if appropriate);
- Driving licence (if appropriate);
- Certificates as appropriate;
- Declaration of health completed.

Staff files were checked at inspection and they all contained the following:

- Completed application form and interview notes;
- All pre-employment checks;
- Two references for all employees;
- Evidence of a relevant DBS check;
- Statement regarding declaration of health to carry out duties;
- Certificates of qualifications and achievements as appropriate;
- Staff contracts in place for all staff specifying terms and conditions in line with the staff handbook.

The Skills for Care Code of Conduct would be undertaken as appropriate for new staff; signatures were seen on staff files to state that they would abide by the staff code of conduct. Any disciplinary incidents would be recorded as appropriate. The manager confirmed that referral of an individual to the DBS (Disclosure and Barring Service) in appropriate circumstances would take place.

Requirements and recommendations

None

Provider's action plan

Not applicable

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9) Standard 13 – Development and Training

OUTCOME

Service users know that staff are appropriately trained to meet their personal care needs, except for employment agencies solely introducing workers.

Our decision:

Compliant

Reasons for our decision

A staff training programme was in place within the agency which covered all the mandatory training in Appendix B of the standards:

- Induction;
- Safeguarding;
- Health and Safety;
- Moving and Handling;
- First Aid;
- Medication.

The induction process was in place for all staff and this was seen on files during the inspection. A three day orientation period was in place and had been undertaken by all staff. Feedback from staff confirmed that the induction had given appropriate training and knowledge to enable them to

competently provide care. A six month probationary period was in place and this had been completed by existing employees. Performance reviews were documented on files with fortnightly meetings with the new employee, together with reviews both in the office and also in the service user's home. Spot checks were also seen to have been carried out to measure performance and quality of care.

Supervision files were seen on inspection. These contained up to date supervisions which had been carried out every three months and also an annual appraisal. Staff feedback confirmed to the inspector that supervisions and appraisals took place as appropriate.

Specialist training for workers was discussed with staff. This would be sourced as appropriate. Staff who were caring for service users with dementia had completed, or were undertaking, the dementia care pathway as part of their QCF. An issue had arisen previously where specialist training had been sourced to meet specialist needs of a service user. This had been done, and now this training formed part of the induction process. The training and development policy was also seen which reinforced the need for specialist training as required. The manager confirmed to the inspector that they would source all required information to effectively deliver specialist care.

The staff group within the agency had a variety of skills, experience and qualifications to meet the needs of service users. Staff feedback evidenced that that they were confident in their roles and understood care needs to competently deliver care. A completed training evaluation form was in place and seen on inspection. Staff confirmed this was carried out after all training. Evidence was seen of emails to a new employee from the manager regarding how training had benefitted practice. Staff reviews which were seen also contained training and development discussion in relation to practice. The training company also carried out their own evaluation, and staff reviews seen discussed training and development.

Requirements and recommendations

None

Provider's action plan

Not applicable

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9) Standard 14 Qualifications

OUTCOME

The personal care of service users is provided by qualified and competent staff.

Our decision:

Compliant

Reasons for our decision

All staff in the agency have received appropriate training to carry out the care for service users. 50% of personal care is delivered by staff who are qualified to at least QCF 2, and the manager is nearing completion of QCF level 5. This was a condition of registration, and was near to completion at the time of inspection. The QCF 5 has included optional units on managing staff which the manager had undertaken. They had also enrolled for Skills for Care management membership.

Requirements and recommendations

None

Provider's action plan

Not applicable

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9) Standard 20 – Quality assurance
<p>OUTCOME The service is run in the best interests of its service users</p>
<p>Our decision:</p> <p>Compliant</p>
<p>Reasons for our decision A comprehensive quality assurance system was in place at the time of inspection. This included the following:</p> <ul style="list-style-type: none"> • Satisfaction surveys carried out for service users; • Spot checks on members of staff; • Supervision and work reviews for members of staff; • Annual appraisals of staff; • Regular communication with all service users to ensure satisfaction with quality of service. <p>Evidence of all the above was seen on inspection to be appropriately documented, with positive outcomes noted. Staff files evidenced that discussions were held between the manager and staff regarding expectation of standard of care to be provided. The annual report incorporated the quality assurance measures, and this report was in place and seen on inspection. This contained the following:</p> <ul style="list-style-type: none"> • Service user satisfaction survey feedback; • Quality Assurance policy; • Development Plan; • Continuity of care; • Working in partnership with individuals and agencies; • Implementation of new training and development plan; • Mentoring of current and new recruits; • Focus on retention of current and future staff.
<p>Requirements and recommendations</p> <p>None</p>
<p>Provider's action plan</p> <p>Not applicable</p>

ANY OTHER AREAS EXAMINED

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9) Standard 19.4 Complaints

<p>Criteria</p> <p>The registered person must ensure that when complaints are accepted they are recorded. The complainant receives a written acknowledgement, and following an investigation, a written outcome. The acknowledgement will be received by the complainant within the seven days of making the complaint. The outcome will be received by the complainant within twenty eight days. Where the outcome is delayed the complainant will be advised in writing of the delay.</p>
<p>Our decision</p> <p>Compliant</p>
<p>Reasons for our decision</p> <p>No complaints had been received by the service at the time of inspection. A complaints procedure was in place which was detailed in the Statement of Purpose, together with a complaints log which covered the following:</p> <ul style="list-style-type: none"> • Complaint accepted (date/time/by whom); • Written acknowledgement of complaint; • Investigation outcome; • Reason for any delay; • Complaint procedure discussed.
<p>Requirements and recommendations</p> <p>None</p>
<p>Provider's action plan</p> <p>Not applicable</p>

Please complete the provider action plan sections beneath each requirements and recommendation section providing details of action taken (or to be taken) with timescale for each.

The inspector would like to thank the management, staff and service users for their co-operation with this inspection.

If you would like to discuss any of the issues mentioned in this report please do not hesitate to contact the Registration and Inspection Unit.

Inspector: Sharon Kaighin

Date: 8 February 2018

Part 5 Provider's comments/response

To: The Registration and Inspection Unit, Ground Floor, St George's Court, Hill Street, Douglas, Isle of Man, IM1 1EF

From:

I / we have read the inspection report for the unannounced inspection carried out on 17 & 26 January 2018 at the establishment known as Bespoke Care, and confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s).

I/we agree to comply with the requirements/recommendations within the timescales as stated in this report.

Please return the whole report which includes the completed action sections to the Registration and Inspection Unit within 4 weeks from receiving the report. Failure to do so will result in your report going on line without your comments.

Or

I/we am/are unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s)

Click here to enter text.

Signed

Responsible Person Karen Daly

Date 9/2/17

Signed

Registered Manager Karen Daly

Date 9/2/17

Action plan/provider's response noted and approved by Inspector:

Date: 12/2/17

Signature/initials Sharon Kaighin