

# Bradshaw Support Limited

## Office S10, Bradshaw Support Limited

### Inspection report

Moulton Park Business Centre  
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Tel: 01604499099

Date of inspection visit:

11 June 2019

12 June 2019

Date of publication:

02 July 2019

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Office S10, Bradshaw Support Limited provides care and support to people living in supported living settings. The service specialises in supporting people living with autism or those with a learning disability to live independently in their own homes. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service was providing different levels of support to 19 people. Not everyone who used the service received personal care. At the time of inspection, only three people were receiving personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and nutrition. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

The service had a manager who was still registered with the Care Quality Commission but was no longer working for the service due to allegations and concerns around financial abuse.

People did not always receive safe care and were not always protected against avoidable harm, abuse, neglect and discrimination.

Recruitment practices were mostly safe, however one staff member was working for the service without any references from previous employers.

Communication with the staff team was poor. Staff told us they did not fully trust the provider to communicate with them in a fair and respectful manner.

People were not always fully respected.

Risks assessments and strategies were put in place to reduce the risks.

Staff were employed in sufficient numbers to meet people's needs.

Where the provider took on the responsibility, people's medicines were safely managed.

Staff received training that enabled them to have the skills and knowledge to provide effective care.

Where the provider took on the responsibility, people were supported to maintain good nutrition and hydration.

Staff encouraged people to maintain their independence.

People and their relatives were involved in the care planning and reviews of people's care.

Systems were in place to continuously monitor the quality of the service.

The management were open and honest during our inspection, and understood where improvements were required. The service worked in partnership with outside agencies.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Outstanding. The last report was published 2 March 2018.

#### Why we inspected

This inspection was prompted in part due to concerns received about financial abuse, staffing levels, staff recruitment procedures and lack of management support within the service. A decision was made for us to inspect and examine those risks. We are continuing to monitor information and make enquiries around these specific incidents, alongside the local authority and the police.

We have found evidence the provider needs to make improvements. Please see the Safe, Caring and Well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The overall rating for the service has changed from Outstanding to Requires Improvement. This is based on the findings at this inspection.

#### Enforcement

We have identified breaches in relation to safeguarding service users from abuse and improper treatment, and good governance.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was not always caring.  
Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-Led findings below.

**Requires Improvement** ●

# Office S10, Bradshaw Support Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector and an assistant inspector.

#### Service and service type

This service provides care and support to people living in 'supported living' settings so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The provider told us the current registered manager would be leaving the service, and someone new would be taking over this role shortly.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 11 June 2019 and ended on 12 June 2019. We visited the office location on 11 June 2019 to speak with the provider and look through records. We also visited two people in their own

homes. We made phone calls to staff members on 12 June 2019.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We looked at other information received from the provider, such as statutory notifications about events the provider must notify us about. We also reviewed feedback from other professionals who work with the service. We took all the information into account when we inspected the service and making the judgements in this report.

#### During the inspection

During our inspection we visited and spoke with two people using the service. We also spoke with six care staff, the I.T manager, and the director who was also the provider. We reviewed the care records for three people using the service, and other records relating to the management oversight of the service, such as staff training and supervision records, medication records, staff rotas, incident recording and complaints feedback.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety . There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from abuse. Our inspection was prompted in part by allegations of people's finances being mismanaged and not used appropriately. We found that failures within the management systems and oversight of people's finances had been poor. This had led to incidents where people's personal finances had been used to pay for things not related to them, and without their knowledge or consent.
- At the time of our inspection, there was an ongoing investigation into these concerns by the local authority and the police.

This was a breach of Regulation 13(1) Safeguarding service users from abuse and improper treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had taken action to ensure the person responsible for the mismanagement of people's finances was no longer working for the service, and that a full investigation was taking place. At the time of inspection, a full audit of people's personal finances was underway.
- Staff had received safeguarding training, but not all staff were aware of the safeguarding procedures. Two members of staff we spoke with said they would report any concerns to management, but were not aware of which outside agencies to report to if they felt concerns had not been dealt with by management. We spoke with the provider, who told us staff would be retrained and reminded of safeguarding procedures immediately.
- We visited two people who used the service who told us they felt safe. We observed that people felt comfortable around the staff who were supporting them, and they had good relationships with staff.

Staffing and recruitment

- The provider had safe staff recruitment procedures in place, but these were not always followed. We spoke with one staff member who was working for the service, but had not yet had any employment references returned. This meant they were supporting people using the service when sufficient checks had not fully taken place. The provider told us they would be rectifying this situation immediately. Other staff told us they had not been able to start work until all checks had been completed.
- Staff we spoke with told us they had a Disclosure and Barring Service (DBS) check carried out before employment to help ensure they had the right character and experience for the role.
- There were sufficient amounts of staff to support people according to their needs. The three people using

the service who had personal care needs, required support from Office S10, Bradshaw Support Limited at all times, apart from when they were using community based services with support from other organisations. People told us staff were always with them, and rotas we looked at confirmed this.

#### Assessing risk, safety monitoring and management

- Risks associated with people's care, support and environment had been assessed and records provided guidance to staff on the measures needed to reduce potential risk. These included assessments on personal care, and management of any behaviours which may challenge.
- All risk assessments we looked at were regularly reviewed and updated as required to reflect people's current needs and wishes.

#### Using medicines safely

- When staff administered medicines, it was done in a safe manner, and medication administration records (MAR) were completed accurately. Staff were appropriately trained in medicines administration.
- If staff prompted or reminded people to take their medicines they kept a detailed record of when they did this, and what medicines people were taking.

#### Preventing and controlling infection

- Staff told us, and records showed, they received infection control training.
- The provider ensured personal protective equipment (PPE), such as aprons and gloves, were available to staff to use when supporting people with personal care within their own homes.

#### Learning lessons when things go wrong

- A system was in place to ensure staff completed records detailing accidents and incidents that may occur in the service.
- The provider said that any accidents and incidents would be recorded, analysed and reviewed to identify measures that may be required to reduce the risk of further incidents.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same add rating of Good.

This meant people's outcomes were good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Systems in place to record staff training were disorganised and did not always convey the up to date and relevant information required. We spoke to the provider about this who agreed the systems in place were not organised, as they were in a transition period between different training systems and recording methods. The provider told us that once the new system was fully up and running, it would improve all aspects of record keeping within staff training.
- Staff we spoke with mostly felt that the training provided was good and prepared them for their roles. Staff went through an induction process when they were first employed. One staff member said, "I had one week of training and was prepared well for the role. I was told everything I needed to know and felt that the people I support liked me."
- Staff were given one to one supervision time with management staff. One staff member said, "I had supervision a month ago and I'm due to have another one shortly."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed in detail, to ensure the service was able to provide the right support for them. People's goals and aspirations were taken in to consideration, and assessments contained information and input from a wide range of sources that were important to the person.
- People's background, culture and life history was considered when assessing their care needs and hopes for the future.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they received the support they required with the purchase and preparation of food and drink. One person we spoke with told us they went out shopping with staff to get the food they liked.
- The people being supported by staff did not have any specialist support requirements with food and drink and were able to eat and drink the things they liked. Care plans documented people's preferences in this area.

Staff working with other agencies to provide consistent, effective, timely care, supporting people to live healthier lives, access healthcare services and support

- The service worked and communicated with other agencies and staff to enable effective care and support. These included health and social care professionals that were involved in people's care. We saw that all required health and medical information, about any medical care they might require, was kept in people's

files.

- The people being supported did not have any specialist healthcare requirements that required staff support at the service. Records showed people were accessing healthcare appointments in the community as necessary.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met, and found they were.

- Staff understood the importance of supporting people to make choices, and people were always asked for their consent before care was provided.
- People had given their consent to receive care from the provider and, where it had been assessed that an individual did not have the capacity to give consent, there had been an appropriate best interest process carried out.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has now deteriorated to Requires improvement.

This meant people were not always well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were not always treated with respect. Our inspection was carried out in part due to concerns raised about how people's finances were mismanaged. People had trusted the service to respect them and support them to manage their personal finances in a safe way, enabling as much independence as possible. We found that mismanagement of people's finances had been substantiated by the provider. This meant that people's trust had been broken by the poor practice and lack of oversight in this area. The provider was open and honest about how people had been let down, and had begun to take action to rectify the mistakes that had been made.
- People we visited had good relationships with the staff supporting them. We asked one person if they were happy with their staff, and if they got on well with them, and they told us, "Yes."
- We observed that people appeared comfortable in their own homes with the staff present, and staff told us they had good relationships with people. Staff spoke about the people they supported in a warm and caring manner, and respected they were working in homes that belonged to the people they were supporting.
- All the staff we spoke with were aware of the need to make sure people's privacy was respected when personal care was being carried out.
- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

Supporting people to express their views and be involved in making decisions about their care

- People and family members, when appropriate, had been involved in developing their care plans which helped to ensure they were at the centre of the care provided to them.
  - Staff told us they supported people to make decisions about their care and knew, from people's relatives and representatives, when people needed help and support.
  - People were supported to make decisions about who they lived with, and who supported them.
- Consideration was given to make sure people were matched appropriately with other people when living together in a house. The skills and attributes of staff members were also considered when matching staff with people. This ensured that people were involved with who was supporting them and how their needs were met.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has now deteriorated to Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans we looked at were detailed and personalised to each individual. People's aspirations and goals had been set out. Day to day tasks were set out in detail, as well as long term wishes and ambitions.
- People were encouraged to use their local community. One staff member told us, "[Name] wants to go out all the time, to the shops, out to eat, whatever they want I support them with. It's completely led by [name]."
- The provider told us about a recent positive achievement with a person. They told us that staff had arranged and booked a five-star holiday with a person. The person had achieved single days out with staff in the past, but was now able to go on longer trips and holidays. The provider told us how they worked with both the person and their family to achieve this.
- People's communication needs were identified and recorded in care plans. Those needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, using easy read documents.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service created easy read documentation for people as and when they required it, and was flexible in their communication in order to meet people's individual needs.

### Improving care quality in response to complaints or concerns

- A complaints system was in place which was accessible for people to use. We saw a recent complaint had been made, and the management team had followed their policy and procedure to deal with the complaint. A log of all correspondence had been made and appropriate actions taken to make improvements where required.

### End of life care and support

- The people being supported did not have any end of life care needs. Care plans we looked at were detailed and contained people's future choices and wishes as required.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager, who was also one of the directors, had left the service due to incidents involving the mismanagement of people's finances. The provider told us that mistakes had been made which led to these incidents. The management and leadership within the service had failed to safeguard people from financial abuse.
- At the time of our inspection, there was an ongoing investigation into these concerns by the local authority and the police.
- Staff working at the service told us the provider did not communicate well with them. Many staff members had personal concerns around their treatment as employees and did not feel the provider respected them enough to communicate these issues openly and honestly. One staff member told us, "Management have not fixed the problem. They keep saying they will sort it out, but they have not sorted it out." Another staff member said, "There isn't anyone to contact. I send emails and don't hear back for two weeks. Communication is not great." Many staff were frustrated with the provider, and did not feel they were being listened to.
- The provider told us that communication had been poor, and management within the service had failed both people and staff.

This was a breach of Regulation 17(1)(2)(b) Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had begun to take appropriate action in response to these concerns, and was in the process of investigating them further.
- The provider was open and honest regarding the failures which had taken place, and told us they would be taking immediate action to make improvements. This included registering a new manager with the Care Quality Commission, and working openly with the local authority who funded people's care.
- The provider had an in depth knowledge and understanding of the people they were supporting, and what their needs were.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their roles. All the staff we spoke with understood their responsibilities and had a passion to support people to achieve good outcomes in their lives.
- The provider understood the risks within the service and where action was required to improve. The provider understood the regulatory requirements such as notifying CQC of certain incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had opportunities to share their views about the service informally, directly with the staff or management, and through feedback forms.
- People and their relatives were involved in the service, which included feeding back on the staff that worked with them, People were encouraged to be involved in the recruitment process for new staff, to ensure they could express their opinion on who would be supporting them.

Continuous learning and improving care

- We saw regular audits took place on records such as care notes recorded by staff and medicines records. Regular spot checks were taking place to check and audit the service each person received. A log was kept of any errors found, and what actions had been taken to ensure lessons were learnt and improvements were made.

Working in partnership with others

- The provider and care staff worked in partnership with other professionals and agencies, such as health services, adult education and local social activity groups, to ensure that people received the care and support they needed.
- The provider valued the input from outside agencies and professionals in working together to achieve goals and ambitions for people.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>People did not always receive safe care and were not always protected against avoidable harm, abuse, neglect and discrimination.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Management processes had failed to protect people from abuse. People had been place at risk of financial abuse by management staff. Communication between management and staff was poor.</p>