

Bradshaw Support Limited

Office S10, Bradshaw Support Limited

Inspection report

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Tel: 01604499099

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30 January 2018

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

At the last comprehensive inspection on 12 October 2014, the service was rated Good.

At this announced inspection on 18 January 2018, we rated the service as Outstanding.

Office S10, Bradshaw Support Limited provides care and support to people living in 14 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. They provide support with personal care, food preparation, managing finances and enabling people to undertake activities in the local community. 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.

There was a registered manager in post. 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.

People's experiences of care were overwhelmingly positive. They told us they were supported by very kind, caring and compassionate staff that often went the extra mile to provide them with exceptional care. The staff and the management team were extremely passionate about providing people with support that was based on their individual needs, goals and aspirations. We saw that people were at the centre of their care and found clear evidence that their care and support was planned with them and not for them. Each person was treated as an individual and as a result, their care was tailored to meet their exact needs.

There was a strong culture within the service of treating people with dignity and respect. The staff and the management team were always available and listened to people and their relatives/friends, offered them choices and made them feel that they mattered.

The management team were highly committed to ensuring people lived fulfilling lives. The whole focus of peoples care was person centred and focused on promoting peoples independence. Staff worked with people to identify their dreams and aspirations and celebrated people's achievements.

The service was exceptional at empowering people to have as much control over their lives as possible and to achieve their maximum potential. The staff were passionate about the person-centred approach of the service and it was clear it was run with and for people. Without exception, people spoke positively about their experience of the service and the successes they had been supported to achieve. It was clear the culture within the service valued the uniqueness of all individuals.

People had access to a wide range of activities, which took account of their personal preferences and were tailored to their individual needs. Staff went to exceptional lengths to encourage people to attend activities

and find employment y that would enhance their health and well-being.

People continued to receive safe care. Staff had received training to enable them to recognise signs and symptoms of abuse and felt confident in how to report them. People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff understood how to prevent and manage behaviours that the service may find challenging. Effective recruitment processes were in place and followed by the service and there were enough staff to meet people's needs. People received their medicines safely and as prescribed. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service

People's needs and choices were assessed and their care provided in line with up to date guidance and best practice. The care that people received continued to be effective and meet their needs. There were sufficient staff, with the correct skill mix, on duty to support people with their care. Staff received an induction process when they first commenced work at the service. In addition, they also received on-going training to ensure they were able to provide care based on current practice when supporting people.

People received enough to eat and drink and staff gave support when required. People were supported by staff to use and access a wide variety of other services and social care professionals. The staff had a good knowledge of other services available to people and we saw these had been involved with supporting people using the service. People were supported to access health appointments when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and they gained people's consent before providing personal care. People's consent was gained before any care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

The service had a positive ethos and an open culture. The management team were positive role models that encouraged communication and learning. People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement. People and relatives were involved in quality checks of the service to ensure people received a high quality service driven by improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service is safe.

There were systems in place to protect people from the risk of avoidable harm and staff were knowledgeable about their responsibilities. Staff followed procedures to help prevent and control infections.

There was sufficient staff to meet people's needs and keep them safe. Thorough recruitment procedures reduced the risks of unsuitable people working with people using the service.

People were supported to take their medicines safely and the provider was committed to reviewing and learning from accidents and incidents.

Is the service effective?

Good ●

The service is effective.

People's needs were assessed and met by staff that had received appropriate training. People were supported to maintain their health and well-being and were provided with a choice of meals that supported them to maintain a balanced diet and adequate hydration.

The service had good working relationships with other professionals to ensure that people received consistent, timely and co-ordinated care.

People's consent to care and treatment was sought and people were involved in decisions about their care so that their human and legal rights were sustained.

Is the service caring?

Outstanding ☆

The service is very caring

Everyone without exception praised the caring approach of staff at every level. The service went to exceptional lengths to ensure people received kind and compassionate care and had maximum control over their lives.

Staff went the extra mile to ensure people were supported through difficult periods of their lives. Potential housemates were carefully selected; these were based on people's individual characteristics, their needs and preferences so that their compatibility could be established.

Is the service responsive?

Outstanding ☆

The service is extremely responsive.

The service was exceptional at ensuring people were supported to achieve their full potential and live full, rewarding lives.

Achievements were celebrated and people regularly accomplished their goals.

People's care was based around their individual goals and their specific personal needs and aspirations. People with complex needs and behaviours that may challenge the service were being empowered and enabled to feel a part of their community, and to achieve their goals and more.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a visible complaints system in place that ensured any concerns were dealt with in a timely manner.

Is the service well-led?

Good ●

The service is well-led.□

The provider ensured that the service was run with and for people who were involved in the service at all levels. The management team were highly committed and passionate about ensuring a person-centred approach to the support people received.

All staff were committed to ensuring people were valued as unique individuals. The service maintained close partnerships with other organisations to ensure people remained at the centre of all the service did.

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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 checked 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 comprehensive inspection took place on 18, 23 and 30 January 2018 and was announced. The provider was given 48 hours' notice because we needed to be sure that someone would be in.

One inspector carried out the inspection.

We visited the office location on 18 January 2018 to see the management team, office staff; and to review care records and policies and procedures. On the 23 January we made phone calls to relatives of people using the service and on the 30 January we visited four people using the service in their own homes and spoke with four people over the telephone. .

Before the inspection, we asked the provider to complete a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and considered this when we made our judgements.

We checked the information we held about the service including statutory notifications. A notification is information about important events, which the provider is required to send us by law. We also contacted the health and social care commissioners who help place and monitor the care of people living in the home.

During this inspection, we spoke with eight people using the service and six relatives. We also spoke with eleven staff that included the director, two office managers and eight care and support staff. In addition we

had discussions with two health care professionals. □

We reviewed the care records of five two people that used the service that included their care plans, health and medication records, risk assessments and daily care records. We also looked at the recruitment records for four members of staff to see how the provider operated their recruitment procedures. Other records we examined related to the management of the service and included staff rotas, training and supervision records, quality audits and service user feedback, in order to ensure that robust quality monitoring systems were in place.

Is the service safe?

Our findings

People continued to feel safe with the support they were receiving. One person told us, "The staff come with me when I go out clubbing to make sure I'm not in any danger. It makes me feel safe knowing they are there with me." A relative said, "Yes most definitely yes [name of relative] is safe. There are enough staff and [name of relative] gets the supervision they need to make sure they are safe at all times."

Staff felt that all the people using the service were kept safe from avoidable harm. They understood their roles and responsibilities to safeguard people and were supported by up to date and clear policies and procedures. One staff member informed us, "We have had training in safeguarding and there is a copy of how to report abuse in each person's hand over book and in our staff handbook." All the staff we spoke with were aware of safeguarding procedures and records confirmed they had relevant and up to date training in this area." We saw that incidents had been reported to the relevant authorities as required.

Risks to people had been assessed and their safety monitored. One person told us, "I have a risk assessment in place for going out on my own. I know what to do if I get lost." A relative commented, "I know [name of relative] has risk assessments about their behaviour. We talked about them in their review."

There were detailed risk management plans to identify all the risks present within a person's life. They were completed in a way that allowed people as much freedom as possible, and promoted people's independence. These included accessing the community, environmental risks and behavioural plans. Risk assessments were reviewed on a regular basis or when there was a change in a person's individual circumstances. One staff member told us, "The risk assessments are good. They are detailed and tell us what to do and not what to do." Each person's support plan was personalised to them and detailed the behaviours they might need support to manage. They described what triggers a person may have and the best and least restrictive way to make sure people were kept safe. All the staff we spoke with felt that they were able to keep people as safe as possible, whilst also promoting people's independence.

There were enough staff to support people safely. One person told us, "Yes there are more than enough staff. I have never been let down." A relative said, "The staffing is very good. [Name of relative] has more staff looking after them than ever before. It's exactly what they need and it gives us as a family peace of mind." Staff said they felt there were sufficient staff to meet people's needs. One told us, "We have good staffing. It means we can really support people well and make sure they get the best experiences out of life."

The office manager responsible for staff rotas showed us how they ensured sufficient staff were deployed to meet people's needs. We saw that certain staff were matched to particular individuals and the rotas showed there were consistent staff teams for each individual. They told us, "If anything we are probably over staffed. We try to match people with the same interests or cultural backgrounds with people using the service." Rotas demonstrated that sufficient numbers of staff were available to support people consistently and these were given to staff five weeks in advance. This gave the provider plenty of time to make any changes or fill any gaps on the staff rota if it was needed.

Records demonstrated that the service carried out safe and robust recruitment procedures to ensure that all staff were suitable to be working at the service. We looked at staff files that showed all staff employed had a disclosure and barring service (DBS) security check, and had provided references and identification before starting any work.

People received the support they needed to take their medication as prescribed. One person said, "They [meaning staff] prompt me to take my tablets. I would forget otherwise." A relative told us, "[Name of relative] gets help with their medicines. They [meaning staff] have been very good at reducing [name of relative's] tablets and it's made a big difference to [name of relative]." A staff member said, "We had very good training to make sure we can give people their medicines safely. We also have our competencies checked to make sure we haven't picked up any bad habits and are still safe to administer medicines."

People's care records listed their medicines and the times they were to be given. Records confirmed staff had been provided with training on the safe handling, recording and administration of medicines and in line with the service's policy and procedure. We saw medication administration records (MAR) were completed accurately after each person had received their medicine. Regular auditing of medicines was carried out to ensure any errors could be rectified and dealt with in a timely manner. Staff told us and records confirmed they were trained to administer medicines safely.

People were protected by the prevention and control of infection. Staff received training in relation to Infection Control and food hygiene. There was guidance and policies that were accessible to staff about Infection Control. In addition, staff were supplied with Personal Protective Equipment (PPE) to protect people from the spread of infection or illness.

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. There were systems in place for staff to report incidents and accidents and we saw these had been recorded and reported accurately. The service supported people with complex needs that changed regularly. The staff we spoke with felt that any learning that came from incidents of behaviour, accidents or errors was communicated well to them through team meetings and supervisions if required. Different strategies were discussed and changes in support were implemented as a result of these discussions. This meant the support people received was always being reviewed to ensure that lessons were learnt when things went wrong.

Is the service effective?

Our findings

People's needs were holistically assessed to identify the support they required. The assessments started with a 'Planning Alternative Tomorrows with Hope' (PATH) plan that looked at how each individual would like to be involved in their care, and takes into consideration their dreams and aspirations. The PATH plan then considered what could be achieved in the first three, six and twelve months. Under one section of the PATH plan there was information about the healthcare professionals that needed to be involved in the persons care. In one file, we saw they had input from the dentist, the Community Team for People with Learning Disabilities (CTPLD) advocacy services, GP and the persons family. The assessment obtained information about people's life history, personal relationships, preferences and the type of support they hoped for. This ensured that qualified healthcare professionals were involved in the assessment process when required and made sure that care was based on up to date legislation, standards and best practice.

A relative told us about the whole assessment process that took place with their family member. They said, "[Name of relative] was in a different service before and they weren't doing well. Bradshaw Support were brilliant. They spent a lot of time going to visit [name of relative] to really get to know them before they started their care. They invited [name of relative] to take part in activities with others and they really got to know them. I can honestly say they went above and beyond the call of duty to make sure they got it right. The transition went smoothly and the communication from staff to us was excellent."

People received care from staff that were knowledgeable and had received the training and support they needed. One person said, "The staff know what to do. Sometimes I get anxious and they know what to do to calm me down." A relative told us, "The staff are excellent. They are picked specially to work with specific people. They know to keep [name of relative] busy to stop them getting bored and displaying behaviours. They know exactly how to help [name of relative] with their behaviour's and anxieties'. I would say they are very well trained."

Staff told us that their training was relevant to their role and equipped them with the skills they needed to care for the people using the service. For example, staff had received specialist training in supporting people living with autism and behaviours that may challenge the service. One staff member told us, "When I started I had a lot of training and was able to shadow more experienced staff until I had got to know [name or person] and they were comfortable with me." Within the staff files we saw that staff had been provided with induction and on-going training that was relevant to the people they cared for.

Staff told us they received regular supervision and an annual appraisal of their performance. One staff member commented, "We have regular supervision and can talk about anything we need to." The director confirmed each staff member received regular supervision and appraisal s and we saw evidence in the staff files to confirm this.

People were supported to maintain a healthy and balanced diet. One person told us, "I cook my own meals. I'm just starting to get the hang of cooking and I like it. Staff help me and I'm getting better at it." A relative informed us, "The staff involve [name of relative] in shopping and cooking. They are even making their own

packed lunches. They have plenty to eat and drink and there are always loads of snacks." Staff told us that they encouraged and supported people to be involved with the shopping and preparation of their meals. Staff had developed common cooking processes in pictorial format so that individuals could learn the basic techniques and achieve greater independence. Details of people's dietary likes and dislikes were also recorded and where it had been identified that someone may be at risk of not eating or drinking enough, appropriate steps had been taken to help them maintain their health and well-being.

The service worked and communicated with other agencies and staff to enable consistent and person centred care. For example, with health authorities, charitable organisations, NHS Trusts and different funding authorities regarding people's care and wellbeing. Regular reviews were held with a multidisciplinary team including relevant health care professionals. This helped to promote good communications resulting in consistent, timely and coordinated care for people. We saw that input from other services and professionals was documented clearly in people's files, as well as any health and medical information.

People's healthcare needs were monitored and care planning ensured staff had information on how care should be delivered effectively. One relative told us, "[Name of relative] has needed a lot of support to go to the dentist. The staff have been brilliant and very patient, working with them until they were ready to go. When they did go to the dentist it was successful." One individual had a specific health condition and needed to incorporate exercise into their routine. Staff supported them to join the gym; a training programme was designed by a personal trainer and staff supported them to follow their programme. We saw this had had a positive impact on the person's health and well-being. Records contained information about people's medical history and current health needs that were frequently monitored and discussed with them and if appropriate their relatives.

People's care and support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. The director had a good understanding of the principles of the MCA and when to make an application.

Is the service caring?

Our findings

Staff had a very kind, caring and empathetic approach to supporting people and ensuring they received good quality care and support. They had detailed knowledge of the people they supported and had developed positive relationships with them. One person told us, "They [meaning Bradshaw Support] have changed my life. I used to get into trouble before. They have helped me get on track and I have so much to look forward to in the future." Another person said, "Bradshaw Support has turned my life around. I didn't like it where I was before. They [meaning staff] are really good at their job and my life is so much better than it was."

Relatives also echoed these sentiments and one told us, "The staff are really good with [name of relative]. I ask [name of relative] all the time, 'Are you happy' and they always tell me they are." Another relative commented, "There has been a visible change in [name of relative] since Bradshaw Support took over their care and they have a living environment I'm jealous of. They receive an excellent service."

One relative told us how they had not seen their family member for a long time but were now back in contact with them. In the beginning, they had found it hard to connect with their family member. They told us they had spoken with the registered manager and director about the difficulties they experienced and said that the management had listened to them. They organised days out with staff support for them to be able to get to know each other and remain a part of each other's lives. The relative said, "We were both finding it difficult. When I spoke with [name of director], I was happy they took it seriously and now I have a positive relationship with [name of relative]. I recently attended their review." This showed that people were supported to maintain and develop relationships with people who were important to them.

The continuous training and development staff received had embedded a culture within the staff team that placed people at the heart of all they did. During our conversations with staff, they demonstrated they cared immensely for the people they supported. One staff member told us, "We are here for the service users. It's all about them and making their life as good as it can be." Staff clearly all shared this ethos and a comment in the most recent staff survey read, 'It's brilliant. I have a genuine love and passion for what I do.'

A healthcare professional told us, "All the staff from the top to the bottom really care about the people they look after. The staff receive really good training and are motivated to provide the best care possible."

Staff told us that they had been able to shadow experienced staff when they first commenced at the service so they could get to know people well and to see if they were a good match to work with them. One staff member told us, "We are matched with people who have the same interests and who are suited to each other. Being able to work with the same people means you really get to know them and can support them with their needs."

People were treated as individuals and had outcome focused care plans that they were involved in completing and reviewing. They included information about people's areas of strength and special interests. For example, we saw in one person's file that they loved dogs. In their PATH plan one of their goals was to

own a dog and the service was working towards this goal with them. We spoke with the person who told us, "I am going to get a dog of my own soon. They [meaning staff] are going to take me." The director told us that staff that had their own dogs would bring them in when they were sleeping over, so the person could look after them. The person was encouraged to look after the dogs, which also provided them with first-hand experience and training for when they achieved their goal and had a dog of their own. The impact for this person had resulted in a reduction in their behaviours and incidents were less because they were calmer due to having dogs around them.

Staff often went over and above their roles. For example, the service was caring for one person who was struggling to manage their finances. They didn't have many clothes but wanted to look presentable when they went out in the community and this was having an effect on their self-esteem. The director told us that some staff got together and would periodically bring in clothes they no longer needed for this person, many of which were designer brands. This had helped to improve the person's appearance, which in turn had boosted their self-esteem and raised their confidence when out in the community.

The management of the service spoke passionately about the people they cared for and were prepared to do all they could to make sure people were happy and well supported. One example of this was in relation to a person whose income had been suspended. The person had very set routines and suffered great anxiety if those routines were changed. This had the potential to lead to extreme behaviours from the person. With limited finances, it was inevitable that this person's routines would have to change. The director told us the management decided to subsidise the person's living expenses until their income had been resolved. This meant that the person's very important routines and needs were maintained without any distress, anxiety or incidents that might have occurred.

Another example of how the service cared for people was in relation to a person who used to have transport (taxi) paid for by the local authority to go to their activity placement. The funding for this was discontinued. The person had been attending the placement for many years; had many friends and enjoyed the activities they took part in. However, they were not able to meet the cost of the transport themselves. The management looked at ways they could support the person to continue to attend their placement. They adjusted staff rotas so that there was always a staff member on duty who had a car who was able to drive them to their activity placement. They were only charged for mileage expenses, which was affordable to the person and had enabled them to maintain their routine.

People were supported to express their views and be actively involved in making decisions about their care and support. For example, potential housemates were carefully selected; these were based on people's individual characteristics, their needs and preferences so that their compatibility could be established. We saw that housemate adverts were sent to the local funding authority and also day centres and community centres that people attended. The advert described the type of person the other person would like to share with, their interests and hobbies, likes and dislikes and any other pertinent information. 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.

The director said that having staff with the right values and skills was essential and during the interview process people using the service were involved in the recruitment process to ensure they matched the values that were at the heart of the service. Potential staff were required to undertake an activity interview with people using the service as well as a formal interview with the management. The activity interview required the potential staff to take part in an activity of the person's choice. This might be going out shopping or just a drink and a chat. This gave a good indication of whether the potential staff member was a

good match.

We saw that people could have access to an advocate if they felt they were being discriminated against under the Equality Act, when making care and support decisions. There was one person at the time of our visit using the services of an advocate.

The privacy and dignity of each person was respected by all staff. Each person had a detailed care plan that documented all aspects of their care and life choices. This contained regular prompts to staff to respect people's choices and right to privacy, whilst making sure they remained safe.

Staff were given clear guidelines about how to support people who may display certain behaviours whilst in public or communal areas, and how best to de-escalate that situation. Retaining a person's dignity was clearly a priority alongside their personal safety and that of others. One person said, "If I get anxious or angry the staff don't get cross with me. They understand and talk to me calmly." A relative told us, "The staff are always very respectful. They talk to [name of relative] like an equal."

Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. Files were kept in a locked cabinet in the office.

Is the service responsive?

Our findings

Care was personalised to each person that used the service; they felt valued and were supported to lead meaningful lives. One person said, "My staff are like my friends. We go shopping and clubbing and watch films together." Were like mates. It's not them and us." Another person told us, "I'm a different person now. I have had lots of support and my life is better." A relative told us, "[Name of relative] has a lot of behaviours and they were not successful in the previous care service. Now they are a completely different person. They have gained so much confidence and their self- esteem has improved so much. Great support means a great result. That is what this service has done for [name of relative].

The provider completed a comprehensive assessment before a care package was agreed. These focused on the person's 'dreams and ambitions' as well as obtaining information about their preferred lifestyles, their values, beliefs, hobbies and interests. These were available in large pictorial formats that were used during the assessment process and peoples annual reviews.

The initial assessment formed the basis for the development of peoples care plans. People said they had been listened to and their needs were central to this process. Comments from people included, "I know what's in my care plan. It's all about me and what I want." Another told us, "I am always involved. It's my life and I say what's happens to me." A relative said, "We have been involved in [name of relatives] care from the beginning. They make sure it's right and ask our opinions and views. It's all very open and transparent."

Each care plan was bespoke to the needs of the individual. They described the individual support people needed to achieve tasks, from simple day-to-day things like preparing food, to longer term goals such as volunteering or employment opportunities. For example, we saw how one person had been supported to manage their finances. This had been achieved through tutoring and the introduction of on line banking. This had helped to reduce the person's anxieties around money and they had been so successful that they had recently moved into a home of their own. They told us, "I know how to manage my money now and Bradshaw Support have helped me get my own flat. It has taken a long time to get here but I made it. I have my own space." A member of staff said, "Each person's care plan is totally centred around them and all the staff are very clear about how to support people to achieve their goals."

A healthcare professional informed us, "This service is one of the best. They provide truly person centred care. Each individual in placed at the centre of everything. They take positive risks to allow people to achieve their goals and improve their lifestyle."

There were regular meetings with people to discuss their progress against goals and encourage them to think of how they might like to develop their skills and knowledge. Staff had an excellent understanding of all of the needs of the people they were supporting, and clearly had a drive and passion to help people achieve as much as they could. One staff member said, "You want to do your best for these guys. It's so rewarding when someone achieves their goals. They can achieve anything they want. They just need the right support to do it."

Staff were recruited to people'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, one staff member recently employed followed the same religion as a person using the service. They had been matched so the staff member could support the individual to maintain their faith and attend their place of worship. Another staff member had been matched to a person who enjoyed the same hobby of gaming. The person told us, "It's important to me that staff are able to play against me on the play station. [Name of staff member] plays football games with me and they get really intense. I really enjoy it." This gave both the person and staff member a shared interest and something in common.

The service was committed to supporting people with their diverse needs and staff had an excellent understanding of people's social and cultural diversity. One person using the service did not observe any holiday celebrations, i.e. Christmas, Birthdays, Easter, Halloween and bank holidays. They would become anxious when going out into the community and there had been serious incidents involving the person during these times. In their support plan, there was guidance for staff to follow to reduce the person's level of anxiety at these times. For example, weeks prior to any one-date staff reassured the person and coached them about what might happen when they went out during these holiday periods. Strategies to cope had been devised and staff supported them with this to reassure them and reduce anxiety over the holiday periods. This had reduced the person's levels of anxiety and there had been no recent incidents of behaviour that could challenge the service.

Another good example of this was in relation to a person who had expressed a wish to have a same gender relationship. Staff supported the person with this and helped them to visit places where they might meet people with the same wants.

People received an annual review of their care and people from their circle of support such as relatives and key professionals were invited to these. We saw that the review process was very positive, person centred and focused on people's achievements. The review considered progress made towards people's hopes and dreams and there were areas that looked at 'my life so far' and 'what people like and admire about me' and 'my gifts and talents.' For example, we saw that one person had achieved their dream of going to watch their favourite football team, and another who had found employment. The review process was a positive experience for people and a relative told us, "I attended [name of relatives] review. They celebrated everything [name of relative] had achieved. There was no negativity and I felt very proud of all that [name of relative] had achieved. It also did a lot for their self- esteem."

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. One person told us how Bradshaw Support employed them to organise social events for people using the service. They said, "I love my job. I have arranged bowling events and parties." We saw that people attended activities of their choosing and were also encouraged to try voluntary work and paid employment. One person had been supported to undertake voluntary work and they achieved a NVQ level 1 as a warehouse operative and obtained a forklift licence. This had led to paid employment. They also completed their first aid certificate through training with Bradshaw Support. .

People were encouraged to participate in the local community and staff looked for ways to enhance this inclusion. One person told us they had been successful in obtaining a job as a gardener at their local park. They said, "I start my new job tomorrow. I like gardening." Another was supported to do voluntary work at a charity shop and several people worked at a community Garden Centre. This enhanced people's well-being and meant they were a valued part of the local community.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We found that the service had provided people with information in pictorial form and used technology to promote peoples' independence.

For example, people were supported to use on line banking. This helped them to manage their money in real time; where they could see their balances and manage their direct debits and standing orders. Another use of technology used by the service was the use of Google maps. Some people lacked the confidence to go new places and would become anxious about possibly getting lost; this had occurred in the past. They were shown how to use google maps on their smart phones. Once they had been shown, a route a few times, their confidence increased and they were able to attend new places and find their way to various locations because they were confident about using google maps.

The service had a complaints policy and procedure in place. This was available to people in a pictorial format if required. People we spoke with knew how to make a complaint and felt comfortable to do so. One told us, "I would make a complaint if I had to but there is nothing to complain about." Relatives knew how to make a complaint and were confident that any issues were addressed in a timely manner. One relative told us, "I did raise a small concern, not really a complaint. It was dealt with straight away. No waiting or hanging about."

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 formal complaints about the service and records confirmed this. The director told us that 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. There were processes in place to ensure that all complaints would be dealt with appropriately.

Is the service well-led?

Our findings

There was an experienced registered manager in post; however, they were not available to assist us on the day of our visit. However, we were supported by the director throughout the inspection. The director was very proud of everything the service had encouraged people to achieve. Their positivity about the achievements was shared throughout the service by both people and staff.

There was a positive, open and inclusive ethos at the service. The provider had an extremely positive culture that ensured people were at the centre of everything the service did. There was a clear management structure that passionately promoted a person-centred culture and commitment to promoting independence and achievement of lifetime dreams. People were consistently supported in a personalised way and felt empowered, cared for and safe. One person told us, "[Name of manager] and [name of director] are like my family. I have been given a new start and it's thanks to them." Another commented, "This is the best service I have ever had. So much better than all the others."

Relatives spoke highly of the service and one said, "[Name of manager] and [name of director] really care about people and genuinely want to provide a good service." Another commented, "This is the best service we have used. I feel that [name of relative] has the best quality of life thanks to Bradshaw Support."

Staff spoke positively about the registered manager and the management team as a whole and felt they were able to approach anyone of them at any time for support and guidance. One member of staff said, "[Name of registered manager] is very good and so is [name of director]. They have an 'open door' policy and are very approachable. There is always someone you can talk to."

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 registered manager and director regularly worked directly with people and their support workers to help monitor care provided and to offer direct support and feedback. The service had an open culture where staff had the opportunities to share information; this culture encouraged good communication and learning. The director told us, "If something isn't working we look at how we can change it to make it better."

Staff were supported through regular supervision and received appropriate training to meet the needs of people they cared for. Staff understood about people's needs and feedback from people and relatives was positive and showed good standards of care were provided for people. Staff felt able to voice any concerns or issues and said they had a voice and were listened to. We saw that team meetings were held which covered a range of subjects, and offered a forum for discussion and learning. We saw minutes of meetings held, and staff we spoke with confirmed they took place.

The quality of care was regularly monitored. Several people and a relative had 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".

People using the service were encouraged to provide feedback via satisfaction surveys and one to one chats. They actively sought staff and people's views and feedback and took action to improve things. For example, we saw that there had been concerns raised about communication, making sure staff had up to date information about people's care. In response, the service had implemented a new handover system and feedback about this had been positive.

Records were well maintained at the service and those we asked to see were located promptly. Staff had access to general operating policies and procedures on areas of practice such as duty of candour, missing persons, lone working, reporting accidents and incidents and fire safety.

There were internal systems in place to report accidents and incidents and the registered manager and staff investigated and reviewed incidents and accidents. Care plans were reviewed to reflect any changes in the way people were supported and supervised. The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

The service cooperated well with other healthcare professionals. They shared information with relevant organisations to develop and deliver joined up care. When a person goes into hospital the service ensured a grab sheet with all relevant information relating to the persons condition was available to the hospital staff. For example, what medication they were on, what condition they were living with and other elements of their care needs.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service.