

# Bespoke Support Support Service

Bespoke Support 4 Whitesands DUMFRIES DG1 2RR

Telephone: 01387203037

Type of inspection:

Announced

Completed on:

4 July 2025

Service provided by:

Kelly Kerr

Service provider number:

SP2022000100

**Service no:** CS2022000141



## Inspection report

#### About the service

Bespoke Support is registered to provide a care at home service. The service is provided to older people in their home and in the community. The provider is Kelly Kerr.

The service office base is near to Dumfries town centre. The registered manager and deputy manager coordinate the service from the office for people living in Dumfries, Thornhill, Castle Douglas and Dalbeattie.

At the time of the inspection, 40 people were being supported by the service. Hours of support varied from one hour per week to four visits per day. Overnight support was also provided.

## About the inspection

This was an unannounced inspection which commenced on 1 July and continued on 2 and 3 July 2025 between 08:45 and 21:00 hours. Inspection feedback was provided on 4 July 2025. 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 last inspection. In making our evaluations of the service we:

- visited and spoke with 10 people in their home
- · spoke with four relatives
- spoke with 12 staff and management
- spoke with one visiting professional
- · observed practice and daily life
- · reviewed documentation.

## Key messages

- The service was person-centred and flexible to meet people's needs.
- A trained staff team provided people's care and support.
- The staff team were observed to be compassionate, kind and caring.
- People supported and relatives valued the service received.
- Quality assurance processes were in place, the application of these should improve within the service.
- The provider met one previous area for improvement; we have continued two areas for improvement in relation to Scottish Social Services Council (SSSC) registration oversight and quality assurance.

## 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

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. We found major strengths in aspects of the care provided and how these supported positive outcomes for people.

To understand how well the service were performing, we visited people in their home. We spent time talking with people who used the service and their family. People supported and their relatives spoke positively about the care and support provided. People were very satisfied with the standard of service received.

People supported and, where appropriate, their family member were involved in making decisions about their care and support and the assistance staff would provide. This included personal care, support with meal preparations and assistance with medication management. Care and support was provided by a regular staff team who knew people and their needs, which offered people continuity in their care.

People knew when their care and support would be provided and the staff members who would deliver this; any changes to plans were communicated. People had been introduced to their staff team and new employees completed first visits with their colleagues. Interactions which we observed were positive and staff were observed to be kind and respectful when delivering care and support.

All people supported had a personal plan in place which care staff had access to. Plans were personcentred, care reviews took place, and plans were updated accordingly. This meant that the most up-to-date information was available to inform and guide staff on how to support people the way they wished to be supported.

At each visit, staff record a 'daily note' on the support provided. Entries made acted as a handover for staff providing subsequent visits. People supported and relatives could access the recorded information via Nourish Care App. Relatives spoke positively about being able to access this information in real-time. It informed them of the care their relative had received and offered them reassurance.

People supported and relatives spoke positively about the communication within the service. Relatives felt information and concerns were shared in a timely manner. Courtesy calls were made to enquire about the care provided and if people were satisfied. A newsletter had also been introduced as a way of keeping people informed about the service, relevant topics and staff updates.

The staff team knew people and were able to identify if people were presenting differently. The staff team liaised with family members and other services as appropriate, including GP and Social Work. Escalating concerns enabled these to be discussed and acted upon; this supported people to maintain good health and wellbeing.

People were supported to be as independent as possible with the management of their medication. Staff provided the assessed level of support, ranging from prompting to safely administering medication. Medication audits were completed; however, we found that improvements could be made in relation to the oversight and recording of 'as required' medication.

The service provided had resulted in positive outcomes for people supported, including people being able to continue living in their own home. Independence was promoted using a combination of support and equipment.

The use of the service's accessible vehicle had enabled people to access local facilities. Social support had assisted people to attend events accompanied by a staff member. This supported people to maintain what was important to them.

People received their full allocated support time and staff were given travel time between client visits. We observed staff taking the time to chat with people supported and their family member once tasks were completed. Staff told us they had enough time available to provide the support that was required.

## How good is our staff team?

5 - Very Good

We reviewed how good the staff team and staffing arrangement were and found major strengths. Staff worked well together which had a positive impact on people's care and support. We have evaluated this key question as very good.

We received positive comments in relation to the staff who provided care and support. People told us: "Staff are brilliant, staff go above and beyond and are like friends;" and "Cannot fault the staff."

A consistent staff team provided people's support. Visits were coordinated by the registered manager and deputy manager, and people supported and staff received a 'rota' well in advance.

When coordinating people support, consideration was given to the most suitable staff members to provide this; taking into account staff skills, experience and attributes which best matched people's needs and preferences. New employees would initially work alongside experienced staff.

The registered manager had oversight of the care and support to be delivered, and the number of staff required to do this. New support packages were not commenced until the manager was confident they could fulfil these.

Recruitment was ongoing in the service. This was to meet the service's current needs and also to be able to be able to offer the service to more people.

The registered manager and deputy manager made themselves available to cover short-notice absences which ensured people did not miss their planned visits. We discussed the negative impact this may have on the longer term if management hours within the service were continually reduced due to providing direct care.

Staff completed an induction when they commenced; this included mandatory training. Refresher training was ongoing to ensure staff maintained their skills and knowledge and followed best practice. Where required, additional specific training was provided based on people's individual needs and/ or illness to support good outcomes for people. The registered manager completed and recorded observations of staff practice to assess learning and staff competence.

Both formal and informal support were provided to the staff team. There was an 'open door' at the office and staff were able to drop in at any time.

Formal support was provided via team meetings and one-to-one supervision. This included reviewing staff's learning and development needs and how to improve outcomes for people.

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The provider was supporting staff to complete a Scottish Vocational Qualification (SVQ) to meet their SSSC conditions of registration.

We found the staff team to be valued and staff spoke positively about working as a team. Staff told us Bespoke Support was a good employer and they felt supported by the managers. The provider shared the initiatives they had implemented to support staff within their role in order to provide good outcomes for people experiencing care.

# What the service has done to meet any areas for improvement we made at or since the last inspection

## Areas for improvement

#### Previous area for improvement 1

The service provider should support better outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes. This should include, but is not limited to:

- (a) assessment of the service's performance through effective audit
- (b) develop action plans/service improvement plan which include specific and measurable actions designed to lead to continuous improvements
- (c) detailed timescales for completion/review
- (d) alignment systems to good-practice guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 6 December 2023.

#### Action taken since then

The provider had a quality assurance policy and procedure in place. Audits were being completed by the registered manager and appointed staff members within the service. Further improvements were required in relation to using the outcomes from audits. Action plans / the service improvement plan should be in place to be able to evidence what action has been taken by the provider / registered manager. Actions required should be followed through to completion to support continuous improvement.

This area for improvement had not been met.

#### Previous area for improvement 2

The provider should review the recruitment records of new employees and ensure that the required recruitment documentation is fully completed in line with safe recruitment practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

This area for improvement was made on 6 December 2023.

#### Action taken since then

We reviewed the recruitment procedure in place and sampled recruitment records for new employees. We found that safe recruitment was being followed. All required checks were completed prior to new employees supporting people. Conversation with new employees confirmed the safe recruitment process that was followed.

This area for improvement had been met.

#### Previous area for improvement 3

The provider should improve their oversight of the Scottish Social Services Council (SSSC) requirements and ensure staff are appropriately register within the required timescales.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I am confident in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 6 December 2023.

#### Action taken since then

The provider had oversight of employees SSSC registration. However, we found that this was not up to date and did not capture staff removed for not submitting their annual declaration within the required timescale. The provider took action during the inspection. A new authorised person was confirmed and process commenced for new applications to be submitted. Due to timescale of the registration process, this area for improvement had not been met and will continue.

This area for improvement had not been met.

## 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

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