The Brandon Trust

Brandon Trust Supported Living - Trident Business Centre, Tooting

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This comprehensive inspection took place on 8 and 9 October 2018 and was announced.

Brandon Trust Supported Living - Trident Business Centre, Tooting is a supported living service that provides personal care and support to younger and older adults with a learning disability or autism who live in their own individual or group home. Support provided ranges from a couple of hours to 24 hours cover. At the time of our inspection the provider was supporting 71 people who lived in 20 different supported living settings in the South London Boroughs of Southwark, Wandsworth and Croydon.

People's care and housing are provided under separate contractual agreements. The landlords in most cases were Housing Associations. The Care Quality Commission (CQC) does not regulate premises used for supported living.

The supported living service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include the promotion of choice, independence and inclusion, so people with learning disabilities and autism can live as ordinary a life as any citizen.

At our last inspection of this service in April 2017 we rated them 'Good' overall and for all five key questions. In October 2017 Brandon Trust Supported Living - Trident Business Centre, Tooting reregistered with the CQC and therefore this inspection will represent the first time we have rated them, although most people the provider supports, managers and staff, and their processes and systems remain the same.

At this inaugural inspection of Brandon Trust Supported Living - Trident Business Centre, Tooting, we have rated them 'Good' overall and for four out of the five key questions, while we have awarded them an 'Outstanding' rating for the key question, 'Is the service caring?'

The service has six registered managers (known as locality managers) in post, who were in day-to-day charge of between one to three supported living settings each. A registered manager is a person who has registered with the CQC to manage a service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People the provider supported, their relatives and professional representatives were all extremely complimentary about the standard of the service they, their loved ones or clients received from Brandon Trust Supported Living - Trident Business Centre, Tooting.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff were caring and treated the people they supported with the utmost respect and dignity. Staff ensured people's privacy was always maintained particularly when they supported

people with their personal care needs. Staff consistently demonstrated warmth, respect and empathy in their interactions with people they supported. People had positive relationships with staff, who took time to get to know them. People were supported to maintain relationships with those that mattered to them. Staff were aware of the communication needs and preferences of the people they supported. This enabled people to express their views and make informed decisions and choices about the care and support they received.

People received personalised support that was responsive to their individual needs. People were involved in planning the care and support they received. Each person had an up to date, personalised plan for life (care plan), which set out how their specific care and support needs should be met by staff. Staff communicated with people in appropriate and accessible ways. People were supported to live active life's and pursue meaningful social, educational and vocational activities that reflected their social interests. People were encouraged to maintain relationships with people that mattered to them.

Managers at all levels provided good leadership. People the provider supported, their relatives and staff were complimentary about the leadership approach of all the managers. They said managers were highly regarded and easy to contact and speak to. Managers at all levels ensured the provider's values and vision for the home were fully embedded in the service's systems and processes and demonstrated by staff through their behaviours and actions. There was clear oversight and scrutiny of the service. They used well-established quality assurance systems to ensure all aspects of the service were routinely monitored and could be improved for people they supported. This helped them to check that people were consistently experiencing good quality care and support. Any shortfalls or gaps identified through these checks were promptly addressed.

The provider had an open and transparent culture. People felt comfortable raising any issues they had about the provider. The service had arrangements in place to deal appropriately with people's concerns and complaints. The provider also routinely gathered feedback from people using the service, their relatives and staff. This feedback alongside the provider's own audits and quality checks was used to continually assess, monitor and improve the quality of the supported living service they provided.

People told us they were safe. Staff knew how to recognise and report suspected abuse and neglect to protect people they supported from the risk of harm. The provider had suitable arrangements in place for checking the suitability and fitness of new staff employed to work at the service. Staffing levels were continuously monitored by managers and senior staff to ensure people experienced consistency and continuity in their care and that their needs could always be met. Staff followed appropriate guidance to minimise identified risks to people's health, safety and welfare. Where people needed assistance with taking their medicine this was monitored and carried out safely.

People were supported by staff that had the right skills and knowledge to fulfil their roles effectively. Managers encouraged and supported staff to deliver high quality care and recognised and rewarded them when they demonstrated excellence in the work place. Staff said they felt supported by their line managers and co-workers. Staff adhered to the Mental Capacity Act 2005 Code of Practice. People were supported to eat healthily. People received the support they needed to stay healthy and to access healthcare services.

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.

There were robust procedures in place to safeguard people the provider supported from harm and abuse. Staff were familiar with how to recognise and report abuse.

Risks people might face were identified and managed appropriately at both an individual and service level. The provider had suitable systems to monitor accidents and incidents and learn from these.

Staff recruitment procedures prevented people from being supported for by unsuitable staff. There were sufficient numbers of suitable staff deployed to keep people safe and respond promptly to their needs and wishes.

Medicines were managed safely and people received them as prescribed where the service was responsible for this.

Is the service effective?

Good

The service was effective.

Staff had the right mix of knowledge and skills to meet the needs and wishes of people they supported, through effective training, supervision and work performance appraisals.

Staff routinely sought the consent of the people they supported. Managers and staff were knowledgeable about and adhered to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to eat and drink enough to meet their dietary needs. People received the support they needed to stay healthy and to access health care services as and when required.

Is the service caring?

Outstanding ☆

The service provides excellent care and this is reflected in their new improved 'Outstanding' rating for this key question.

This is because people the provider supported, their relatives and professional representatives were all extremely complimentary about the standard of the service they, their loved ones or clients received from Brandon Trust Supported Living – Earlsfield.

People were supported to do as much as they could and wanted to do for themselves to retain control and independence over their lives.

Staff consistently demonstrated warmth, respect and empathy in their interactions with people they supported.

Staff ensure people's right to privacy and to be treated with dignity and respect was maintained.

People had positive relationships with staff, who took time to get to know them and the things that were important to them.

People were involved in decisions about the care and support they received.

Staff used a variety of communication methods to ensure people understood the information they needed to express their views and make choices.

Is the service responsive?

Good

The service was responsive.

People were supported to live an active and fulfilling life within their home and the wider community. The provider ensured people had access to a wide range of stimulating and meaningful social, educational and vocational activities that reflected their interests.

People were supported to maintain relationships with people that mattered to them. People had an up to date, personalised plan for life (care plan), which set out how staff should meet their care and support needs. This meant people were supported by staff who knew them well and understood their individual needs, preferences and choices.

People were involved in discussions and decisions about their care and support needs.

The provider had suitable arrangements in place to deal with people's concerns and complaints in an appropriate and timely manner.

When people were nearing the end of their life, they received compassionate and supportive care.

Is the service well-led?

Good

The service was well-led.

The managers at all levels were highly regarded by people the provider supported and their relatives. People felt the managers were accessible and approachable.

The provider's values underpinned their governance framework and there were robust procedures in place to assess, monitor and improve the quality of service delivery.

People, their relatives and staff were involved in developing the service. Their feedback was continually sought and used to drive improvement. The provider encouraged staff to reflect on their practice and learn together as a team.

The provider worked in close partnership with external health and social professionals, agencies and bodies.

Brandon Trust Supported Living - Trident Business Centre, Tooting

Detailed findings

Background to this inspection

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

This inspection was conducted over two days on 8 and 9 October 2018 and was announced. We gave the provider three days' notice of the inspection because managers are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that managers would be available to speak with us during our inspection.

The inspection team consisted of one inspector and an expert-by-experience. The expert-by-experience had personal experience of caring for someone with a learning disability.

Before the inspection, we reviewed all the information we held about this service. This included previous inspection reports and notifications the provider is required by law to send us about events that happen within the service. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During our inspection we spoke in-person with four people the provider supported and a range of managers and staff who worked for the service including, three locality (registered) managers, two area managers, a training manager, a team leader and a support worker. We also made telephone contact with the relatives of

four people the provider supported. Records we looked at included eight people's plan for life (care plan) and a range of staff files and other documents that related to the overall management of the service. Furthermore, we received written feedback about the service from a relative and six external community health and social care professionals including, three members of local authority Community Learning Disability Health Team (CLDHT), two occupational therapists and a clinical psychologist.

Good

Is the service safe?

Our findings

The provider had robust systems in place to identify report and act on signs or allegations of abuse or neglect. People told us the staff who supported them helped them learn the skills they needed to stay safe in their home and in the wider community. One person said, "The staff make me feel safe in my home. I can talk to them if I'm worried about anything and they teach me how I can stay safe when I'm at home or out and about." Another person gave us a good example of how staff helped them manage their finances and medicines safely.

Detailed policies were in place in relation to safeguarding and staff whistleblowing procedures. Staff had up to date safeguarding adults at risk training, which was refreshed annually. Staff were familiar with the different signs of abuse and neglect, and action they should take to immediately report its occurrence. One member of staff told us, "I've recently had safeguarding training and we know never to ignore abuse." Managers were also clear about processes and when to report concerns to the local authority, police and the CQC. In addition, the provider had a designated safeguarding lead who is responsible for dealing with and analysing all safeguarding incidents and liaising with the relevant local authority's safeguarding adult's teams. We looked at documentation where there had been safeguarding concerns raised about people the provider supported and saw they had taken appropriate steps, which they followed up to ensure similar incidents were prevented from reoccurring.

There was a positive risk management culture within the service. Measures were in place to reduce identified risks people might face, which ensured they could live their lives as independently as possible. One member of staff gave us a good example of how they had helped a person, who liked to travel independently to visit their partner, remain safe whilst accessing the wider community by ensuring they always took a mobile phone, a personal alarm and a front door key with them. This individual confirmed they liked to come and go as they pleased, so having their own mobile phone, personal alarm and front door key meant they felt able to travel safely on their own whenever they liked.

These risk management plans helped staff prevent and/or manage risks associated with people's mobility, eating and drinking, health care conditions, accessing the wider community and behaviours that might challenge the service. For example, we saw detailed risk management plans in place for people whose behaviour could challenge the service at times, which included clear guidelines for staff to prevent or safely manage the risk. Staff understood the risks specific individuals might face and what action they needed to take to prevent or mitigate them. These arrangements were also regularly reviewed and updated to ensure that measures to manage risk were as least restrictive as possible.

We saw managers followed up the occurrence of any accidents, incidents or near misses involving people, they supported and developed improvement plans to help prevent their reoccurrence. A manager gave us a good example of situations where they had used incident reporting to identify trends and patterns to develop risk prevention and management plans which had resulted in a significant decrease in the number of medicines recording errors in the past couple of years.

The provider had suitable arrangements in place to deal with foreseeable emergencies. Each locality had an emergency plan in the event of an occurrence such as fire, adverse weather conditions or damage to the premises. People's plan for life contained a personal emergency evacuation plan (PEEP), which explained the help people would need to safely evacuate the building in an emergency. Records showed staff routinely participated in fire evacuation drills in the homes of the people they supported and received on-going fire safety training. Staff demonstrated a good understanding of their fire safety roles and responsibilities.

Maintenance records showed environmental health and safety checks in relation to gas safety and electrical installations, portable electrical appliances; fire risk assessments and equipment, including fire extinguishers and alarms, were carried out by the landlord of each of the services. Environmental risk assessments such as infection control, Control of Substances Hazardous to Health (COSHH) and electrical were carried out by the provider. Individual services completed annual health and safety self-assessment tool and each locality had a working folder where they recorded health and safety checks they had undertaken, such as fire checks, water temperatures and food storage. Where health and safety issues had been identified we saw that appropriate action had been taken by the provider to address them. The provider had a health and safety manager who supported services to check and review health and safety in the homes of people they supported.

People were protected by the prevention and control of infection. Staff told us they were provided with ample supplies of personal protective equipment, such as disposable gloves and aprons, they used when supporting people with personal care needs. Records indicated staff had received up to date infection control and basic food hygiene training, and there were clear infection control and food hygiene policies and procedures in place. Staff were knowledgeable about what practices to follow to prevent and control the spread of infection.

There were sufficient staff on duty to keep people the provider supported safe. People told us there were always enough staff on duty in their home to support them. The locality managers and team leaders were responsible for managing the staff's rotas. They told us staffing levels were tailored according to the individual needs and wishes of the people they supported at each location. The providers approach to planning the number of staff that would be on duty was flexible. Staff gave us several good examples of how their shift start and finish times were altered or additional staff bought in for prearranged evening or all-day activities. Managers routinely reviewed staff rotas in response to people's changing needs and circumstances.

The provider's staff recruitment procedures were robust. Records indicated when an individual applied to become a member of staff, the provider's human resources team carried out appropriate checks were undertaken to ensure that staff were of good character and were suitable for their role. This included looking at people's proof of identity, right to work in the UK, employment history, previous work experience, employment and character references and criminal records (Disclosure and Barring Service) checks. The DBS provides information on people's background, including any convictions, to help providers make safer recruitment decisions and prevent unsuitable people from working with people in need of support. The provider also routinely carried out DBS checks at three yearly intervals on all long serving staff to ensure their ongoing fitness and suitability for their role. Locality managers were responsible for interviewing all prospective new staff and checking any gaps in their employment history.

Where people were being supported by staff to take their medicines, this was managed safely. Each locality had a lockable medicines cabinet where medicines handled by staff could be securely stored. People's plans for life contained detailed information about their prescribed medicines and how they needed and preferred them to be administered. We saw medicines administration records (MARs) were appropriately

maintained by staff authorised to handle medicines on behalf of the people they supported. There were no gaps or omissions on MAR charts we looked at. Staff were trained in the safe management of medicines and their competency to continue doing so was assessed annually.

Good

Is the service effective?

Our findings

The provider ensured staff had the right knowledge and skills to deliver effective care to people they supported. People and their relatives told us staff were suitably trained. A relative said, "I think the staff do a great job and are well-trained", while another remarked, "The staff are very friendly and caring, and clearly know what they're doing…They're all very professional."

Staff were required to complete a thorough induction, which included shadowing experienced staff during their shifts. The induction, which was mandatory for all new staff, covered the competencies required by the Care Certificate, which is an identified set of standards that health and social care workers adhere to in their daily working life. Staff training was overseen by the providers learning and development coordinator who was responsible for ensuring staff received the training which met the specific needs of the people they supported. For example, it was mandatory for all staff to complete learning disability and autism awareness training, while only staff who supported people whose behaviours might challenge the service or who had complex health care needs received positive behaviour support or epilepsy awareness training, for instance. Staff demonstrated a good understanding of their working roles and responsibilities. Staff spoke positively about the training they had received and felt they had undertaken all the training they needed to effectively carry out their roles and responsibilities.

Staff had sufficient opportunities to review and develop their working practices. We saw the provider operated a rolling programme of regular one-to-one and group supervision meetings and annual appraisals where staff were encouraged to reflect on their work practices and identify their training needs. Records indicated staff at all levels routinely attended individual meetings with their line manager and group meetings with their co-workers. Staff told us they were encouraged to talk about any work-related issues and training needs they might have at these meetings.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make 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. Any application to do so for people living in their own homes must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. People's care plans continued to include guidance for staff regarding consent and an individual's capacity to make important decisions about how they wanted to live their life. For example, we saw mental capacity assessments in place in relation to people managing their finances, personal care and medicines.

We also saw people using the service, or their representatives, signed their plan for life to indicate they agreed to the support provided. Records showed all staff had received mental capacity and Deprivation of Liberty Safeguards (DoLS) training. It was clear from comments we received from managers and staff they

were knowledgeable about how to work in line with the Mental Capacity Act. Staff used a variety of methods to ensure people they supported were fully involved in decision making process, including easy read documents and pictures. A member of staff gave us a good example of how they upheld the rights of a person they regularly supported to make an informed decision and take a calculated risk to travel independently at night. Another member of staff gave us a good example of how they had ensured a person they supported was fully involved in the decision-making process to agree to have certain restrictions in place to mitigate the risks associated with their medical condition. Managers confirmed if someone they supported did not have the capacity to make decisions about their care, their family members and professional representatives would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act (2005).

People were supported to have a well-balanced diet and prepare their own meals if they were willing and capable of doing so independently. One person told us, "Staff encourage me to buy my own food from the shops and then they [staff] help me make to everyone I live with a meal", while another person remarked, "My favourite food is Chinese, which the staff sometimes make for me and other times I help them cook a meal. The staff always talk to us about what we're going to eat at mealtimes and they know what I like." People's plans for life included detailed nutritional assessments which informed staff about people's food and drink preferences and any risks associated with them eating and drinking. Staff monitored the food and drink intake of people who had been assessed as being at risk of malnutrition or dehydration to ensure these individuals continued to eat and drink adequate amounts. The staff worked closely with various health care professionals, such as speech and language therapists, dietitians and an enteral specialist nurse to ensure they provided safe and appropriate care for people with specific eating and drinking requirements.

People continued to be supported to maintain their health and well-being. One person told us, "I've got a G.P and the staff help me make an appointment to see them if I'm unwell", while an external professional said, "Staff have always been proactive in their approach to working with my clients. They have always rigorously implemented my recommendations resulting in a reduction of my clients behaviour's that might challenge the service at times." People had a personalised health action plan which provided guidance for staff about how they should be meeting people's specific health care needs. Staff ensured people attended regular health care check-ups with a range of community health care professionals, including GP's, district nurses, speech and language therapists, occupational therapists, dentists, opticians and chiropodists. We saw people had an annual review of their health with their GP's.

Outstanding ☆

Is the service caring?

Our findings

Comments we received from people the provider supported and their relatives indicated a high level of satisfaction with Brandon Trust Supported Living - Trident Business Centre, Tooting. People also spoke extremely highly about the managers and staff at all levels and typically described them as "caring" and "respectful". Feedback we received included, "I'm so happy living where I do. I get all the help I need from the staff. I would give Brandon Trust 11 out of 10", "I am very happy with the way my [family member] is looked after by all the staff who are brilliant and always do a really great job. I would recommend them to anyone" and "The best thing about living in a group home is I get to live in my own place as well as get all the support I need from staff when I want it."

External community health and social care professionals were equally complimentary about the quality of the service provided by this supported living service. A clinical psychologist remarked, "I have been so impressed with the exceptional work done by staff and their dedication is extraordinary. Staff are all incredibly patient and provide such a high level of intensive input to enable [client's name] to engage in the smallest of tasks." Another external professional told us, "I have always experienced a warm and welcoming environment when I've visited [my client] at their home. The staff who support him are clearly very committed."

People were encouraged and supported by staff to be as independent as they wanted and could be. Typical feedback we received from people about how staff respected their right to maintain and develop their independence included, "I can be as independent as I want living here. I've got my own front door so I can come and go as I like and staff help me look after my own money and medicines", "I go out on my own a lot to go shopping or see my partner" and "I've learnt so many life skills since I moved here, like how to budget my money and use the bus on my own to get to work." External community professionals were equally complimentary about how the provider supported people to maintain and develop their independent living skills. One external professional told us, "Staff dedication and persistence ensured they encouraged my client to do more things for themselves, such as meeting their own personal care needs and doing a few household chores around their home." An occupational therapist gave us another good example of a referral they had received from the provider to assess and make recommendations to suitably adapt the homes of people with mobility needs to help these individuals maximize their independence.

People's plans for life reflected this enabling approach and included detailed information about people's dependency levels and more specifically what they could do for themselves and what help they needed with tasks they couldn't undertake independently. For example, several people's plan for life made it clear who was willing and capable of completing certain household tasks, such as preparing meals and cleaning their room, and what support, if any, they required from staff. One member of staff gave us a good example of how they actively encouraged a person they supported to continue dressing themselves and to brush their own teeth to help them maintain their independence.

People's privacy and dignity was respected. People told us that staff always respected their privacy. Several people gave us good examples of how staff respected their privacy by always addressing them by their

preferred name and never entering their bedroom without their expressed permission. Throughout our inspection we observed good interactions between people the provider supported and staff. We saw staff spoke to people in a kind and considerate way. People looked at ease and comfortable in staff's presence. We also observed staff on several occasions ask people if they needed anything and were happy to speak on their own to us.

Several people's plan for life contained detailed information about how these individuals wanted staff to preserve their privacy and dignity when they supported them with their personal care needs. This included people's preference about whether they liked to be supported by male or female staff. The provider has a designated 'Dignity Champion' whose primary role was to ensure staff continued to be aware of how to respect and treat people they supported with the utmost dignity and respect. Staff received privacy and dignity training as part of their induction. Staff told us their line managers frequently reminded them they were a guest in a person's home and must always act accordingly. In addition, managers said staff had been given prompt cards that set out the principles and values around dignity and respect which they could keep on their person and use as an aide-memoir.

Staff communicated with people in appropriate and accessible ways. People's plans for life included detailed information about people's specific communication needs and preferred methods of communication. For example, one plan for life developed for a person with communication difficulties made it clear staff should always speak with them in a clear and concise manner. A manager told us if a person planning to be supported by the service was not able to understand the information included in their plan for life they could produce the plan in various formats including, audio, large prints and different languages. We saw numerous examples of easy to read and understand plain language and pictorial plans for life the provider had developed for people who were unable to read the standardised written plans for life format.

It was also clear from comments we received from staff they were aware of people's various communication needs and preferences. Staff told us they used different methods to obtain the views of people they supported. For example, one member of staff explained how they sometimes used easy to understand pictures and symbols to enable people with communication needs to make informed choices about the meals they ate and the social activities they participated in. A manager told us communication was covered in new staff's induction and Makaton training was available for staff who supported people who used this method of communication. Makaton is a recognised language programme that uses signs and symbols to support the spoken word to help people with learning disabilities and/or communication difficulties.

Staff understood and responded to people's diverse cultural and spiritual needs and wishes. One person said, "I quite like to eat Caribbean food sometimes, so the staff help me buy the ingredients I need to make things like rice and peas or salt fish." Several people told us staff would support them to attend church when they wanted. We saw information about people's spiritual needs was included in their plan for life. Staff demonstrated a good understanding of people's personal histories, cultural heritage and spiritual needs and wishes. For example, a member of staff could tell us which people they supported regularly attended church and who did not practice any organised religion. The provider had up to date equality and diversity policies and procedures in place which made it clear how they expected staff to uphold people's human rights and ensure their diverse needs were respected. Records indicated staff had received equality and diversity awareness training. This helped them to protect people from discriminatory practices or behaviours that could cause them harm.

The service ensured people they supported maintained positive relationships with people that were important to them, which included relatives, partners and friends. A relative told us they were not aware of any restrictions on times they could visit the home where their family member who this provider supported

lived. Staff explained how assistive technologies, such as electronic laptops, tablets, smart phones and computers, were used to help people they supported to remain in contact with relatives, partners and friends.

Staff were aware of the importance of ensuring information about people they supported was kept confidential. People said they felt comfortable talking to staff in confidence. The provider had a confidentiality policy and records indicated it was mandatory for all staff to receive confidentiality training as part of their induction.

People could access independent advocacy services when they needed support to make decisions. A manager told us they ensured people's relatives or professional representatives were always involved in making decisions in people's best interests, where people lacked capacity to do so.

Good

Is the service responsive?

Our findings

People received personalised care and support which was responsive to their specific needs and wishes. People told us they had been involved in developing their plan for life. One person said, "I keep a copy of my plan for life in my bedroom and my keyworker sometimes talks to me about what we should put in it." People's plans for life were personalised and contained detailed information about an individual's specific needs, abilities, likes and dislikes, life history, people and places that were important to them and preferences for how they wanted their care and support to be provided.

Staff knew people well and what was important to them. This was evidenced by the knowledge and understanding staff displayed about people's needs, preferences and wishes. For example, staff could explain to us what aspects of their care people needed support with, such as moving and transferring or assistance at mealtimes, and what people were able to do independently.

People were involved in reviewing their plan for life at least once a month with their designated keyworker who completed an electronic document called 'My life in a month'. People were asked about their physical and emotional health, if they had any housing or tenancy issues and what they felt had gone well or could have gone better in their life in the last month. In addition, plans for life were reviewed annually involving people the provider supported, and where appropriate, their relatives and professional representatives. Where changes were identified, people's plans for life were updated promptly and information about this was shared quickly with staff through daily shift handovers, the communication book and various team meetings. This ensured staff kept up to date with any changes in people's needs or circumstances.

People were supported to make informed decisions and choices about various aspects of their daily lives. People told us staff supported them to make choices every day about the care and support they received. One person told us, "I can get up when I want, and sometimes I like to get up late", while another person remarked, "I like to go out and visit my partner, which I can do whenever I want." A member of staff gave us a good example of how they encouraged people with communication needs to make informed decisions about the food they ate by showing people easy to understand pictorial representatives of the meal options they could choose between at various mealtimes. In addition, several managers confirmed people they supported were actively encouraged to participate in the selection process of new staff and ask prospective new candidates questions during their job interview. Prospective new staff were also invited to visit people in their home spend time getting to know them as part of the recruitment process.

People were supported to live as active and fulfilling life as they wished. People and their relatives told us they or their loved ones had plenty of opportunities to participate in meaningful social, educational and vocational activities. Typical feedback included, "I'm always out and about these days and I'm never bored. I'm involved in lots of different things like doing voluntary work in a charity shop and acting in a local theatre group", "I like the fact that interesting activities have been arranged by the staff for my [family member] to do. I've been particularly impressed with the pottery he has been making, which I know he loved to do before he moved here" and "They [staff] support my [family member] to get out and continue to do the things they like to do, such as shopping and sightseeing, which is great."

External community professional were equally complimentary about the opportunities their clients had to engage in fulfilling social activities. One professional told us, "Staffs person centred practice enables my client to access activities which enrich their quality of life, activities no one else can support them to engage with", while another professional said, "Staff have a lovely rapport with my client which has enabled her to participate in meaningful activities."

Staff told us lots of people they supported regularly attended classes at college and had paid or unpaid jobs. The provider also had their own allotment which people used to grow their own fruit and vegetables, as well as get involved with the local allotment community. One person told us, "I love gardening and going to the allotment when I can to help out."

People who were identified as being at risk of social isolation were appropriately supported by staff. A community social care professional gave us an excellent example of how staff could support their client who had not accessed the wider community for many years to go out to a local park and enjoy a picnic with the rest of their house mates and staff.

The service had suitable arrangements in place to respond to people's concerns and complaints. People said they knew how to make a complaint if they were dissatisfied with the supported living service they received and were confident that any concerns they might have would be dealt with by the provider. One person said, "I was given a leaflet that tells me how to make a complaint if I'm not happy about something", while another person remarked, "My keyworker always listens to me, so I would tell them if I didn't like something." We saw people the provider supported had been given a copy of their complaints procedure which was also available in an easy to understand simple language and pictorial format. A process was in place for managers to log and investigate any complaints received, which included recording any actions taken to resolve any issues that had been raised.

When people were nearing the end of their life, they received compassionate and supportive care. People's preferences and choices for their end of life care were clearly recorded in their plan for life and acted upon. We saw Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) forms in care plans for people who had made this decision. Records showed staff had completed up to date end of life care training and those we spoke with demonstrated a good understanding of the end of life care needs and wishes of the people they supported. Managers told us they worked closely with GP's and palliative care professionals as and when required.

Good

Is the service well-led?

Our findings

The leaders of this supported living service had the right skills, knowledge, experience and integrity to manage it well. The service had a hierarchy of management with clear responsibilities and lines of accountability. Staff working in each supported living service were supported by a locality (registered) manager who managed between one and three services each. Locality managers were supported by area managers. In the last 12 months the provider had introduced a new person-centred leadership training which was mandatory for all managers to complete irrespective of their existing qualifications and experience.

Managers we spoke with all demonstrated good awareness of their role and responsibilities about meeting CQC registration requirements and for submitting statutory notifications to us about the occurrence of any key events or incidents involving people they supported.

The service had an open and inclusive culture. People the provider supported, their relatives and professional representatives all spoke highly of the way managers ran the service. Typical feedback included, "I like the manager. They're easy to speak to and they listen to me", "Staff are consistent, well-led and present as really wanting to meet my clients needs" and "On a professional level I personally have found the senior managers of the Brandon Trust very good to work with."

The provider understood the importance of gaining the perspective of people they supported and their relatives. The provider continuously sought ways the service could be improved and encouraged the people they supported and their relatives to actively participate in discussions about how this could be achieved. People told us they had enough opportunities to share their views about the home where they lived. One person said, "Staff are always asking me what I think about things and how we can make our home better for everyone who lives there." A relative also confirmed there was effective communication between them, staff and managers through regular telephone and face-to-face contact, as well as satisfaction questionnaires.

We saw there were a range of mechanisms the provider had put in place to obtain feedback from people and their relatives about their experiences of using this supported living service. These included regular participation in house meetings with other people who lived in their home and invitations to complete annual satisfaction surveys. People were also encouraged to become part of a regional Members' Board. Approximately ten people the provider supported regularly sat on these Board meetings which enabled them to share their views and help shape the provider's policies. In addition, several managers gave us good examples of relatively new schemes the provider had introduced to encourage people to get more involved in improving the service. One manager told us the provider now paid people to actively participate in quality assurance checks on other Brandon Trust services they did not live in, while another remarked about the new 'driving up quality' events which enabled people to share their views with managers, staff and trustees.

Staff were also actively involved in developing the service and encouraged to propose new ways of working. Staff had opportunities to attend team meetings with their co-workers every two months. These meetings

could take place within a service providing the people who lived there agreed or at one of the provider's hub offices in the area. Fixed agenda items that were always discussed at these team meetings included staff training, safeguarding incidents, the changing needs of people they supported and health and safety issues. Staff were complimentary about their managers. Several staff frequently described the managers as "accessible" and "friendly". Typical feedback we received included, "This is a great company. Managers are so supportive", "This is the best provider I've worked for. I think we work so well as a team at all levels" and "The area and locality managers are always contactable by phone or email and often visit the various locations we work in."

The provider's values and vision for the service were focussed on the provision of high quality, person-centred care. Managers told us they routinely used individual and group team, supervision and work performance appraisal meetings to remind staff about Brandon Trust's underlying core values and principles. This helped the managers gauge staff's understanding of the provider's values, share information on 'best practice' and monitor how well staff were following guidance.

There was clear oversight and scrutiny of the service. We saw there was a rolling quality assurance programme in place which involved locality managers carrying out bi-monthly audits on supported living services in their area they did not directly manage. These audits were based on the CQC five key questions and standards, which meant each service was checked annually to determine how safe, effective, caring, responsive and well-led they were. Each location inspected were required to produce evidence to demonstrate how they were meeting these key questions and the fundamental standards. A manager gave us good example of the various aspects of support they had looked at during their last quality monitoring check of a service, which had included observing staff assist people to eat at mealtimes, transfer safely using a mobile hoist and administering medicines. Staff confirmed managers regularly visited the localities they are responsible for to assess their working practices. Staff also told us medicines handled on behalf of people they supported were audited weekly by staff in each service and then monthly by the locality manager.

Senior managers were responsible for undertaking regular audits of the services in addition to meeting the locality (registered) managers they supervised every six weeks to discuss any issues relating to the supported living services they were in day-to-day charge of. Furthermore, the provider's human resources managers were responsible at a national level for checking staff were recruited safely and in line with the provider's staff employment procedures.

The provider worked closely with various local authorities and community health and social care professionals. The registered manager told us they frequently discussed people's changing needs, reviewed joint working arrangements and shared best practice ideas with a range of community health and social care professionals who frequently visited people, they supported This included local GPs, tissue viability and palliative care nurses, social workers, dietitians and occupational and speech and language therapists. A manager gave us a good example of how they worked in partnership with a specialist team of psychiatrists from the local Behavioural and Communication Support Service (BACSS) who helped staff prevent and develop interventions to appropriately manage people's behaviours that could be perceived as challenging.