The Brandon Trust

Brandon Trust Supported Living - Bristol and North Somerset

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Our inspection visit took place on 3 March 2016 and was announced. We gave the registered manager 48 hours' notice of our intention to undertake an inspection. We did this to ensure we would be able to meet with people in their own homes.

Brandon Trust Supported Living Bristol and North Somerset is a domiciliary care service providing care and support to people in their own homes which are supported living services. When we visited 80 people were using the service at 20 separate addresses. Support is provided by a team of on-site staff who provide 24 hour support, seven days per week.

At the last inspection of the service in 8 April 2014 we found the service was meeting the regulations.

There were 14 registered managers in post at the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the 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. Each manager was responsible for a number of services.

We found that some staff had not received consistent training relevant to their roles to enable them to meet the needs of the people they supported Staff have not received supervision and appraisals as required by the providers policy. People who used the service told us they were happy with the service and staff treated them well. Staff had undertaken key training courses relating to the needs of people with learning difficulties at the service. For example, staff working at the service had received training about supporting people with behaviours which may challenge.

People who used the service told us they felt staff using the service were caring to them. There were sufficient numbers of staff to meet people's needs and keep people safe. Discussion with staff and the registered managers demonstrated that they were aware of local safeguarding procedures and had the necessary knowledge to ensure that vulnerable adults were safeguarded from abuse. There were regular health and safety checks to make sure people, staff who cared for the, relatives and visitors were safe.

People were involved in a range of day to day decisions and we noted that the staff adapted their communication to meet the needs of the person they were supporting.
Staff and the registered managers were up to date with current guidance to support people to make decisions. Any restrictions placed up on people were made in people's best interest using appropriate safeguards.

People's needs were met, responded to any changes in people's healthcare needs were recorded. Staff were aware of people's differing nutritional needs and were

able to explain how they safely assisted people to eat and drink.
People were positive about the staff who supported them. For example, one person said, "The staff are kind to me." We saw lots of positive interactions between people and staff throughout our inspection. Staff had a clear understanding of how people expressed their needs. People's support plans contained comprehensive, person centred information about people's individual health and support needs.

People were supported to access meaningful activities to meet their differing needs and interests. People's support plans provided information about the activities people enjoyed to do, such as horse riding going to a local farm and going on the trains.

People spoken with during our inspection had no complaints. An advocacy service was in place to support people to raise any issues and/or make a complaint.
People's support pans contained information about how to make a complaint and the support they may require to do so.

Staff were positive about their managers and the way in which they and the team leaders led the service. A system was in place to continually audit the quality of care provided. This involved a range of weekly and monthly audits relating to all areas of the service.

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 sufficient staff to meet people's needs and keep people safe.

Staff had a good understanding of abuse and were aware of their responsibilities in reporting any concerns about possible abuse.

An effective recruitment procedure was in place to minimise the risk of recruiting unsuitable staff.

People's medicines were safely stored, administered and recorded.

Individual risks, incidents and accidents were assessed and analysed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff received supervision and an annual appraisal. However it was not consistent with the provider's policy.

Staff received training. However some staff had not been updated training about the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People's support plans contained detailed information about their healthcare needs.

People were assisted to eat and drink. Staff were aware of people's specific nutritional needs.

Staff demonstrated a good understanding of the DoLS and the Mental Capacity Act (MCA) and how these applied in practice.

Is the service caring?

Good

The service was caring

People's privacy and dignity were respected.

Staff were compassionate, knowledgeable and caring about the people they supported.

An advocacy service was in place to support and enable people to express their views and promote their rights.

Is the service responsive?

Good

The service was responsive.

Support plans reflected people's individual needs and preferences.

Staff responded to people's needs in a timely way and were aware of the way in which people communicated their needs.

The service provided a range of activities and opportunities to meet people's needs, both within and outside of the service.

Is the service well-led?

Good

The service was well led.

Staff were positive about the registered manager s and the way in which they and team leaders led the service.

Systems were in place to ensure that the quality of the service was continually assessed and monitored.

The provider actively sought the views of people and their relatives in order to continually improve the service.

Brandon Trust Supported Living - Bristol and North Somerset

Detailed findings

Background to this inspection

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

We undertook an announced inspection of Brandon Trust Supported Living Service Bristol and North Somerset on 3 March 2016. The inspection team consisted of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR).This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Our review of this information prior to our inspection enabled us to ensure that we were aware of, and could address any potential areas of concern.

We visited three of the properties and met with 10 others at the resource centre at the providers registered office. We spoke with seven people who lived at the service and also undertook some informal observations.

During our visit we spoke with the operational manager, three team leaders, 10 support workers and the nine registered managers of the supported living services.

A range of records were reviewed during our inspection visit, including five support plans, daily records of people's care and treatment, and policies and procedures related to the running of the service. These included safeguarding records, quality assurance documents and staff training records. We also looked at

the staffing rota, staff recruitment and staff supervision and appraisal records.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe using the service. People's support plans included detailed, person centred risk assessments relating to possible risks at Brandon Trust Supported living and in the community. The support plans identified the potential risks involved to people, and provided staff with detailed guidance on how to minimise the risk of harm whilst also promoting independence. For example in one person's plan, there was a section on food preparation and cooking. The person wanted to be able to cook for themselves and for other people living in the house; the plan guided staff on how to support the person in relation to food safety, including how to check use by dates on food, and safe storage of food as well as cooking safely. Risk assessments were regularly reviewed and updated, or created following any accidents, incidents or changes in need.

When risks were identified that could adversely affect people, staff had documented in detail how the risks had been mitigated against, or how they had supported the person to reach a decision. For example one person had been invited to go away for the weekend; the person had discussed the risks associated with this with the staff. Staff had supported them to plan ahead in order to minimise risks to them.

The service had put in place technology strategies in order to maximise people's independence whilst keeping them safe. For example, a team Leader showed us a telecare system they had in place which meant that people could be left alone in the house if they wished, but also had access to a device which when activated would alert staff. They also told us about a system used called "Life 360". This system involved using a GPS (a navigational system for finding places) on mobile phones so that people could be independent in the community, but that if they did get lost, staff could easily locate them. The staff member said they had supported people to learn bus routes in order to be able to travel around the area, and that the Life 360 system had helped people to get around independently and safely.

A fire evacuation plan was in place and we noted that people's support plans included fire safety risk assessments as well as personal evacuation emergency plans (PEEP's). Each document was individual to the person concerned. For example, one person's PEEP detailed their mobility needs and the additional support they required in the event of a fire occurring.

Our review of records and our conversations with staff and the manager showed that an effective system was in place to record, analyse and identify ways of reducing risk to individuals. The manager told us that they all staff were aware of how to complete incident reporting policy and they were aware of the types of incidents to report and how to complete incident forms.

Staff spoken with were clear about the incident reporting processes in place. The registered manager undertook a monthly review of completed incident forms in order to identify any recurring patterns and take action to reduce any identified risks. For example, following a fall, we saw that one person had been referred to an occupational therapist in order for adaptations to be put in place to reduce the risk of further falls.

We spoke with staff about how they safeguarded people who lived in their homes. Each staff member told us

about the different types of abuse and were clear about the actions they would take if they suspected that any form of abuse had taken place. Their responses demonstrated that they had the necessary knowledge to ensure that vulnerable adults were safeguarded from abuse.

Our discussion with the registered managers and staff, together with our review of completed safeguarding alerts, showed us that Brandon Trust Supported living service followed local procedures in order to safeguard people. Staff were also knowledgeable about whistleblowing and said they would whistle blow in order to report any unsafe practice observed. The service kept detailed records of whistleblowing concerns and, when necessary, reported these to the local authority safeguarding team.

Brandon Trust Supported living service supported some people to manage their finances. Appropriate systems were in place to safeguard and manage people's finances. Financial risk assessments were in place when needed. For example, some people's support plans included risk assessments about their vulnerability to financial abuse and the measures needed to safeguard their finances.

Some people using the service were self-administering their medicines. There were risk assessments in people's plans that showed how the decision to self-administer had been reached. Different levels of self-administering were discussed by staff; each was specific to individual people's support needs. Some people required support to remember to take their medicines, others required support to collect their medicines from the local pharmacy. People using the service showed us locked cupboards in their rooms where they kept their medicines. One person said "I take my own tablets" and another said "I just need staff to check I've taken my tablets".

In one house we visited the service used an 'automatic system'. This is a system which rotates a carousel at pre- programmed times to allow the user to take the appropriate medication. An intermittent audible alert is also provided as medication reminder. The pill dispenser containing the medicines were stored in lockable cupboards in kitchen together with the person's medication administration record (MAR).The staff members we spoke with told us the system was very easy to use. Records provided evidence that medicines were safely administered for storing and recording medicines.

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People who used the service said there were enough staff to support them. The rota we saw at the houses we visited and the available number of staff on duty were satisfactory. For example, in one of the houses there were three staff and the registered manager on duty for the two people who used the service and one person went out for an activity supported by on staff member. The staffing rota displayed showed that there were enough staff to meet the needs of the people living at the house. In another house there were two staff members and the registered manager to support two people who used the service.

Staff told us that staffing levels were not always sufficient to meet people's needs in a person centred way. Staff told us although sifts were covered by agency staff it put pressure on them as they had to support the agency staff to ensure that people's needs were met.

The operational development manager told us that they had ensured that all the hours contracted with the local authorities [shared support and individual 1:1 hours] had been delivered. They acknowledged that there was a shortage of permanent staff however, were in a process of actively recruiting new support staff. They talked through how they covered services through their internal bank service and master vender agency service. They have explained the process they followed when introducing new staff, their bank staff or agency staff, into services. For example, a registered manager in one of the houses worked with the agency staff provided who they believed met the person specification for the service. This person visited the two people supported at this service and they had an informal interview, after which both people using the

service said that they liked them. The manager then booked that agency staff for two, four hour shifts where they worked alongside Brandon Trust staff so that they could learn how the people liked to be supported. The people had the opportunity to get to know agency staff. This showed that they tried to use suitable agency staff.

The service was recruiting new staff, and in one of the houses we visited, we were told that new staff had recently been recruited and were working through the care certificate as part of their induction. Staff said that people using the service were actively involved in recruitment and interviewed potential staff as part of the provider's process and one person said they had interviewed a new staff member previously.

Records showed and staff told us that they had to have appropriate checks completed before they started working for the provider. This included reference checks and also checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions to help employers make suitable recruitment decisions. The manager told us that staff were not able to work with people until all of the checks had been completed.

Requires Improvement

Is the service effective?

Our findings

The provider was not able to demonstrate a robust system for monitoring staff training that had been completed, was booked or was overdue. For example, we were shown one training matrix which contained multiple gaps in staff training; when this was pointed out, a series of telephone calls revealed that the majority of training gaps originally identified were in fact not gaps. A paper copy of the matrix was also provided and this information did not correlate with the electronic copy. The dates that a staff member had completed their training were also different from another set of dates we had been provided with. Although some of the missing dates of training were subsequently provided to us, there were still gaps in relation to safeguarding and Mental Capacity Act training. For example, two staff members safeguarding training was out of date as they had last received training during 2012. A further three staff members had not received Mental Capacity Act training update since 2009.

Because there were different systems used to collate and monitor information on staff training, it was difficult for the Locality Managers we spoke with to provide us with the assurance that all staff had completed the training necessary for their roles.

People were positive about the support they received and frequently told us that they liked living at Brandon Trust Supported living service. One person stated, "I'm happy with things here." Another person told us, "There's nothing I don't like."

Staff were knowledgeable about people's needs and understood their role in how to support them. They said they had received training specific to their roles and many staff had also completed further developmental training. For example, if a person living at one of the houses had epilepsy, then staff said they received epilepsy training. One member of staff said "One person living here developed dementia, so we all had dementia training so that we understood what was happening to them".

Staff we spoke with told us they had undertaken training on safeguarding, food safety, emergency first aid and fire safety. We were advised on the provider information return (PIR) that registered Managers and team leaders have recently undertaken/ in process of a training programme to support the skills required for their roles. The registered managers we spoke with confirmed this.

Staff said they received training on de-escalation in order to help them to support people during periods of challenging behaviour. One staff member said "I think the technology we're using, enabling people to be more independent, has reduced the amount of aggressive behaviours we see".

Staff communication skills were excellent. Staff spoke to people in a respectful way, involved them in conversations, and asked if they were happy to speak to us and if we could see their support plans. It was clear that the houses we visited were the homes of people we visited. People living there invited us in and showed us round. Staff said to them "It's your home".

We reviewed supervision and appraisal and spoke with staff and the registered managers. Supervisions

ensure that staff received regular support and guidance and appraisals enable staff to discuss any personal and professional development needs. The provider's staff supervisions policy states that staff should receive supervision every 6 weeks (monthly for new starters during their probation). Each year all staff should in addition have an appraisal and an observational supervision. This was less frequent that the provider's expected timescale. For example, 74% of staff working in services had received supervision in the previous 6 weeks. Records showed that the numbers of staff who have not received appraisals in the last 12 months were 57 of 150. The operational development manager told us this was due to different factors such as staff absences due to sickness, maternity leave, paternity leave or unplanned events. We saw an action plan had been developed by the registered managers to rectify the shortfall. We could not be assured that staff were adequately supported to perform their duties effectively.

Staff we spoke with told us they had received regular supervision as well as an annual appraisal. Staff were positive about their supervision sessions. One member of staff described the managers and team leaders as, 'approachable' and supportive." and said they felt able to speak with them should they require support or guidance between scheduled supervision sessions.

New staff received a comprehensive induction to familiarise themselves with their role. New staff accessed necessary training based on Skills for Care, Care certificate (A set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training for new car workers) and have attended observations on manual handling to ensure they were familiar with all key aspects of the service before commencing work. An induction record was in place to record this. It listed the areas staff needed to cover and was signed by the worker and their line manager once they were confident that each area had been sufficiently covered. New staff also shadowed established staff for two weeks in order to get to know people's needs and how the service operated.

Our review of records demonstrated that people were appropriately supported with their health care needs. In addition to plans about specific needs, such as autism, plans were also in place for a range of other health needs, such as how to meet people's optical and dental needs. Staff said they received information about people's healthcare needs within daily handovers and were familiar with information within people's support plans.

People's needs, preferences and choices for care, treatment and support were met. People told us their preferences and the outcomes they wanted to achieve and the support plans reflected their wishes. We spoke with one of staff member who had been one person's key worker for many years. We spoke with them with the person present and there was clearly a strong positive relationship. The staff member spoke proudly of the person's achievements and both were laughing as they told us about things they had done together.

People we spoke with said they had a good relationship with their key worker. One person said "I trust the staff. They are always there when I need them". Another person said "My key worker has helped me to do things, like going out more, going to the shops on my own. They've even taken me to Spain on holiday". One staff said they had been working with this person for approximately ten years. They said "You get to know people and their goals, what they want to do to achieve".

Referrals were made to healthcare professionals such as occupational therapists and physiotherapists when needed. Visits from these professionals were recorded in
reflect any advice given. People's support plans also contained a Health Action Plan; these are recognised good practice documents which ensure that people with learning disabilities access a range of services to meet their health needs. Each person also had an 'emergency hospital plan' which contained clear,

accessible information to enable people's needs to be met should they need to be admitted to hospital.

People were supported to have their health needs met. Support plans showed that people had access to healthcare professionals when needed. One person said "I hurt my elbow and staff took me to the hospital for an x-ray". Staff said they were in regular contact with the community learning disabilities team (CLDT) and worked with them to develop person centred strategies for people. For example one staff member said "When one person was displaying inappropriate behaviour we discussed this with the CLDT as a whole team, and as a result we developed a strategy on how to support the person to change their behaviour. This had helped to reduce episodes of inappropriate behaviour".

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies and procedures in relation to the MCA and DoLS to ensure that people who could make decisions for themselves were protected. Where this is not possible, an assessment of capacity should be undertaken to ensure that any decisions are made in people's best interests.
We saw examples of Mental Capacity assessments within people's support plans. These were decision specific; for example we looked at assessments in relation to managing finances and others in relation to making decisions.

Staff we spoke with told us they had attended training and showed a good understanding of MCA and DoLS and they were aware of how the MCA applied within their day to day practice. .Our findings demonstrated that Brandon Trust Supported living service followed the MCA in order to support people to make decisions, act in people's best interests and protect people's rights.

The Deprivation of Liberty Safeguards (DoLS) are part of the MCA and aim to ensure that people are looked after in a way which does not inappropriately restrict their freedom. Staff told us they did not restrain people. When people using the service displayed behaviours that others might find challenging or upsetting, support plans showed clearly how staff should support the person in these situations. For example, in one plan staff had documented that the person could display their anxiety in a number of ways. The plan showed clearly how staff should support the person; the plan stated "Offer an opportunity to discuss concerns", "Where appropriate highlight the positive aspects and encourage to see resolutions to problems" and "diffuse situation, introduce a new topic".

Consent to care was always sought in line with legislation. One person who had been assessed as having capacity had agreed with staff that they were happy to be alone for short periods of time. Their plan documented the agreement between the person and staff; that staff should inform the inform the person that they were going out and to make sure the person was happy with this, to inform them where they were going, to remind them of contact details and to check the person was ok on their return.

People said they had front door keys and bedroom keys. One person said "This is my room, so staff don't come in here unless I invite them in".
Minutes from tenants' meetings showed that people were asked for their consent in relation to photographs being taken for support plans. All of the people had agreed to this.

We saw that wherever possible, people were empowered to make choices and decisions about their support. People were involved in a range of day to day decisions and we noted that the staff adapted their communication to meet the needs of the person they were supporting. For example, staff presented two different scenarios to one person. The person then made a choice of what they wanted.

People were positive about the food at Brandon Trust supported living. One person described their lunch as, "very nice." Another person told us, "They support us to cook what we like." People who used the service said they contributed to the household budgets and were involved in making decisions about what to eat each day. Some people said they were helped to cook the meals. One person said "I used to be quite shaky and couldn't do anything in the kitchen, but now I can make my own sandwiches". Another person said they attended cookery classes every week. One staff member said "I support two people with cooking and the other day they cooked fish, with mashed potato and parsley sauce from scratch. Seeing their faces and how proud they were of their achievement was just great".

Good

Is the service caring?

Our findings

People were positive about the staff who supported them at Brandon Trust supported living. One person said, "The staff are kind to me." Another person stated, "I get on well with the staff here." Staff spoke in a fond and caring way about people living at Brandon Trust supported living service and told us that they enjoyed working at the service. One member of staff commented, "I enjoy my job. I'm here to do what I can for the tenants."

People were treated with kindness and compassion by staff. Staff spoke with people in a way they could understand and in a way that demonstrated respect for people. People were unanimously positive about the staff. Comments included "The staff have been great, they really support and encourage me", "The staff are very good, they're always polite and kind" and "Staff are kind, caring and funny". When we spoke with a group of people, they said that staff were caring and all said they felt able to talk to staff. We asked people what staff did for them. They said "They take me out", "We go shopping", "They help me do my cleaning and shopping", "We go bowling, cinema and to the supermarket".

At the houses we visited we observed staff kept a respectful distance; Whilst we spoke with people they didn't interrupt people unless they felt that people hadn't understood what we had asked. This enabled people to speak with us about their experiences in a relaxed manner.

We spoke with staff about how they promoted and respected people's dignity. Their responses demonstrated a holistic approach. For example, one member of staff talked about the importance of providing people with opportunities to make choices. Staff also provided practical examples of the way in which they ensured people's privacy and dignity. Examples provided included, ensuring people were appropriately covered when supporting them with personal care needs and knocking on people's doors before entering their rooms.

People's privacy was respected. People said they could chose to stay in their rooms if they wanted to, or access community services or sit with other people in the lounge. People said they used the garden when the weather was better. One person said "I usually have tea with the others and then I stay in my room and watch the TV". One person said "Staff always knock on the door first and I let them in before they enter".

We saw lots of positive interactions between people and staff throughout our inspection. For example, when supporting someone to go out, a member of staff encouraged the person to put on their coat with support. On doing so, the person smiled and was happy. The worker reciprocated with a smile as they went out together. A number of people living at Brandon Trust supported living service had communication difficulties. We saw at the resource centre in the provider's office that the staff spent one-to-one time talking with people. They spoke in a kind, natural and inclusive way with each person, regardless of their communication difficulties. The staff provided choices and consulted and explained support they provided to people.

Staff were aware of how people communicated their needs and responded appropriately. For example,

people had communication passports in place. Personal Communication Passports are a practical and person-centred way of supporting people who cannot easily speak for themselves. Passports are a way of pulling complex information together and presenting it in an easy-to-follow format. The passports we looked at were detailed and included guidance on how not to interact with people as well as how to interact with them. They included details on facial expressions and other non-verbal communication methods such as pictures. The plans were person centred and detailed people's preferences.

Our conversations with people together with our observations and review of records showed us that staff promoted people's independence whenever possible. For example, one person told us, "I go shopping with staff to get milk, sugar and bread." We saw that people were supported to develop their daily living skills. For example, we saw that one person was supported to use the laundry room.
In one house we visited one person was at work, and at another house, one person was just about to leave to go to work. One member of staff said "I helped one of the tenants to get a voluntary job at the local allotment. I supported them for their interview and now they work there and really enjoy it". Another person said they enjoyed going on organised walks and swimming. Staff said "They used to be very isolated and withdrawn, but now they are so much more outgoing".

An advocacy service as well as Independent mental capacity advocate resources (IMCA) was in available to support and enable people living at Brandon Trust supported living service to express their views and promote their rights. They visited people in order to ensure that the care and support people received was appropriate. These visits were recorded in people's support plans. Advocates were also supported people with specific issues when needed. For example, support with interviewing staff or buying large items of furniture.

People were involved in their own support plans. People said they knew what their support plans were and confirmed they had been involved in writing them. People we spoke with in houses showed us their support plans and knew what the plans contained. People said they felt listened to and that their views were acted on.

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We found that people were supported to maintain relationships with their families. One person told us "I visit my mum every week" another person said "I phone my family everyday". We observed a relative was visiting a family member on the day of our visit. They told us staff were caring towards their family member. The person using the service nodded in agreement.

Good

Is the service responsive?

Our findings

People told us that the staff at Brandon Trust supported living were responsive to their needs. For example, one person said, "Staff take me to the doctor if I'm not well. We received lots of positive comments and examples about the way in which people were supported to access social and community resources and activities to participate in their chosen activities and where possible to be in employment. For example one person said they went out several days a week to take part in various social events. Their support worker said "They never really went out before, so I looked in the local paper, rang around, and now they go to lots of places, they are far more independent". Other people said they went horse-riding, played snooker and went to a local farm.

People received person centred care, care plans showed that people had been consulted and involved in their support plans. The plans contained details on what people wanted to achieve and the support they needed in order to achieve this. The support plans were person centred. For example, in one plan in the communication section, the person wanted to make all their needs known, to direct their support and have control over their life. Additional information included that the person would require support when they were in unfamiliar situations as they found it hard to communicate their needs due to anxiety. Guidance for staff included talking and reassuring the person, observing their actions and explaining things in words they understood.

Plans contained personal histories and details of relationships that were important to the person. People's support plans also contained information about life skills and the support people needed to undertake tasks such as cooking and cleaning. Where people were able to, they had signed to indicate they agreed with the content of their support plan

We met a lot of people were at their home during the day of our inspection and we observed lots of activity and positive engagement with people. For example, I am resting today but I normally go out". Another person said "I go to the club on Tuesdays with friends I play skittles, my relative picks me up". One person whose hobby was to watch trains was supported by a staff member to go and perform this activity. They told us they loved the trains and showed us different photo of trains.

Staff told us "I love working with people, and helping them with their skills, improving their abilities". They said one person using the service was in hospital, and that they were supporting the other tenants to visit them. Some people showed us their rooms and said they had chosen the décor, the bedding and the furniture. Bedrooms were personal and individual to the people who lived there.

People's care plan contained person centred information about people's individual health and support needs. A separate support plan was in place for each identified area of need. People's support plans were easy to follow and provided detailed step-by-step descriptions of people's individual routines. Staff told us that support plans were updated following any changes to people's needs and were also reviewed and audited each month in order to ensure that they contained up to date, accurate information. Our review of support plans confirmed that this review took place.

People's support plans also contained information about their preferences, likes, dislikes and the people who were important to them. Staff used this information to prompt their interactions and conversations with people. We noted that people responded positively to the range of ways staff used this information. For example, one person smiled when staff spoke with them about their favourite football club.

People who used the service said they attended regular tenant meetings. We were told the frequency of meetings was dependant on individual people and how often they wanted to have a meeting. We looked at the minutes from one meeting and read that people had asked for solar lights to be purchased for the garden. This had subsequently happened and showed people's views were acted upon.

Other meetings notes showed that people using the service had chosen what they wanted to eat during the Christmas period. One person said "We go out for meals sometimes and I like that" and another person said "I like to go to the pub, and have a pub lunch".

There were systems in place to ensure that complaints were well managed. This included a policy and procedure to deal with complaints. This policy and procedure detailed how any complaints would be managed, including timescales for response. Copies of these were available in the people's files on picture easy to read format so people were able to understand. This meant that people who lived there and their relatives had access to information about how to make a complaint.

People who used the service and staff members we spoke with confirmed that they were aware of this procedure and confirmed that if they received a complaint they would inform the manager.

People who used the service said they knew how to make a complaint. People told us they had no complaints with the service. One person stated, "I'm not unhappy with anything here. I will talk to staff or manager but I am happy. I have no complaint". Another person said they had raised a complaint previously and that it had since been resolved. They said they felt listened to throughout the process. Minutes of tenants meetings showed that people were asked for feedback and were given the opportunity to raise any concerns.

The service kept a record of any complaints that had been received. There had been 10 recorded complaints between August 2015 and January 2016. We saw that these had been responded to and investigated within the required timescales. We saw that people who complained were satisfied with the outcome of their complaints.

.The registered manager informed us that the provider's advocacy service could support people to raise any issues and/or make a complaint. People's support plans contained information about how to make a complaint and the support they may require to make a complaint.

Good

Is the service well-led?

Our findings

There were 14 registered managers for this service. Each manager was responsible for a number of services. A member of the senior management team told us that this arrangement made the day to day management of the services more responsive, person centred, visible and effective. For example, people who used the services told us their managers were always in the house and would support then with their care as needed. One person said "Our manager is always there. I go and see him and he will help me. He won't mind"

People who used the service told us the managers were kind and friendly and that they could talk to them at any time. We observed a manager interacting with people and we saw that people were relaxed and happy with them. People told us that they knew the staff that supported them well, and by talking with staff we could see that staff recognised that it was important for people to have consistent support.

We received a number of comments from staff about the way in which the managers and team leaders led the service and the way in which this promoted an open culture. For example, staff members referred to the managers and team leaders as being, 'approachable and supportive." "You can go to them about anything. They will always support you. They're very open and they will listen to you." Another member of staff told said, "I feel listened to and supported by management."

There was a clear management structure and out of hours on call system to support people and staff on a daily basis. People told us that they saw their registered manager on a regular basis and felt that they knew their needs and views.

Staff were aware of the values of the organisations they worked for. Staff spoke positively about their role. They said "I'm so passionate about my job here, I love supporting people to be as independent as possible" and "This is a lovely place to work, seeing everyone living together so well. It's lovely to get feedback from families who say they have never seen their relative so happy".

Staff said they attended monthly team meetings. All said they felt well supported by their line manager. One said "This used to be a small organisation, it's grown a lot, but we have a supportive management structure. The houses have also formed a tight community, we support each other".

The registered managers were knowledgeable and had up to date information about the needs of people living at Brandon Trust supported living service, as well as any issues relevant to the service. Staff told us that their managers attended the daily staff handover when on duty in order to gain this information. Following this, they then met with the team leaders in order to plan the day ahead and ensure that any issues identified during the earlier handover were addressed.

Our review of records demonstrated that there was a system in place to continually audit the quality of care provided at Brandon Trust supported living service. This included a range of daily, weekly and monthly checks relating to all areas of the service. For example care staff undertook daily the medication and money checks which was undertaken during staff handovers.

In addition to the audits each service was visited bi-monthly by a different manager for quality assurance purposes; actions were recorded on a form for services to complete. The services also completed an annual quality audit to check it complied with the legislation and identify areas of improvement.

Surveys were also used to obtain the views of people about the quality of the service they received. These were in pictorial format for easier understanding by people. The provider also received compliments from the relatives of people by the used the service. These showed relatives were satisfied with the standard of personal care and support as well as the way staff treated people. These quality assurance measures showed the organisation valued the people they supported and promoted quality and improvement.

The service told us in the PIR that the provider was involved in the national 'Driving up quality' programme. The Driving Up Quality Code is a code for providers and commissioners to drive up quality in services for people with learning disabilities. They explained what the provider was doing to meet the code. This included new staff completing the new care certificate and the value of the quality auditing they carried out.

Staff and the managers told us that accidents and incidents were reported and recorded and would be analysed to identify any trends. Accident/incident report records were seen. They had been completed in accordance with the provider's procedure.

Staff had access to policies and procedures held within the service in each house and this meant they could do their job more effectively. This was also available on the provider's electronic system. These included, whistleblowing, complaints safeguarding policies. These were reviewed and kept up to date by the provider. Staff said they regularly refer to policies and procedure to resolve any issues in regards to people's care and support. In addition they would contact the registered managers if they were unclear about the any policy.