

Bradshaw Support Limited

Office S10, Bradshaw Support Limited

Inspection report

Moulton Park Business Centre
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Northamptonshire
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Tel: 01604499099

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30 July 2019
31 July 2019

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

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

Allegations and concerns around financial abuse had been made against the service, concerning both ex and current staff members. At the time of inspection, there was an active police investigation into these concerns.

People did not always receive safe care and were not always protected against avoidable harm and abuse. The management team were in the process of reviewing their systems and making improvements in these areas.

Improvements had been made to recruitment practices to ensure that every staff member had employment references before starting work.

Communication with the staff team had been poor. The management team had begun to speak with the staff members about improvements that were planned.

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.

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 provider worked in partnership with outside agencies.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk Rating at last inspection

The last rating for this service was Requires improvement (published 02 July 2019) and there were two breaches of regulation. The provider had begun to make improvements, but only a short period of time had passed since the last inspection, and the rating reflects that it will take time to see these improvements embedded in practice and the areas of improvement sustained.

Why we inspected

This inspection was prompted due to ongoing concerns received about financial abuse, information received from the police about their ongoing investigation, the sustainability of the service, and the affect this may have on the safety and wellbeing of the people using the service. A decision was made for us to inspect and examine those risks. We undertook a focused inspection to review the Key Questions of Safe and Well-led only. We are continuing to monitor information and make enquiries around these specific incidents, alongside the local authority and the police.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

We found no new evidence during this inspection that the risk of harm to people had increased since our last inspection in June 2019.

The overall rating for the service remains Requires Improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Office S10, Bradshaw Support Limited on our website at www.cqc.org.uk.

We will continue to monitor information we receive about the service until we 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 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.

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 did not have a manager registered with the Care Quality Commission, but they did have someone who had applied and was going through the registration process. 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 30 July 2019 and ended on 31 July 2019. We visited the office location on 30 July 2019 to speak with the provider and look through records. We made phone calls to staff members on 31

July 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 spoke with three care staff, the administrator, 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 rotas and contingency planning.

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 requires improvement. At this inspection this key question has remained the same.

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

At our last inspection the provider had failed to safeguard people from the risk of abuse. 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.

- At our last inspection in June 2019, 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 this inspection, we found the provider had begun to make managerial changes and improve systems to safeguard people's finances.
- At the time of our inspection, there was a continuing investigation into these concerns by the local authority and the police. Very little time had passed since our last comprehensive inspection on 11 June 2019, and we could not yet be sure that sufficient improvements had been made or sustained to ensure people were safeguarded from abuse.

Therefore, this was an ongoing 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.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Assessing risk, safety monitoring and management

- We carried out this inspection due to continued concerns from the police and local authority about the sustainability of the service, the impact that managerial changes may have on the running of the service, and the continued safety and wellbeing of the people using the service. We found the provider had continued to run with safe staff levels, and people were still getting the support they required.
- Care plans and risk assessments were available for staff to access to ensure they could care for people correctly.
- Staff continued to use the electronic planning system to log calls to people, and record details of the care provided.

Staffing and recruitment

- At our last inspection, we found that one staff member had been employed without having any references

from previous employers. At this inspection, we found references were now in place.

- Staff we spoke with told us they had a Disclosure and Barring Service (DBS) check carried out before they commenced employment to help ensure they had the right character and experience for the role.
- There were sufficient numbers 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. This support continued to be delivered.

Using medicines safely

- Medicines continued to be delivered in a safe manner, and medication administration records (MAR) were completed accurately. Staff were appropriately trained in medicines administration.
- Where 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

- Infection control procedures continued to be followed.
- The provider ensured personal protective equipment (PPE), such as aprons and gloves, were available for 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 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 requires improvement. At this inspection this key question has remained the same.

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

At our last inspection, the leadership and management within the service had failed to protect people from abuse, and communication with the staff team had been poor. This was a breach of Regulation 17(1)(2)(b) Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At our last inspection, staff 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. At this inspection, staff we spoke with felt that some improvements had been made over the past six weeks, and management had contacted them to explain the problems that had occurred, and improvements that were planned.

- At the time of our inspection, there was an ongoing investigation into these concerns by the local authority and the police. Very little time had passed since our last comprehensive inspection on 11 June 2019, and we could not yet be sure that sufficient improvements had been made or sustained to ensure that management and leadership within the service was good.

Therefore, this was an ongoing breach of Regulation 17(1)(2)(b) Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

- 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

- We carried out this inspection due to continued concerns from the police and local authority about the sustainability of the service, the impact that managerial changes may have on the running of the service, and the continued safety and wellbeing of the people using the service. We found that contingency planning had been put in place, to ensure the service could continue to run safely in the event of managerial staff changing at short notice.
- 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 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 continued to have opportunities to share their views about the service with the staff or management, and through feedback forms.
- People and their relatives were involved in the service, which included providing feedback 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

- Regular audits continued to take 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 continued to work 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	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment ongoing breach. failure to safeguard people from financial abuse.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance ongoing breach, failure of management systems to prevent people from abuse. Poor communication with staff team.