

The Brandon Trust

Brandon Trust Support Living - Bristol and North Somerset

Inspection report

Room B1-F-14, The Park Centre
Daventry Road
Bristol
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Date of inspection visit:
28 November 2022
01 December 2022
05 December 2022

Date of publication:
12 January 2023

Ratings

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

Summary of findings

Overall summary

About the service

Brandon Trust Support Living - Bristol and North Somerset provides personal care to people living in their own homes. At the time of our inspection 162 people were being supported with personal care.

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

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.

Right Support:

- The service supported people to have the maximum possible choice, control and independence be independent and they had control over their own lives.
- People were supported by staff to pursue their interests.
- Staff supported people to achieve their aspirations and goals.
- Staff enabled people to access specialist health and social care support in the community.
- Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

Right Care:

- People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.
- 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.
- People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.
- People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols could interact comfortably with staff and others involved in their treatment/care and support because staff had the necessary skills to understand them.

Right Culture:

- People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.
- People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes.

- People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.
- Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

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 the service at the previous premises was good, published 28 June 2018.

Why we inspected

We undertook this inspection to follow up on concerns we had received about the service. The inspection was prompted in part due to concerns about the culture of the service, staffing levels and how people's behaviours were managed. A decision was made for us to inspect and examine those risks.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Brandon Trust Support Living - Bristol and North Somerset

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 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 '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 13 registered managers in post, each responsible for their own

group of locations.

Notice of inspection

This inspection was announced. We gave notice, as the service is large, and we needed to plan the inspection accordingly and gain consent from people to visit their homes.

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 all this information to plan our inspection.

During the inspection

We visited the registered office and spoke with seven registered managers. We visited five supported living locations and spoke with eight people, we observed staff interactions with three others. We spoke with seven members of support staff. Following the inspection, we spoke with five people being supported by telephone and six family members. We looked at people's care plans and other relevant documents such as audits, medicine records and meeting minutes.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe, comments included, "I feel safe here, the staff are really nice. I get on really well" and "I would speak to the staff if I was worried". Relatives told us, "The service is 100% safe" and "It's totally safe, my relative has support all the time. He is never on his own".
- We observed that people were settled and happy in the presence of staff.
- Staff received training in safeguarding and felt confident and able to report any concerns.
- Registered managers reported concerns and worked with local authority safeguarding teams when necessary to ensure people were safe.

Assessing risk, safety monitoring and management

- Risk assessments were in place to identify and manage risks associated with people's care. These clearly identified measures that staff needed to follow.
- We observed in one setting that a person required support to drink safely. It was clear from discussion with staff that they were aware of the risks and following the person's risk assessment.
- In one setting we visited, we heard that there had been challenges around some people's behaviour towards each other. This had on occasion posed a risk to people's safety. However, staff were well aware of the triggers for these situations and told us they were able to manage them.

Staffing and recruitment

- Registered managers told us that staffing and recruitment had been a challenge, as was the case generally across the social care sector. However, people had been kept safe and continued to live active lives. This had been achieved through the use of bank and agency staff to cover shortfalls in staff numbers. There was opportunity too for staff based at different accommodation to support other houses when necessary.
- During our inspection we saw how people were supported to go out with staff when they wished to.
- Staffing levels were flexible to accommodate people's needs and could be increased for example if more staff were required to support people in their weekly activities.
- Registered managers were employing strategies such as attending job fairs in order to attract permanent staff to the service. People using the service were involved in job interviews to help ensure staff were suited to the role.
- Background checks were undertaken to ensure that staff were safe. This included gathering references and carrying out a Disclosure and Barring Service (DBS) check. This identifies whether a person is barred from working with vulnerable adults and whether they have any convictions that affect their suitability.

Using medicines safely

- Independence with medicines was encouraged whenever possible for people being supported. We talked for example with people who stored medicines in their own rooms and told staff when they needed to take them so that staff could monitor this.
- Medicine Administration Record (MAR) were used to record when medicines had been administered in line with their prescription.
- There were PRN protocols in place for those medicines that were prescribed for use 'when required'.
- For one person, we read that on occasion medicines were crushed in order to make them easier to take. This was with the knowledge of the person concerned and the registered manager confirmed it had been agreed with a pharmacist. There was no documented confirmation of the pharmacist discussion. This was fed back to the provider so that they could ensure that all necessary documentation was in place in relation to this practice.

Preventing and controlling infection

- Staff told us they'd had good supplies of Personal Protective Equipment (PPE) over the course of the pandemic and this had continued.
- When visiting people's homes, we saw staff continued to wear masks.
- Staff supported and encouraged people to keep their homes clean and well maintained.

Learning lessons when things go wrong

- There were systems in place to record accidents and incidents. These alerted registered managers when incident reports had been completed. Registered managers reviewed these for their service and ensured that appropriate action was taken in response.
- Incidents were categorised under such as headings as 'behaviour' or 'trips and falls' to facilitate monitoring of themes or patterns.

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 good. The rating for this key question has remained 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 and reviewed on a regular basis. People and their families were fully included in this process.
- Assessments took account of people's health needs as well as their own personal goals.
- People's capacity to consent to aspects of their care was fully considered in line with legislation.

Staff support: induction, training, skills and experience

- In relation to staff skills and training, people using the service and their relatives told us, "My impression is that they are very professional. The team leader is exceptional" and "They are very aware of autism and mental health training".
- A new system for recording and monitoring staff training had recently been introduced; staff feedback about this system was positive. Staff told us they received prompts when training was due to be completed.
- Registered managers kept an overview of the training needs of staff on their teams.
- There was an induction programme for new staff joining the service and one member of staff commented that this had given them all the "key skills" they needed.
- Staff new to the service completed the Care Certificate. This is an agreed set of standards that staff need to meet in order to carry out their roles effectively.
- Staff told us they received regular supervision as an opportunity to discuss their learning and development needs.

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

- People using the service and their relatives told us, "My favourite meal is sausage and mash, I help with meals", "They are encouraged to drink, they all have a water bottle and its topped up through the day" and "They have an incredible diet".
- There was clear information in people's support plans about their nutritional needs. Some people had guidelines in place from professionals such as speech and language therapists to ensure they could eat and drink safely.
- Some people enjoyed cooking and were independent with planning and preparing meals. Staff encouraged this. We heard about some people who attended a centre where they learnt baking skills, which further supported their independence.
- One person we spoke with had chosen to be supported by a nutritionist to help them manage their weight and this was well documented in their support plan.

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

- Staff worked with other agencies when required to ensure people received effective care.
- People received support in accordance with their own needs in relation to accessing health appointments. One parent commented how staff supported their relative to go to appointments and then reported back to them afterwards. Another parent told us how the nurse supported their relative after an accident they sustained which caused a burn, "They were absolutely amazing, a nurse came every day to check on his burns. They supported him all the way through it".
- People had information in their support plans about their health needs. If a person had a specific clinical need, for example epilepsy, there was guidance and measures for staff to follow in supporting the individual.

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.

- Registered managers were very aware of what constituted restrictions on people's liberty and this was recorded in people's records. If it was felt that restrictions amounted to a deprivation of liberty, the local authority was notified so that application could be made to the court of protection if necessary.
- Capacity issues were considered in all areas of support planning. Assessments and best interests decisions were made when required.
- The principles of the MCA were applied in staff's support of people, through offering choices, fully including people in planning support and encouraging independence.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- People received good support from staff who were kind and respectful. Comments from people and their families included, "Staff are excellent, I have no problems at all. They are very caring", "I have a good relationship with the staff, they send photographs of when she's been to parties" and "I'm very close to the team leader, we are like the same things, music, gaming and movies".
- We observed how staff treated people with respect and kindness. Staff and people they were supporting shared jokes and laughter; staff spoke with people in a kind and gentle tone. For one person, we saw that staff suggested they complete some personal care before going out. This was done respectfully and in a way which maintained the person's dignity.
- Staff were respectful of people's homes. We observed how staff encouraged people to answer the door and greet visitors.

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

- People were fully included in all aspects of their care and support. Regular meetings were held to review support and make sure it continued to meet the person's needs.
- One family member told us, "He does his own power points at meetings". Another family member told us they attended meetings on a six weekly basis and their relative was always involved in these.

Respecting and promoting people's privacy, dignity and independence

- It was evident that promoting and supporting people's independence was strongly embedded in the culture of the service. One person commented, "I live fairly independently, I cook, clean and I'm more confident. They have taught me to use an iron and the washing machine" and "He's more independent now".
- It was clear from visiting people in their homes that their privacy was respected, for example when they wanted to spend time alone. One relative told us how staff supported a person's privacy when they wanted it but also checked on them from time to time to ensure their wellbeing.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good.

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

- People's views, needs and wishes were kept at the core of support planning. People and staff worked hard together to meet their goals.
- People were encouraged to identify goals to work towards and they worked hard with the support of staff to achieve them.
- People had keyworkers in place. Keyworkers are a member of staff with particular responsibility for a person's wellbeing and ensuring their support needs are met. People met with their keyworkers regularly and this was an opportunity to discuss their needs and wishes and whether any areas of support needed to be reviewed.
- When people had 1:1 support hours with staff, it was clear that people were able to direct what they did with this time.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff were aware of the ways in which individuals communicated and this was well documented in their care plans. We saw how staff used Makaton signs with some people and important information was made available in an easy to read format. One person we met carried cards around with them to help them express how they were feeling.
- In people's homes there were boards containing photos of staff so that people would be clear on who was supporting them that day.
- Further training was planned for staff, for example in Makaton, to support them in communicating with people.

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

- People led busy and fulfilling lives and staff fully encouraged this. We met people who enjoyed going out to work and clearly benefitted from this in terms of building their independence. One person had been

spending time getting ready for their forthcoming birthday celebrations. This would involve a party in their home and friends from other homes visiting.

- One person was involved in a project aimed at improving health services for people with learning disability and autism. This person commented on how empowered they felt being involved in this work.
- People were supported to develop new skills if they wished to. Some people attended a centre where they learnt skills in hospitality and baking.
- Some people told us they were in relationships and enjoyed going out on date nights. Staff were supporting them to understand healthy, safe relationships.

Improving care quality in response to complaints or concerns

- There was a process in place for managing and responding to complaints and this was available in formats suited to people's communication needs.
- People told us they felt comfortable talking to staff when they needed to. For those people that communicated in non-verbal ways, it was clear that people understood their communication well and would understand when someone was communicating they were worried or distressed.
- There was a quality team within the organisation who kept an overview of complaints, ensuring they were responded to on time and a resolution reached.

End of life care and support

- People were given opportunity to discuss their end of life wishes if they chose to do so. Details of these discussions were recorded in people's support files.
- There was nobody being supported at the end of their life at the time of the inspection, though managers were aware of the local teams and professionals that could support them should the need arise.

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

- People and their relatives commented about the service, "I am very happy. I cannot fault them. They are my extended family", "It's a real home, lovely feel to it., its uplifting. We are very lucky to have it", "It's very well managed, my relative is thriving" and "He is happy, he is safe".
- Empowerment, inclusion and a person centred culture were strongly established in the service. People led fulfilling, busy lives and were supported to achieve their goals. This included carrying out paid work, attending sporting and social events and learning new skills.

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 provider was open and honest in their approach to the running of the service. Individual managers were transparent with us about any issues facing their particular service. Managers worked with other agencies, such as safeguarding teams when necessary to ensure that people were safe and well supported.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had 13 registered managers in place, each responsible for their own locations. Geographically, locations covered a large area from South Gloucestershire to parts of Devon.
- Registered managers were aware of legal requirements, such as making notifications. Notifications are information about specific incidents and situations the provider is required, by law to inform us of. The nominated individual for the organisation collated and kept an overview of notifications.
- There were systems in place to monitor the quality and safety of the service. Registered managers carried out monthly audits on their own services and there was also a system for registered managers auditing each other's services. These systems were effective at identifying areas for improvement. For example, the provider had recently identified a need for improvement in mental capacity assessments. The quality team had carried out training for staff in this area. One senior support worker told us how they had identified improvements were required in daily notes and were working hard to address this.

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

- People were included at all levels of the organisation and their opinions valued. For example, people were included in the recruitment of new staff. House meetings were held regularly and used as an opportunity for

people to discuss their needs, wishes and concerns. One person told us how they had been supported to speak at a conference and had been involved in the creation of training materials for staff.

- When new people joined the service, full consideration was given to compatibility with others already living in the home. There had been occasions when people in certain locations had not got on well with each other and staff were working to resolve these situation.
- It was clear from observations that people were able to lead the life they chose, and staff were able to organise their time to support this. We saw how one person was discussing with staff how they were going to go away for a few days and the implications this had for staffing. The person's wishes were fully respected.
- People's views and opinions were gathered through the use of surveys. The latest one had been carried out in May 2022 and some themes had arisen from this, such as people requesting more consistent staffing.
- Staff told us they felt well supported and able to discuss any issues or concerns if they arose. One member of staff told us the support was "amazing".

Working in partnership with others

- Staff worked effectively with other professionals to ensure people's needs were met. For example, some people had personal assistants as well as support from Brandon Trust. Handovers took place to ensure important information was shared.
- Families were fully included and involved in meetings to plan people's care and support.
- Staff worked with local authorities as necessary to ensure people's support was effective and working well.