

Bradshaw Support Limited

Office S10, Bradshaw Support Limited

Inspection report

Moulton Park Business Centre
Redhouse Road
Northamptonshire
NN3 6AQ
Tel: 001604 499099
Website:

Date of inspection visit: To Be Confirmed
Date of publication: 21/12/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Overall summary

This was an announced inspection that took place on 12 October 2015; this was the first inspection since the provider was registered with us on 5 June 2014. The service is registered to provide personal care to people in their own homes and specialises in supporting people with learning disability to live independently with assistance in their personal care, food preparation and enabling people to undertake activities in the local community.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

Every effort is put into ensuring that people are cared for in a safe way whilst being encouraged to maintain their independence. This is reflected in the staff's in depth knowledge about safeguarding, the systems and processes to support their practice in this area.

The whole focus of care is personalisation and independence. Staff work with people to identify their dreams and aspirations and are very creative and innovative in working with people to achieve these.

There is an emphasis on enabling people to lead a healthy lifestyle and they are supported to access the healthcare specialists and the services they require. Staff showed genuine concern and consideration towards the people they cared for and had excellent insight into the needs and challenges they faced.

The management and staff were passionate about enabling people to achieve their potential; there was a strong focus on enabling people to develop and maintain personal relationships and to overcome challenging relationships through the personalised support provided. The quality of people's lives was also enhanced through their relationships with staff who actively promoted their privacy and dignity.

Highly personalised preadmission assessments take into account the person's own life experiences and including their 'dreams and the type of support they hoped for. These assessments formed the basis of the individual's plans of care and the personalised support they subsequently experienced. People's personal dreams were identified and staff supported people to identify practical ways that these could be achieved which had a highly positive impact on the quality of their life and self-esteem.

The management delivered highly individualised care and support for the people who used the service; this started with their ambition to ensure people were able to lead as normal a life as possible including maintaining personal relationships, obtaining paid employment and striving to achieve their dreams. People were also supported to take responsibility for their lives and manage adversity such as negative relationships or unsuccessful employment applications.

There is a strong emphasis on continually striving to improve. The management recognise, promote and regularly implement innovative systems in order to provide a high-quality service. The service sustains outstanding practice and improvements over time and works towards, and achieves, recognised accreditation schemes.

The service works in partnership with other organisations to make sure they are following current practice and providing a high quality service. They strive for excellence through consultation, research and reflective practice.

The vision and values are imaginative and person-centred and ensure people are at the heart of the service. They are developed and reviewed with people and staff and are owned by all and underpin working practices. The service recognises the on-going importance of ensuring these are understood, implemented and communicated to people in meaningful and creative ways.

The management had established links with the local community including businesses that provided employment opportunities to the people who used the service.

People were encouraged to express their views about how the service could be improved and developed; they also provided us with positive practical examples of how they had benefitted from the suggestions. People were involved in the running of the service at all levels, including assessments, recruitment and care planning. Regular meetings were held with people who used the service, their support workers and staff to discuss what mattered to them.

Robust quality assurance systems had been established the service had conducted formal satisfaction surveys for people who used the service, relatives and staff. A range of regular audits were conducted to identify areas for improvements and action plans were used to ensure any improvements were completed within an appropriate time frame.

Summary of findings

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 safe.

There is a high level of understanding of the need to make sure people are safe; staff are trained and competent in safeguarding.

Staff are encouraged to raise any concerns they may have about people's safety; they are also able to develop positive and meaningful relationships with people to keep them safe and meet their needs.

The recruitment processes protected people who use the service because they were fully consulted about their own criteria for their support workers and were involved at all stages.

People were fully involved with the robust processes for the selection and placement of new house mates.

There is a transparent and open culture that encourages creative thinking in relation to people's safety. The service seeks out current best practice and uses learning from this to drive improvement.

The service uses imaginative and innovative ways to manage risk and keep people safe while making sure they have a full and meaningful life. The service actively seeks out new technology and solutions to make sure that people have as few restrictions possible.

Good



Is the service effective?

The service was effective.

Staff had undertaken robust induction training and other formal training course that had equipped them with the skills and knowledge to enable them to fulfil their roles and responsibilities.

The management worked alongside staff to ensure the service continued to meet the needs of people who used the service and staff received regular formal supervision.

People were supported to maintain their wellbeing, access appropriate health and social care services and their consent was sought before staff provided personal care and support.

Good



Is the service caring?

The service was caring

Staff showed genuine concern and consideration towards the people they cared for. Staff interacted well with them and had a good insight relating to their needs, expectations and goals as well as the challenges they faced.

People told us they were supported to maintain and develop relationships with families and friends. Potential housemates were carefully selected; these were based on people's individual characteristics, their needs and preferences so that their compatibility could be established.

Good



Summary of findings

People were supported to express their views about all aspects of their lives including the care and support that was provided. They told us they had been involved in all of the decisions about their support.

Is the service responsive?

The service was very responsive.

People have an enhanced sense of wellbeing and exceptional quality of life because staff know how to meet the preferences of people using the service and are innovative in enabling them to achieve their dreams.

People's care and support is planned proactively in partnership with them. Staff use innovative and individual ways of involving people so that they feel consulted, empowered, listened to and valued.

The service is flexible and responsive to people's individual needs and preferences, staff find creative ways to enable people to live as full a life as possible.

The service has links with the local community, including local businesses where people gained paid employment. Staff supported people through the recruitment, selection and training required to enable people to fulfil their ambitions of getting regular paid employment with a local business.

Outstanding



Is the service well-led?

The service was well led

The service actively seeks and acts upon the views of others through creative and innovative methods. They have developed and sustained a positive culture in the service encouraging staff and people to raise issues of concern with them, which they always act upon.

The management place a strong emphasis on continually striving to improve. Managers recognise, promote and regularly implement innovative systems in order to provide a high-quality service. The management are working towards, a recognised accreditation scheme.

The vision and values are imaginative and person-centred and make sure people are at the heart of the service. They are developed and reviewed with people and staff and are owned by all and underpin practice. The service recognises the on-going importance of ensuring these are understood, implemented and communicated to people in meaningful and creative ways.

The service works in partnership with other organisations to make sure they are following current practice and providing a high quality service. They strive for excellence through consultation, research and reflective practice.

Good



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 October 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for younger adults who are often out during the day; we needed to be sure that someone would be in. At the time of our inspection the provider was providing support to 11 people in their own homes.

The inspection was conducted by one CQC inspector; before we visited the service we reviewed the information that we had received. For example, we looked at the

statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners who help place and monitor the care of people living in the home that have information about the quality of the service. We also contacted Healthwatch Northamptonshire who help local people get the best out of their local health and social care services.

We visited three people in their own homes and spoke with one person by telephone about their views and experiences relating to the care they had received. We also spoke with a relative, three members of the care staff and two managers. We made observations about the interactions between people who used the service and the staff and we reviewed individual plans of care relating to two people. We also reviewed three staff files and records relating to the management of the home such as the outcome of satisfaction surveys and quality assurance audits.

Is the service safe?

Our findings

People were enabled to lead safe and independent lives and this ethos was embedded in all aspects of the care and supported offered to people. They felt safe and confident in the manager and in the staff team. One person said, “The staff are great! I have no concerns whatsoever.”

People had a real voice in deciding which staff were employed to provide their personal care and support. The recruitment process was highly personalised and sought to select staff with the skills, interests and personal qualities that the person had deemed to be important to them. This specification was used to assess applicants and people were fully involved to ensure that they were compatible. All of the people we spoke with told us they had been involved in the recruitment of new staff. One person said “I interviewed [name] and then I went on several activities with them to see if we got on, I chose [name] to be my support worker, which was great. We both have the same interests and get on really well.”

Staff proudly told us that they had been selected by the person they were providing care and support to. They discussed the practical activities that they had been involved in where their interactions and compatibility with the person had been assessed and they clearly saw this as the most important part of the process. The management placed great emphasis on safe recruitment practices. Staff files contained all of the required documentation and showed that all the required checks such as the Disclosure and Barring (DBS) check, references from previous relevant employers and health checks had been completed before they were allowed to start working for the service.

People were happy with the level of support offered by staff. They told us that staff always arrived on time and that they had had enough time allocated to meet their needs. We saw that staffing levels were consistent and were calculated according to the assessed needs of the people concerned. Where people’s needs changed the manager proactively worked with the person to ensure that they secured additional funding so that the level of support that they received reflected their current needs.

Staff were focused on ensuring that people were supported to lead safe lives. They understood their roles and responsibilities to safeguard people and were supported by up to date and clear policies and procedures. They had

undertaken training in safeguarding and they were clear about the action they would take if they suspected that someone was at risk of harm. They knew the external agencies involved in safeguarding people and knew how to contact them if required. There had been no safeguarding allegations about this service since it was registered in 2014. People who used the service were relaxed and happy in the company of staff.

People told us they were actively encouraged to raise their concerns and there were systems in place to assist them to do this; through regular house meetings and the management continuing to work closely with people who used the service. One person said “Yes I feel very safe living here; we have our own house keys and can keep the front door locked and a member of staff sleeps here for safety.” Staff also supported people to maintain personal relationships and pursue their personal interests such as cycling in safety.

People were protected against the risks of financial abuse; they told us they had previously experienced anxieties about handling money and understanding its value and that staff had supported them to overcome this by the use of the internet. Staff told us that they had supported people to select the items they wished to buy ‘on line’ and showed them how they could safely pay on line or withdraw the money they needed from their bank account and make their purchases in person. One person gave us a personal account of how this worked in practice and it was clear that they had felt empowered and that this had had a positive impact on their dignity and self-respect.

People were supported by staff to identify and agree how to manage risks relating to the promotion of their independence; for example accessing the local community independently and the safe use of kitchen equipment and appliances. Appropriate measures had been put in place and agreed with the person concerned to reduce and manage the risks identified. For example, staff had devised pictorial guidance for people to follow when using kitchen equipment to prepare food. People had also been supported to identify their dreams and staff had supported them to fulfil these in a safe way; for example one person had wanted to ride a motor cycle and staff had arranged for them to use a motor bike simulator. The management were mindful of the need to review potential risks to individuals as their independence increased or when they became more dependent as they became older. For example as

Is the service safe?

people's mobility decreased there was a need to keep movement and handling assessments updated and to enable additional support and aids and adaptations to be provided.

Although the service is registered to provide personal care the management take a holistic approach towards the support they provide and consider that promoting peoples' safety is critical in maintaining their physical and mental well-being. Therefore people were actively involved in decisions about who they would live with and had been supported to provide a profile of their ideal housemate, including their personal care routines, interests and activities. The management then worked closely with the local authority to identify potential house mates who met this criteria. The process included a gradual build-up of social events and home visits to enable potential house mates to get to know each other and build a compatible relationship. This process was effective in eliminating

potential conflicts between housemates and therefore enhanced their safety. One person said "There are three of us living here; we are friends now and all get on well together."

People were able to manage their own medicines, however systems were in place when people needed support from staff; they told us that they liaised with the GP to obtain prescriptions and that medicines were dispensed in a monitored dose system to assist in accurate and safe administration. Medicines were stored in a locked cupboard in the person's home and records showed that people received their medicines as they were prescribed. Staff had received training in the safe administration of medicines and that they researched each medicine so that they knew what it was for and any possible side effects. The management regularly assessed staff for their competence in supporting people to manage their medicines.

Is the service effective?

Our findings

People told us that the staff had the right skills to support them in the way they wanted. All of the staff told us they had undertaken a robust induction training course that had equipped them with the skills and knowledge to enable them to fulfil their roles and responsibilities.

The staff induction training comprised two weeks training course based on the Skills for Care common induction standards and staff were also undertaking the new Skills for Care, care certificate modules. Staff records showed that staff had received formal training such as food safety, fire safety, equality and diversity and health and safety. Staff had also undertaken training specific to people's needs; for example training about the needs of people living with autism and conflict resolution techniques.

Staff worked alongside the management providing care to individuals during their induction and before being allowed to work unsupervised. The manager told us "We work closely with the care staff, it's really important we all understand people's individual needs." We saw that staff were knowledgeable about the individual needs of the people they supported and they had the right skills and personal attributes that enhanced the support that people received. For example people with an interest in health and fitness were supported by staff who were also knowledgeable and interested in it and people who enjoyed football were supported by staff who were interested and had football skills.

Staff had regular supervision with the management to discuss their performance and development. They told us this provided opportunities to identify and discuss new ways of working and identify initiatives to enhance people's lives. For example, people were supported to apply for jobs they were interested in and find paid employment. One person said "I now work for [name] the staff helped me apply for the job and attend an interview and the staff supported me during training."

People told us that staff always asked for their consent before providing any support and that they respected their personal needs and preferences. One person said "The staff know how important it is to me that they talk to me and tell me what they need to do, instead of just doing it". Staff gave us examples about how they obtained consent to assist people with their personal care; this was also clearly stated in their individual plans of care. For example one person's care plan stated 'Ask me, don't assume anything' and individual plans of care also contained examples where formal consent for the use of photographs for identification purposes and for staff to share information with other health and social care professionals had been obtained.

Information about people's nutritional well-being was gathered during their initial assessments; where any risks were identified people were encouraged and supported to see their GP and had been referred to the dietician for further guidance. People were able to go food shopping and make choices about the food that they ate; they were supported by staff to prepare the food and drink for themselves. Staff had developed common cooking processes in pictorial format so that individuals could learn the basic techniques and achieve greater independence. Staff encouraged people to make healthy food and drink selections wherever possible. One person told us "I am very health conscious and I like to eat a healthy diet [name of support worker] helps me to do this"

People were encouraged and supported to access appropriate healthcare services including their GP, podiatrist, optician, and dietitian and community learning disability team. People were also supported to attend hospital appointments for investigations and treatments as required. Where people were reluctant to attend health related appointments management plans were developed to relieve any associated anxiety. People with limited mobility had been referred to the district nursing team and had received aids and equipment to promote their well-being and their independence.

Is the service caring?

Our findings

The service had a strong, visible person-centred culture and was good at helping people to express their views so they understood things from their point of view. The manager told us how happy and excited they were about the things the people they supported had achieved. For example people had undertaken training, gained formal qualifications and had obtained paid employment.

People told us that the staff were consistently kind and caring towards them; one person said “The staff are all caring and helpful”. This was also confirmed by a relative, they said “The staff from this service are the best we have ever had, we have no problems whatsoever.” Staff spoke with pride about how they had been selected at interview by the person they supported; One member of staff said “I was really lucky to be chosen by [name] as their support worker; we have similar interests and get on very well”. Staff showed genuine concern and consideration towards the people they cared for. Staff interacted well with them and had a good insight relating to their needs, expectations and goals as well as the challenges they faced.

People were supported to maintain and develop relationships with families and friends. One person told us they were also supported to maintain a relationship with their partner. Both the management and the staff told us about their ambitions to enable people to live the life of their choosing. For example, staff also described how they had supported people to reconnect with family members that they had previously had little contact with; and also how they had supported people to entertain their relatives and friends within their own homes. One person told us how they had been supported to overcome a relationship that had had a negative effect on them. Another person said “I keep in touch with my Nan; I like to go and visit her.”

Potential housemates were carefully selected; these were based on people’s individual characteristics, their needs and preferences so that their compatibility could be established. Arrangements were in place for the

introductions to be phased in so that people got to know each other before becoming housemates. This had enhanced the lives of the individuals concerned due to the developing friendship and the sharing of their home lives.

People were supported to express their views about all aspects of their lives including the care and support that was provided. They had been involved in all of the decisions about their support, starting with their first assessments, through the development of their individual plans of care, the recruitment of their support workers and their ongoing support. One person said “I know what’s in my care plan, I have a copy here; the staff helped me put all the things that are important to me down and work out how we could do them”. The management continued to work closely with people who used the service so that they understood their needs; there were regular house meetings where people were encouraged to express their views and opinions.

People received support from advocacy services when they needed additional support. This was confirmed by both the staff and the management. People were also provided with information about how to access advocacy services; all the information was provided in appropriate formats including ‘easy read’ versions.

People were supported to maintain their privacy and dignity. Staff were respectful towards the people they supported and this was confirmed by the people we spoke with. We saw staff referred to people by their preferred name and respected their views and opinions. Arrangements were in place so that people were able to hold the keys to their own homes and were able to answer the front door to visitors. The management and staff knocked on people’s front doors and waited to be invited into people’s homes.

People were supported to express their individuality through their appearance; one person told us that they had worked with staff to identify their personal goals and had wanted to improve their appearance. A member of staff told us that they had supported them to put together a whole new wardrobe that expressed their personality; it was evident that the person concerned was really happy about having achieved this.



Is the service responsive?

Our findings

People felt valued and were supported to lead meaningful lives. The management worked closely with the local authority to identify people who would benefit from the type of service that was being provided. This included supporting people in their own homes with the delivery of highly person centred support.

Assessments were obtained from the commissioners of care and the provider conducted their own detailed person centred assessments before the service provision was agreed. These focused on the person's own 'dreams and ambitions' as well as obtaining information about their life history, personal relationships, preferences and their goals in life and the type of support they hoped for. Staff were recruited to the person's own specifications, including their preferred lifestyles and personal interests; this enabled staff to have an excellent understanding of the individual's personal, social and cultural preferences. For example people were supported to maintain their faith and participate in religious and cultural celebrations. People also received consistent personalised care and support from staff who knew them well. One person said "I was involved in everything, right from the start and my support worker understands me and supports me in the way I want to be supported; it's made a big difference to the quality of my life."

These assessments formed the basis for the development of the individual plans of care; one person said "I was involved in developing my care plan so I know what's in it" People were encouraged to identify others within their circle of support; such as relatives and key professionals and relatives to contribute to the care planning process with them. The individual plans of care were highly personalised; people's interests were well documented and systems were in place to support people to attend social groups and leisure activities of their choice within their local community. The management also provided social opportunities for people to attend events and meet up with their peers for example at parties or community based activities such as bowling and swimming. One person said "I like playing on my X Box and I go to the pub once a week to meet friends."

People's personal dreams were identified and staff supported people to identify practical ways that these

could be achieved. For example one person had wanted to ride a motor-bike and staff had arranged for them to use a motor bike simulator and had taken photographs to remind them of the experience they had so much enjoyed.

The management told us their aim was to support people to live the life of their choosing and told us how one person they supported had dreamt of joining the armed forces. The management and staff had supported this person through all aspects of the application process. Although the application was unsuccessful the person had fulfilled their ambition and was then able to consider other opportunities.

People had been supported to participate successfully in voluntary work within the local community and that this had lead to them getting regular paid employment with a local business. One person said "The thing I like the most is going to work and getting paid, this makes me very happy, the staff supported me with everything like the interview and the training that I needed to do."

This had been so successful that four out of eleven people had been inspired to obtain paid employment with local businesses and support from their support workers. The management had provided support workers to assist people with their introduction to their new jobs and until they were competent in their role. One person had gone on to obtain competence and formal qualifications in warehouse work and operating a fork lift truck. Another person had shown an interest in first aid and had been enabled to participate with the staff in their first aid training and had obtained a formal qualification. The manager told us how happy and excited they were for the people concerned and how proud they were of their achievements.

Several people had also volunteered to participate in a new initiative with the local authority called 'Quality Checkers' and were being trained so that they could visit other organisations that provided similar care and participate in monitoring the quality of these services. One person said "We went to the office and had training with the staff about how it would work and the questions we would need to ask."

All of the people we spoke with knew how to raise a complaint if they needed to; they had access to information in appropriate 'easy read' formats that set out how to complain to the management and other agencies such as



Is the service responsive?

the local funding authority. Staff told us they understood their roles and responsibilities in dealing with potential complaints and had access to appropriate policies and procedures. The management told us that there had been

no complaints about the service; they thought that this was because they were regularly involved in the care of people they supported and this allowed any potential concerns to be addressed before they developed into complaints.

Is the service well-led?

Our findings

The provider had a clear vision and core values that underpinned all aspects of the care and support offered to people and this was owned and understood by all staff. Staff demonstrated a passion and commitment to providing person centred care which promoted independence and achievement of life time dreams. People were consistently supported in a personalised way and felt empowered, cared for and safe.

People responded warmly to the registered manager and the staff team, they clearly felt comfortable and confident in the way in which care and support was provided. They told us that they felt the service was well led and it was evident that they fully involved people in all aspects of their care. One person said “The managers are great, I have been involved in every decision about my life and I have great support”.

People who used the service were integral to the recruitment process and new staff were selected based on their specification regarding the skills, interests and personal qualities that were important to them. The managers regularly worked directly with people and their support workers to help monitor care provided and to offer direct support and feedback. Staff found this really helpful and the managers said that it also helped them keep in touch with people and understand their needs.

The managers worked hard to motivate staff and encouraged a culture of continuous learning and had systems in place to help identify staffs hidden talents, to focus on personal development and to help staff maximise opportunities for progression and promotion. One member of staff said “They [the management] are fantastic employers, they understand people’s needs and are appreciative of our skills, I can’t praise them enough.”

The managers had embedded a culture openness and willingness to learn and continually improve the way in which the service operated. They actively sought staff and people’s views and feedback and took action to improve things. People who used the service and the staff told us that there was a culture where they were encouraged to make suggestions about how the service could be developed and how people’s lives could be improved. One

person said “My support worker was sometimes late because they got stuck in the school traffic so I suggested they came at five o’clock instead; this was taken on board and it’s great now they are always on time.”

One member of staff said “We suggested ways in which the documentation could be improved to communicate any concerns we might have.” They also told us that systems were in place so that everyone learned from adverse events.

The managers consistently provided opportunities for people who used the service to be involved in the running of the service at all levels, including assessments, recruitment and care planning. Regular meetings were held with people who used the service, their support workers and staff to discuss what mattered to them; these included regular reviews of their support needs and lifestyles, including choices about their social activities, employment, catering and domestic arrangements. One person said “The managers are good, really fine; I did have a problem with one member of staff, I spoke to the manager about it and we all sat down and talked about it like adults and its OK now, the manager sorted it out.”

The managers had conducted formal satisfaction surveys for people who used the service, relatives and staff. We reviewed a sample of the responses; all indicated a good level of satisfaction with the service provided. One of the relative’s comments included “The staff listen, understand and are very helpful and are supportive in all aspects. There is nothing that is too much trouble for them.” Another relative commented “The staff have helped us to understand [name] needs and are guiding us through challenging times and communicating with us the whole way through the process.”

The management team worked creatively to innovate new ways of enabling people who used services to have a voice in shaping how services were developed and evolved. They were working in partnership with the Local Authority in the development of ‘Quality checkers’ an initiative designed to involve people who use services in the monitoring of the quality of other similar services. They were also in the process of having the quality of the service measured by people who used other services and who had been trained as Quality Checkers; this project is in its early stages and the management team were eagerly waiting for the outcome.

Is the service well-led?

The service is currently in the process of becoming accredited with the Investors in People award, this standard is underpinned by assessment methodology and a framework which reflects workplace trends, essential skills and effective structures required to perform in business. One of the management team said “As we are going through the process, there have been many learning opportunities. Through the investors in people process we have identified that the frequency of meetings needed to be adjusted particularly because we are small provider and a young business and there were constant changes that needed to be discussed and communicated in a team meeting. Team meetings occur at least every fortnight.”

The management also said “Through the Investors in People process we were questioned on whether staff knew how they contributed to the organisation objectives. To achieve we have involved our staff in creating a ‘PATH Plan’ for Bradshaw Support. The PATH plan describes our goals and vision for the organisation, which is helping all staff and management to have a shared vision and direction. Staff are now able to see how they can contribute to Bradshaw Support achieving our agreed goals.”

The management also has links with Skills for Care, an organisation that ensures that England's adult social care workforce has the appropriately skilled people in the right places working to deliver high quality social care. Senior staff attended conferences and training to update and develop their knowledge; and had attended events where CQC representatives had been speaking.

One of the management team told us “Our attendance at these conferences has meant we have been able to stay abreast with national developments in health and social care and network with other organisations who; provide support like us and also deliver training and consultancy. At the conference for 2015 one of the workshop was about Leadership. Overall the workshop discussed how leaders and managers are important to the success of any organisation. In the group discussions we talked about leaders being suitably qualified for their position, as a consequence of that it made me enrol on my QCF level 5 Diploma in Leadership and Management in Health and Social Care. Another thing we have started looking at is developing leaders in our organisation especially as we are planning for growth, and identifying the skills, behaviours and training needed to support staff into new roles like support coordinators and service managers.”

The service has strong links with the local community such as local employers and charitable organisations to establish unpaid and paid work opportunities. For example because of the personalised support at all stages of the recruitment and induction training; four out of eleven people have obtained paid employment with local businesses and one has gone on to obtain associated formal qualifications. This success has inspired other people who are now also hoping to gain paid employment.

There were also established links with charitable organisations such ‘Spectrum’ a charity for people with autism and their families to get information and advice on Autism Spectrum Disorders (ASDs) and associated conditions. The associated day centers provided paid workplace experience for people who used the service.

The manager understood their role and responsibility in relation to their CQC registration; they were clear about when notifications should be sent to us about things that happen in the service. They had a statement of purpose in place that set out their aims and objectives for the service and their philosophy of providing support that is tailored to each person's individual needs and empowered them to lead lives of their own choosing. Staff were knowledgeable about the philosophy of care and understood their role in supporting people to lead the lives they chose.

One of the management team told us “Quality assurance is hugely important to us, because we are genuinely working toward being a local champion in delivering person centred support.” They also told us “There are many different ways that people are involved in the QA process. Most recently we held a ‘quality checkers’ training for the people we support. We have also employed two of the people we support to work on a part time basis to carry out quality checks with our office manager.”

Robust quality assurance systems had been established, most of the documentation such as individual plans of care and staff files had an audit sheet in place to record the dates that appropriate documentation had been obtained or completed. There was a staff training matrix in place to ensure that staff received the required training and timely updates. Monthly home audits were completed where people's views were sought about the support they received. Where the service was responsible for supporting

Is the service well-led?

people with their medicines audits were conducted to ensure people received their medicines as prescribed. Individual plans of care and risk assessments were reviewed and amended as people's needs changed.

Regular audits of systems within people's homes were conducted; for example health and safety checks were conducted and the general maintenance of the property was reviewed. Action plans were put in place to address

any areas for improvement such as improvements to the documentation and record keeping. Examples of improvements that have been made as a result of listening to people include the provision of stamped addressed envelopes so people can easily forward complaints direct to the office; also people now have combined house and staff meetings so they can air their views about issues that arise from sharing a home.