

The Brandon Trust

# Brandon Supported Living - Cornwall

## Inspection report

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23 July 2019

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Brandon Supported Living - Cornwall is a domiciliary care agency providing care and support to people in their own homes. Support can range from enabling people to access the community for a few hours a week, to 24 hour care and support for people living in supported living accommodation. The agency works across Cornwall and Plymouth.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection 135 people were using the service. 76 of these people were receiving support with personal care in supported living settings.

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

Feedback from external healthcare professionals varied according to the specific setting they had experience of working with. While most feedback was positive this was not consistent across all areas and we have made a recommendation about this in the report.

People's needs were assessed when they first started using the service. Managers considered how people's needs and personalities might impact on each other. Ongoing assessments did not fully take into account how people's changing needs might affect the people they lived with and we have made a recommendation about this in the report.

Some people's homes had been through a period of instability with changes to the staff team and team leaders. Locality managers were working closely with the services to support them and told us they believed the situation was improving.

Staff had high expectations for people and were committed to supporting people to have full and meaningful lives. There was an emphasis on supporting people to develop and maintain their independence. Staff were clearly proud when people achieved their goals, no matter how small they might appear.

People and relatives were positive about the way in which Brandon Supported Living – Cornwall was managed. Relatives told us they worked with people and staff to ensure support was delivered according to people's needs and preferences. They frequently referred to "working together" and "family" environments. We observed staff and people spending time together and saw staff were inclusive in their approach, always bringing people into conversations and supporting them to express their opinions.

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

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible, to gain new skills and become more independent. People's routines were known and respected.

There were systems in place to capture people's views and these were continually assessed to help ensure they were effective. The Brandon Trust were piloting a Quality Checkers team so people using the service could support and assess service development. Surveys had been produced in various formats to make them more meaningful for people. A system for gathering the views of people who did not use words to communicate was being trialled.

Staff were valued and there were a variety of support mechanisms in place including helplines and personal development programmes. Staff told us the organisation was a good place to work and were enthusiastic about their roles.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles

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

#### Rating at last inspection

The last rating for this service was Good (published 03 February 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

# Brandon Supported Living - Cornwall

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team included two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in 38 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had ten managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered managers were known as 'locality managers' and had responsibility for small groups of supported living settings. An area manager, based in the registered office, had oversight of Brandon Supported Living – Cornwall.

#### Notice of inspection

We gave a short period of notice of the inspection to enable staff to prepare people for our visits. Inspection activity started on 19 July 2019 and ended on 25 July 2019. We visited the office location on 19, 23 and 24 July.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

On the first day of the inspection we met with the area manager to identify who we wanted to visit. We wanted to be sure we met a wide range of people with varying needs in different areas of the county. During the following three days of inspection activity we visited 12 people in their own homes and spoke with them and 15 staff. In total we visited 11 homes. We also spoke with two relatives who were visiting at the time. We met 17 staff in the service office including the area manager, six registered managers, five team leaders, three HR employees, the learning and development co-ordinator, and the administrative worker. We also spoke with the organisations involvement co-ordinator in a video conferencing call. Brandon Supported Living - Cornwall arranged a drop-in day on the final day of the inspection where we met with a further 11 people, four relatives and eight members of staff. Not everyone we met was able to tell us verbally about their experience of the service. As well as speaking with people we observed staff interactions with people during our visits and at the drop-in event.

We reviewed a range of records. This included seven people's care records and six people's medication records. We looked at one staff file in relation to recruitment and reviewed the recruitment systems in place. A variety of records relating to the management of the service, including policies and procedures were reviewed.

### After the inspection

We spoke on the telephone with a further two members of staff, two people and nine relatives. We contacted three external healthcare professionals to hear their views of the service. We received information of concern in relation to the information available at the time of the inspection. We also had concerns raised by external healthcare professionals specifically about one supported living setting. The concerns were in respect of consistency of leadership and how the service engaged with other professionals. We took the decision to visit two more supported living homes to check the quality of the service people were receiving in these specific houses.

We visited these homes on 5 September 2019, in the report we refer to this additional visit as a 'follow up visit.' We met five people and observed staff supporting them. We spoke with a further six members of staff and looked at care records and other records relating to the management of the service including rotas. Following these additional visits, we met with the nominated individual and the CEO of The Brandon Trust. We spoke with another two members of staff on the telephone. We contacted a further six external healthcare professionals for their views of the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- In most of the homes we visited there were enough staff to provide people with the support they needed to meet their needs and preferences.
- Rotas for one of the homes we visited as part of our follow up visit showed agency staff were used on a daily basis the week before the visit. There were two full time vacancies in the home and applications had been received which were under consideration. The locality manager told us it was important to recruit the right staff. In the meantime, they aimed to use agency staff who were familiar with the service.
- Continuity of support was important to people and registered managers and team leaders told us staff retention had improved over the past 18 months. Relatives also told us this had improved recently. One relative said; "It's usually the same team, sometimes bank staff but they are the same staff that know him, he's lucky three members of staff have been with him for many years."
- There were safe systems in place to help ensure new employees were suitable to work in the care sector. A relative commented; "Brandon do seem careful about who they recruit and the skills they need to have."

### Systems and processes to safeguard people from the risk of abuse

- The provider had clear systems in place for keeping safeguarding at the forefront of the organisations priorities. A 'Safeguarding Review Panel' had been set up to look at all safeguarding issues and identify any emerging trends.
- The area manager and registered managers met weekly to discuss any concerns and help ensure issues were quickly addressed. Safeguarding was always discussed at team meetings.
- Staff were knowledgeable about reporting processes and were confident managers would respond to concerns appropriately. They knew how to report outside the organisation if necessary.

### Assessing risk, safety monitoring and management

- Risk assessments were completed to identify the level of risk and help guide staff on the action they could take to mitigate the risk. These covered areas such as risks associated with poor mobility, health and any difficulties controlling or expressing feelings.
- Risk assessments were kept alongside the relevant care plan and were easily identified. Positive behaviour support (PBS) plans were highly individualised.
- Staff supported people to try new experiences while minimising any identified risk. One told us; "I'm always pushing for [person's name] to try new things."
- Relatives told us they believed their family members were safe. One commented; "Yes completely, if she's cooking there is always someone with her in the kitchen because she stumbles and drops things, they also

help her with road safety they hold her arm or hand as she is partially sighted."

#### Using medicines safely

- People's medicines were managed by trained staff. Competency checks were regularly completed to check staff were still following good practice when supporting people with their medicines.
- Changes to how medicines were audited had resulted in the number of errors significantly decreasing.
- Brandon Trust had signed up to STOMP, a campaign to reduce the use of certain medicines. Where possible, positive behaviour strategies were used to support people when they were anxious or distressed, reducing the need for these medicines. People had regular medicine reviews.

#### Preventing and controlling infection

- Staff received training in food hygiene and infection control. Gloves and aprons were available to use when supporting people with personal care.
- Relatives told us they had no concerns about cleanliness. One commented; "When I go in it smells like it's been cleaned and it's tidy, they are on the ball."

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and reported to registered managers and the area manager. Where appropriate, action was taken to reduce the risk of untoward events reoccurring.
- When an incident occurred, staff were supported by a system of debriefing. This gave them an opportunity to reflect on the experience and make any changes to their working practice if necessary.
- A member of staff commented; "We are always trying to improve things."

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- We had received concerns in relation to how the service worked with other professionals. External healthcare professionals feedback varied between the specific settings. One told us; "Staff were very mindful of [person's] declining health and were very proactive at trying to get medical help from his GP surgery and other medical professionals." Another said; "I have had really positive experiences there [named service]." In reference to a different service they stated; "We [multi agency team] have several concerns." Another professional also shared concerns with us in relation to this particular service. However, they added; "More recently [locality manager] has been more engaged and responsive to us."
- An external health care professional told us; "This [high use of agency staff] makes it difficult to implement recommendations from our service. This also led to inconsistencies of care, that of course can have an impact on clients who need a consistent approach."

We recommend the provider takes action to ensure a consistent approach across all supported living settings when engaging with healthcare professionals.

- Hospital passports had been developed to help hospital staff understand people's needs if they needed to be admitted.
- People were encouraged to take regular exercise. Some people had gym memberships and others attended dance and exercise classes. A walking group had also been set up. A relative told us; "She walks to town, eating was looked at, she does exercise classes, and Pilates is brought into the house."
- People had annual health checks, and regular dentist and optician appointments. A relative commented; "The epilepsy nurse sees him and the chiropodist does his feet, he also sees the dentist."

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

- A screening tool had been developed to assess people's needs when they first started using the service. This had been with the support of the organisation's PBS team and focused on ensuring people could be supported in line with their needs and preferences.
- Some people had lived at the same house for many years and their needs had changed over time. One person could be very vocal for long periods of time and staff told us, during these periods, they worked with the person for short periods only as it could be 'intense.' We were concerned that the needs of other people

in the house had not been fully considered and ongoing assessments had not taken into account the possible impact of people's changing needs.

- There were plans to create a summer house in the garden to provide people with an additional quiet area. However, there was no definite date for this to be completed.

We recommend that the provider ensure care assessments consider the full range of people's diverse needs in line with national guidance.

- There were systems in place to help keep managers and staff up to date with any changes in guidance and the law within the care sector. For example, the organisation was developing a policy to reflect learning in national publications about mortality rates for people with learning disabilities.

Staff support: induction, training, skills and experience

- Staff were supported by a robust system of induction and training. New staff were required to complete the Care Certificate unless they had an equivalent qualification.
- New staff spent a period of time shadowing more experienced staff before working on their own. They told us the induction process had prepared them well and given them the confidence and skills they needed to fulfil their roles.
- Training was regularly refreshed to make sure staff were kept up to date. If people had specific needs their staff team were given additional training. For example, some staff had received training in supporting people who used gastrostomy feeding tubes.
- Supervisions and appraisals were regularly completed. Staff told us they were well supported.

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

- People were given information to help them understand the benefits of healthy eating. One person told us how they had lost weight since they started receiving their support from Brandon Supported Living – Cornwall. They were clearly proud of their achievement's.
- Some people needed their food softened to help prevent the risk of choking. There were clear guidelines in place, so staff knew how to prepare food safely.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service identified when people were subject to restrictions in order to keep them safe. This had been highlighted to the appropriate agency for referral to the Court of Protection.
- Any restrictive practices were reviewed to check they remained necessary and proportionate.
- Capacity assessments were completed appropriately. When people had been assessed as lacking capacity to make certain decisions, best interest meetings were held to help ensure any decisions made on people's behalf were in their best interest.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remains the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were respectful of the people they supported and enthusiastic about their roles. A member of staff commented; "We're all happy and that impacts on people's lives because we're happy to go on holiday with people, go out. Everyone likes coming to work."
- People and relatives told us staff were caring and had developed good relationships with people. Relatives commented; "They're more like family, they're so good", "It's been a long journey for his trust and confidence in people [staff], if it's not the right people [staff], they are changed. They listen" and "[Person's name] needs to be able to trust people." People told us; "All the staff are marvellous", "They're good staff, a good team they are" and "I'm happy today!" We asked another person if they liked their staff team and they clapped their hands enthusiastically.
- During the 'drop-in' event held on the last day of the inspection we saw staff and people interacting together and sharing activities. There was a very inclusive approach with staff involving people in conversations and supporting and encouraging people to use the sensory equipment or complete art work.
- Due to their health condition one person needed to wear a clothes protector. A member of staff told us they had found it difficult to find stylish products and so had started making them themselves. They told us the person liked to be well dressed and when we met the person they indicated to us that they were pleased with the one they were wearing. A member of staff laughed; "It's your cravat isn't it."
- The importance of sensory experiences for people was recognised. Staff had developed sensory gardens and rooms for people. On the drop in day a range of sensory equipment was provided which people enjoyed. Some people attended 'sensory cafes'. One relative commented; "It's completely opened it up, where he is now, he can stroll around the home, the sensory room, he listens to music and sees the lights, totally a brighter person."
- People's cultural and religious needs were known and respected. We met one person who told us they had been to church the previous day. This was clearly important to them and the team leader said they ensured staff were available to support this every week. A relative told us it had been difficult to identify a church which fitted their family members needs but staff had persevered until they found one in a nearby town. They commented; "It's a lively hour of worship with a band, Brandon went that extra mile."

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

- Staff recognised and respected people's preferred ways of communicating. Care plans were in place which recorded people's communication techniques. A member of staff told us; "[Person's name] is non-verbal but communicates really well with signs, gestures and facial expressions."
- The inclusion officer developed ways of supporting people to express their views. The customer

satisfaction survey had recently been redeveloped and included an on-line version where simple questions were read out. There was also a paper, easy read version or people could complete it over the telephone.

- A pilot project was being launched to test out more effective ways of gathering the views of people who don't use words to communicate. This would involve meeting with people and their 'teams' to identify what was working well, what choices people had made recently and how people expressed unhappiness or dissatisfaction.
- Tenants meetings were held for staff and people to discuss any changes to how the service was organised. One newly appointed team leader told us how they had used this opportunity to persuade the staff team to try some new activities with a person.
- People's individual differences were respected. One relative said; "[Person's name] is seen as [person's name] rather than part of the house, she's an individual."
- People told us they controlled their own routines. For example, when to go out and where to, and how they spent their time at home. One person told us; "I just please myself." A relative commented; "He has a routine and they respect it."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. Staff told us they respected they were working in people's homes and took this into account at all times. The area manager said; "We don't do what we call 'agency work' in people's homes."
- People were supported to develop and maintain their independence. Managers and staff were focused on supporting people to be independent and have greater control over their lives. For example, we met with one person who had moved into their own home, supported by Brandon Supported Living – Cornwall, after many years of having limited access to the community. Staff told us they now had a full life and went out daily. A relative said; "Teaching staff about [person's name] has been hard but it's coming together." A member of staff told us; "He's changed massively, keener to do activities and engaging well."
- People were unable to advocate for themselves about their housing needs. Most of the properties used by people receiving support from Brandon Supported Living – Cornwall were owned by one housing provider. The area manager had quarterly meetings with a senior housing officer from the organisation to discuss any matters related to people's houses.
- The service had arranged for adaptations to be made to people's homes and furnishings to support their independence. For example, doorways had been widened and one person had a pull-down clothes rail so they could pick out their own clothing while seated in their wheelchair.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans recorded information about people's need, likes and dislikes and interests. Information was detailed and enabled staff to provide care in line with people's preferences.
- Staff were able to talk to us about how people liked their support to be delivered. They demonstrated a thorough knowledge of people's needs and what mattered to them.
- One person had been admitted to hospital the day before we visited their home. The team leader told us the person had a known recurring medical condition which could flare up suddenly. The person did not use words to communicate and had a high tolerance to pain. These factors meant it could be difficult to identify when the person was becoming unwell. The team leader told us; "They spotted it really quickly. I had confident and very able staff who knew what to do."
- Sometimes people's health needed to be closely monitored so staff would be aware of any changes. Monitoring charts such as seizure records, food and fluid records and bowel charts were in place where necessary and their use regularly reviewed.
- Daily records contained details about people's well-being as well as the personal care received. One person's daily records stated; "[Person's name] has been happy with lots of laughter."

Meeting people's communication needs

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

- Care plans contained information about any support people might need to access information. For example, if they needed hearing aids or glasses or needed information provided in alternative formats.
- The inclusion officer had produced overviews of relevant policies in easy read format. Information about safeguarding and how to raise a complaint was also available in easy read.
- Some people had individualised boards which staff used to help people understand what was going to happen during the day. For example, photographs of activities and the staff on duty were displayed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff worked in line with the underlying principles of Registering the Right support and other good practice guidance. For example, they spoke about the importance of supporting people to be part of the local community.
- People were supported to live the life they wanted. For some people this included voluntary or paid work or attending college courses.

- Family relationships and friendships were valued. Staff had discovered that one person had a friend living at a nearby residential home. They had talked to the person about this and now supported them to visit once a week.
- A group of people had been on a cruise, a new experience for them which had been very successful. The team leader told us; "Beforehand there was lots of talking and using photos to show people what to expect." A member of staff commented; "I was so proud of them all!"

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

- The complaints policy was available in easy read format. This was not suitable for all people and staff supported people if they were unhappy with any aspect of their care. People were able to tell us who they would speak with if they were worried. This might be a particular member of staff or manager. One person said; "If I wasn't happy I'd go right to the top!"
- A relative told us they had raised a complaint and this had been dealt with appropriately and resolved to their satisfaction. One commented; "If something is not right we voice it, they do listen and take action."

#### End of life care and support

- No-one was receiving end of life care at the time of the inspection. However, end of life pro forma care plans were available for use if required.
- Some people had indicated their wishes for funeral arrangements and these were recorded.
- The service had used a local hospice and a bereavement charity for training following deaths effecting people in the service.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent.

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

- During our follow up visit we found one person had fallen sustaining an injury which required hospital treatment. CQC had not been notified of the accident as required by law. The local safeguarding authority had been advised. We discussed this with the NI who assured us locality managers would be reminded of the importance of notifying CQC of certain events.
- Relevant information which could have affected how the inspection was organised was not available at the time the inspection was planned. Once this had been identified by the provider, immediate action was taken to ensure all the information was passed to the inspector. Arrangements were made to facilitate the follow up inspection.
- Brandon Supported Living – Cornwall was overseen by an area manager based in the office in Bodmin. There were ten registered managers in post with responsibility for groups of services. Most supported living settings had a team leader. Staff told us they had a sound understanding of the hierarchy and the system worked well.
- Concerns were raised to us about a lack of consistency in leadership in some houses. The two houses visited during the follow up visit had both had periods when there had been no permanent team leader in post or there had been changes to the position. One of them had also had been through an unsettled period and the staff team had changed over recent months. External healthcare professionals told us they had found this instability had impacted on people's support
- Some staff told us this had been a difficult period. One member of staff commented; "To be honest I haven't always felt well supported. It was a bit up in the air." At the time of the inspection both homes had an 'acting team leader' in place. Locality managers told us the situation had improved and they were hopeful this would be sustained.
- Named staff members had been identified as 'expert practitioners' in areas such as PBS and autism. They were able to develop and deliver bespoke training aimed at meeting individual's needs to small groups of staff.
- Staff spoke very highly of locality managers and team leaders and told us they were well supported. Comments included; "[Team leader] has empowered all of us." Locality managers said they were also well supported and considered themselves a team.
- There was a robust auditing system in place. Locality managers audited each other's services to help ensure an objective approach.

### Working in partnership with others

- A locality manager described how they and one person's staff team had worked, over a period of time, with an external healthcare professional to try and understand the person's anxieties. Changes to how the person was supported had subsequently been put in place resulting in a decrease in the use of 'as required' medicines to help the person control their anxieties.
- The Brandon Trust were working with Stirling and Plymouth universities on a project to develop assistive technology. This aimed to support people with dementia and/or nursing needs to remain living in their own homes. For example, by developing technology to prompt people to take their medicine.
- The area manager spoke with the local safeguarding team on a monthly basis to discuss any on-going safeguarding concerns. They had worked with the local DoLS team to identify any restrictive practices and prioritise actions.

### Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Locality managers and staff demonstrated a shared set of values in their conversations with us. These values reflected the principles of Registering the Right Support and other good practice guidelines. People were supported to have choice and control in their lives and were part of their local communities. The culture of the service was clearly focused on providing person centred support which was built around the needs of the person.
- Staff had high expectations for people and told us of occasions when they had challenged preconceptions of disability. One member of staff commented; "They don't just go to the groups for disabled people but take part (in community groups) with everyone else." A relative commented "Brandon have had a positive impact on his life, he enjoys doing things, going to discos, walks, going out sociably."
- The Brandon Trust employed a Positive Behaviour Support (PBS) lead who worked closely with services to help ensure support was person centred and holistic. For example, the PBS lead had worked with the service to assess one person's needs using the tool referred to in the 'effective' section of this report. Following the assessment, it had been decided the person's needs would impact negatively on others and this particular home was not suitable.
- The service was creative when identifying ways to include people in developing and improving service delivery.

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

- Staff meetings were held regularly so staff could discuss any concerns and put forward suggestions. A member of staff told us; "There's an agenda book and we can add to it." A team leader commented; "Staff meetings are so important."
- External healthcare professionals and representatives from The Brandon Trust's PBS team were sometimes invited to staff meetings to provide advice, guidance and training around people's specific needs.
- There was a strong emphasis on valuing staff. A team leader commented; "One of my most important jobs is staff well-being. If I have a happy team I can be confident the support is good."
- Staff told us Brandon Trust senior management communicated well with them. They received regular newsletters and emails to keep them up dated about any changes to the organisation or care sector.
- A new CEO had recently been appointed and had visited the region. Staff told us this was appreciated and made them feel valued. People who used the service had been included on the interview panel when the appointment was made.
- As part of the inspection process the service facilitated a 'drop in' event to allow as many people and

relatives to contribute to the inspection process as possible. Snacks, drinks, crafts and sensory objects were provided to make the event an enjoyable and collaborative experience for people.

- Staff skills were valued. Brandon Supported Living – Cornwall were working with the local authority to develop a professional register for care workers.
- Staff, people and relatives were asked for their feedback about the organisation and service delivery using questionnaires. These had been simplified to make them more user friendly. The most recent staff survey had received a high response rate. A roadshow was planned to address the issues raised by staff in the survey.
- The Brandon Trust were signed up to 'A Time For Change', a campaign aimed at challenging mental health related stigma and discrimination. Staff had access to mental health support and there was a trained mental health first aider. There was also a counselling freephone line and GP prescription service for staff.

Continuous learning and improving care

- A 'Driving Up Quality' event was held annually. This event aimed to bring all stakeholders together to celebrate successes and identify areas for improvement.
- A Quality Checkers team had been set up and a pilot project was running to see how best to deliver this service. Quality Checkers are people who used the service who had been trained to assess the quality of the service people received. Two people from Cornwall were part of the Quality Checkers team.
- Registered managers and team leaders demonstrated a 'can do' attitude. One commented; "There's always challenges, but there's always a solution."
- Following concerns raised over the circumstances of a hospital discharge the organisation had developed an admission and discharge checklist.
- The organisation recognised the need for consistency of staff and worked to improve staff retention. Staff were supported to further their careers within the organisation. The leadership development co-ordinator was running a 'management development' programme to support staff who were interested in management roles. They commented; "We grow our own."
- There was a robust auditing system in place. Registered managers, the area manager and team leaders were all involved in the process. Audits included checking care plans, medicine records, staff training, equipment and finances. The HR department had monthly surgeries for registered managers where they could discuss any staffing related issues.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The Duty of Candour policy was available in a shortened and easy read format.
- Relatives told us management and staff communicated with them openly and honestly, keeping them informed of any changes in their family members health or any accidents or incidents.