

The Brandon Trust

Brandon Supported Living - Cornwall

Inspection report

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Date of inspection visit:
06 July 2023
07 July 2023

Date of publication:
24 July 2023

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Brandon Supported Living - Cornwall is a domiciliary care agency providing care and support to people with a learning disability and autistic 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 and provides support to 211 people in 59 different supported living settings.

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 inspection 90 people were in receipt of personal care.

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

Right Support:

People had choice and control and were able to make decisions about their daily lives and how their care and support was organised.

The organisations values and ethos reflected the underlying principles of Right support, right care, right culture.

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 service worked with people to plan for when they experienced periods of distress. Staff knew how to support people at these times and had received the relevant training.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

We have made a recommendation about the supporting information in place for some medicines in the report.

Right Care:

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. Permanent staff were supported by bank staff and agency staff. Managers checked all staff had the relevant skills and

experience.

Right Culture:

The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

People's quality of life was enhanced by the service's culture of improvement and inclusivity. The organisation's values were known by staff and these were reflected in their practice.

Managers ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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

Rating at last inspection

The last rating for this service was requires improvement (published 3 February 2021).

At our last inspection we recommended that staff training needs were identified and met in a timely manner. At this inspection we found improvements had been made.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brandon Supported Living - Cornwall on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective.
Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 3 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 59 '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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were 14 registered managers in post. The registered managers are known as locality managers and each have oversight for a small group of supported living settings.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 6 July 2023 and ended on 12 July 2023. We visited the location's office on 6 July 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met with the area quality lead, the area performance lead and 11 locality managers. We visited 7 supported living settings where we met and spoke with 23 people, 22 support workers and a visiting external professional. We reviewed a range of records including 6 care plans, a range of individual Medicine Administration Records, 3 staff recruitment files, rotas, training and supervision records and policies and procedures. We also spoke with 7 relatives and a further 3 external professionals.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Some people had prescribed medicines for use 'as required' (PRN) such as pain relief. Protocols were in place, and these generally covered when people could be supported to take PRN medicines. We did find some areas for improvement in this area at one supported living setting.
- PRN medicines were available for pain relief. There was not always information about how to recognise when people were in pain on the associated protocol.

We recommend the provider seek advice and guidance about the development of protocols for PRN medicines.

- People were given the appropriate level of support with medicines according to their individual needs. Staff told us how they encouraged people to develop their independence in this area. One person showed us how they recorded when they had taken medicine.
- We looked at medicine records for someone who was receiving their medicine covertly (hidden in food). The decision to administer the medicines in this way had been taken in the persons best interests and in line with the MCA. Each medicine had been assessed as safe to administer in this way by a pharmacist.

Systems and processes to safeguard people from the risk of abuse

At our previous inspection we recommended the provider sought advice and guidance about identifying and meeting staff training needs. At this inspection we found improvements had been made.

- Staff had received training on how to support people when they were distressed and were putting themselves or others at risk.
- Any potentially restrictive practices in place were monitored and regularly reviewed to help ensure all agreed restrictions were proportionate and people were being supported to stay safe.
- Safeguarding training was provided and refreshed regularly. Staff were confident about how to raise any concerns.
- Managers communicated regularly with the local authority safeguarding team and worked collaboratively to address any issues and promote people's safety.
- People told us they were happy with the care and support they received and would raise any worries they had with staff. A relative commented; "Absolutely the right place and a safe place."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our previous inspection we made a recommendation about the management and learning from incidents and accidents. At this inspection we found improvements had been made.

- Incidents and accidents were recorded and actions taken to try and reduce the risk of reoccurrence.
- Any untoward events were thoroughly investigated and lessons learned exercises completed. For example, in one supported living setting, changes had been introduced to how staff communicated and checked with each other that people were receiving the right support.
- Care plans included risk assessments which identified when people were at increased risk and what actions staff should take to mitigate the risk. The assessments covered a range of areas including risks associated with people's physical health and any mental health needs.

Staffing and recruitment

- There were staffing vacancies across the region covered by Brandon Supported Living – Cornwall. Agency staff were used regularly to help ensure any gaps in rotas were filled.
- Checks were completed to help ensure agency staff had the necessary experience, skills and competencies to work with the people supported by Brandon Supported Living – Cornwall.
- The service was proactively working to recruit permanent staff with a number of initiatives. For example, working closely with educational establishments to encourage people to work in the sector.
- Recruitment processes were robust and pre-employment checks were carried out prior to any new staff starting work. For example, Right to Work checks and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- Staff completed training in infection control and food hygiene. We observed staff wearing gloves and aprons when supporting people with their care.
- All of the premises we visited were clean, tidy and well maintained. Staff supported people to be involved in keeping their homes clean.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed by the provider to help ensure their needs could be met. When people moved into shared accommodation their views were sought as well as the views of any existing tenants. This included supporting people to meet to check they were compatible.
- People had tenancy agreements and staff supported them in any communications with their landlords.

Staff support: induction, training, skills and experience

- New staff completed an induction before they started working independently. This included a period of working alongside more experienced staff who had a good understanding of people's needs.
- Training was regularly updated. Managers carried out observations of practice to check staff practice aligned with organisational standards.
- Some staff teams required additional training in order to meet individuals needs and this was provided. For example, training in epilepsy awareness and diabetes.
- Feedback about staff skills from relatives and external professionals was positive. Comments included; "I can't speak highly enough, and they understand [my relative's] needs" and "Staff are generally knowledgeable, skilled and have a good understanding of people's needs."
- Staff told us they were well supported through a system of supervision and appraisals.

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

- People were supported to eat healthy meals in line with any medical needs. They were given appropriate information to help them make informed choices about their diet.
- Some people had received specialist input around their nutrition by speech and language therapists or dieticians. This guidance had been incorporated into people's care plans.

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

- People were supported to access external health care services when appropriate and regularly. For example, people were encouraged to visit the dentist and have annual health checks.
- Hospital passports had been developed. These contained information for hospital staff to refer to if people needed to be admitted.
- People were given information in a way they understood about healthy lifestyles. They were encouraged to take part in activities which interested them and supported their well-being. For example, visiting the

local gym and attending yoga classes.

- External professionals told us staff worked well with them. They commented; "The biggest things is, they listened to our advice and have acted on it" and "Great collaboration. Brandon have been responsive and communicate well with me. They are very transparent and there is an open line of communication."

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were asked to consent to their care planning arrangements. Staff described the support people needed to make decisions about their care.
- Capacity assessments were in place and these evidenced how people had been involved in the assessment to help ensure it was meaningful and accurate.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a culture of providing person-centred care which met people's needs and preferences. This was evident in our conversations with managers and staff. There were systems in place to enable managers to monitor staff practice to help ensure it reflected the organisational values.
- External professionals commented; "[Locality manager name] has developed good working relationships with the person and their family. Brandon have valued and welcomed family involvement" and "I would say this service is well-managed with a clear set of values in place."
- People told us they were able to make decisions about their daily lives and how their support was organised. One person described how they had tried different ways of keeping information about themselves until they had found a system they were comfortable with.

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

- Managers understood their responsibilities under the Duty of Candour and informed people and relatives when things went wrong. Relatives confirmed they were contacted when incidents or significant events occurred.

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

- There was a clear management structure in place. Registered managers, referred to as locality managers, had responsibility for one or more supported living settings in a small geographical area. Each setting had a team leader to oversee the day to day running of the home. Locality managers reported to an area manager with oversight of Brandon Supported Living – Cornwall.
- Locality managers reported any event to CQC in line with regulatory requirements.
- Managers and team leaders carried out regular audits of each supported living setting. This included checks of medicine records, financial records and any monitoring records.

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

- Stakeholders were asked for their opinion of the service provided. Families were given the opportunity to complete an annual survey.
- Relatives told us they were kept informed and considered the service to be well managed. Comments

included; "The locality manager is very good. Excellent I wouldn't change anything" and "They keep me well informed and it's a well led service. I know the manager and she resolves my problems."

- Staff meetings were held in each supported living setting to help ensure staff approach was consistent and any learning was shared.
- People were asked for their views of the service in a way which was meaningful for them. For example, pictures were used to support written information and language was clear and straightforward.

Continuous learning and improving care

- Action plans were developed for each setting to help drive improvement. These had clear targets and timelines.
- In one geographical area there were 6 supported living settings overseen by 1 locality manager. A role of floating team leader had been introduced to provide additional, targeted support where needed.
- When necessary, additional support could be provided by the organisations Positive Behaviour Support (PBS) team. For example, the team were working with staff to develop a consistent approach when supporting an individual whose anxieties could lead to them becoming repetitive and needing reassurance.
- Managers were alert to the risk of closed cultures developing. This was monitored and action taken where needed. There was a policy in place which addressed the risk of staff who were related, or in a close personal relationship, working together.

Working in partnership with others

- Managers told us, and records showed, the organisation worked with partner agencies to help deliver joined up care that addressed people's needs.