The Brandon Trust

# Brandon Trust Supported Living - Wiltshire

**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? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

## Overall summary

This was the first inspection of the service since it was registered at a new address in May 2015. We had last inspected the service in January 2014 at its' previous address (also in Trowbridge) and found no breaches of regulations. The inspection was announced. We gave the provider 48 hours' notice of our inspection. We did this to ensure we would be able to meet with people where they were receiving the service.

Brandon Trust Supported Living - Wiltshire provides personal care and support to adults with learning disabilities. The organisation manages services provided to people across Wiltshire from the registered office location. Services are provided to individual people living in their own home, or groups of people living together.

# Summary of findings

The amount of care and support varies from a few hours per day, or week, to people receiving care and support 24 hours a day. At the time of this inspection 11 people were receiving the service.

There were five registered managers in post at the service. A registered manager is a person who has been registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. Like registered providers, they are 'registered persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe; and their relatives agreed. Comments we received included; "The staff are nice; I'm safe, they're not nasty." Another person described the staff as being 'helpful' and "are always kind to me." Staff had received training and were aware of safeguarding procedures. There were sufficient staff to meet people's needs. People's medicines were managed safely.

The service was effective because people received care from staff who knew their individual needs. One person explained how "They (the staff) always help me to do everything I want to."

Staff had received training and showed awareness of issues relating to capacity and consent.

People were supported to eat and drink enough. People were supported to maintain their health and accessed healthcare services.

People received a caring service because positive relationships were developed and people were involved in decision making. People described the staff as being "They're alright, they're kind."

Another person said "I like them all." Two relatives described the staff as being 'friendly, very bubbly and easy to get on with.' Privacy and dignity was promoted and respected.

People received personalised care that was responsive to their needs. People commented positively about the variety of activities people were involved in. People using the service and their relatives were able to raise concerns and were listened to.

People received a service that was well led because the service demonstrated good leadership and management. There were systems in place to monitor the quality of the service.

# Summary of findings

## 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. People and staff told us they felt safe.

Staff reported any concerns and were aware of their responsibilities to keep people safe from harm.

Staff had been recruited following safe recruitment procedures.

People were kept safe through risks being identified and well managed.

People receiving their medicines as prescribed and in a safe way.

**Is the service effective?**

Good

The service was effective.People received care and support from staff who had received training to meet their individual needs.

Staff received regular and effective supervision.

The registered managers' and staff had a good understanding of the Mental Capacity Act 2005 (MCA). Staff promoted and respected people's choices and decisions.

People's healthcare needs were identified and staff ensured they were met.

**Is the service caring?**

Good

The service was caring.We observed staff were compassionate and attentive to people's needs.

People received the care and support they needed and were treated with dignity and respect.

People were supported to develop and maintain relationships with families and friends, as well as retain their independence.

People were given information about the service in ways they could understand.

**Is the service responsive?**

Good

The service was responsive. People's needs were at the centre of the service provided.

The staff responded to people's changing needs.

People were able to express their views about the service and staff acted on these views.

**Is the service well-led?**

Good

The service was well led. The registered managers' and other senior staff were well respected and provided effective leadership.

The vision and values of the service had been clearly communicated and were understood by staff.

Quality monitoring systems were used to further improve the service provided.

# Brandon Trust Supported Living - Wiltshire

**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.

This inspection took place on 11, 14 and 15 January 2016 and was announced. We gave the provider 48 hours' notice of our inspection. We did this to ensure we would be able to meet with people where they were receiving the service.

We used a number of different methods to help us understand the experiences of people who use the service. The inspection took place over three days and involved one adult social care inspector and a bank Inspector. Bank inspectors are employed by the CQC to assist in the inspection process. The inspector visited the office on 11 and 15 January to view a variety of records relating to staff and the management of the service. We spoke with the Registered Manager and staff. A bank inspector visited people living in the Devizes and Trowbridge areas, they spoke with staff, relatives and saw records relating to people's care. Where people were not able to communicate verbally with us, we spent time observing how they were being cared for. In total we spoke with four people using the service, four relatives and six staff in a variety of roles (support worker, team leader and one registered manager.)

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service prior to our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We contacted five health and social care professionals for feedback. We received one response. Overall the comments were positive about the involvement they had with the service.

Good

# Is the service safe?

## Our findings

People and relatives described how they felt safe, such as; "The staff are nice; I'm safe, they're not nasty." Another said staff were "Kind and helpful; they joke with me." A third said "They (staff) help me and are always kind to me." A relative of a person living at a service said the person "Seems very happy there" saying they were happy to go back to the house following their weekend visits to see them. Another relative said "Staff are not abrupt. I don't feel any abuse is happening. I've not found any problems. I do feel he is safe living there."

Staff had the knowledge and confidence to identify safeguarding concerns, and acted on these to keep people safe. Staff we spoke with had received safeguarding training and displayed knowledge of safeguarding procedures, which included the whistleblowing policy. One staff member explained how they had been involved in raising a safeguarding alert and attending safeguarding meetings. We saw training records to show staff had received regular training in safeguarding adults. People were protected against the risks of potential financial abuse. For example one person's relative was acting as their power of attorney for financial matters and another had an appointee via the court of protection. We saw financial audits had been carried out in the services.

People were supported to take risks to retain their independence; these protected people and enabled people to maintain their freedom. We saw individual risk assessments in people's support plans for activities such as travelling alone, community access and independent living such as finances, cooking and mowing the lawn. The risk assessments we saw had been regularly reviewed and kept up to date. Staff told us they had access to risk assessments in people's care records and ensured they followed the guidance in them.

There were arrangements in place to keep people safe in an emergency and staff were aware of these. Staff confirmed there was an on call system in place which they had used when needed. This showed leadership advice was available to manage and address any concerns raised. Personal emergency evacuation plans (PEEPS) were in place in the event of people needing to be evacuated from their homes. People's support plans contained information sheets for use if they were ever admitted to hospital, or went missing. When people had accidents, incidents or near misses, we saw these had been recorded and reported appropriately; including to the local authority and us as necessary. Records showed these were monitored to identify and trends.

People were supported by sufficient staff with the appropriate skills, experience and knowledge to meet their needs. Each supported living house had a dedicated staff team, with the majority providing 24 hour staff support including staff who would 'sleep in' at night. Rotas were planned by the team leaders. Each of the care plans we saw identified the amount of staff support the person needed. People and relatives told us there were enough staff. One person said "We're never left on our own. They're always about, nights and days." One staff member said there were "No issues" about staffing levels. Another said "It depends on the service. Some are fine; others, if people leave they are pretty good and getting more. On the whole most are well staffed." A relative described how they had initial concerns about staffing, but this had now been sorted and "staffing availability was good". They explained agency staff were used, but the service ensured they used the same people to ensure continuity of support. Staff we spoke with confirmed this. Another relative said staffing was adequate but added "Some staff work very hard, overtime and long shifts; as long as they don't overstretch staff."

Safe recruitment practices were followed before new staff were employed to work with people. We saw recruitment records of six staff which showed appropriate checks were made to ensure staff were of good character and suitable for the role. People were involved in the recruitment of staff. One of the registered managers explained how this allowed them to assess each applicant's ability to interact with people and provided the opportunity for people to give their views on the suitability of the applicant.

Peoples' medicines were managed and administered safely. One person who was self-administering their own medicines had undertaken an assessment of their capacity to do so. They explained how a reminder had been set up on their mobile phone to help them "remember when to take them." Another person we spoke with was being supported with their medicines. Staff were dispensing the medicine and prompted the person to take it. The person

Good

# Is the service safe?

was able to confirm when they took their medicines and said “The carer gets the meds for me.” A third person said about taking their medicines “They (the staff) always remind me.”

The majority of medicines were supplied in a monitored dosage system (MDS) in individual blister packs, which promoted safe practice for the administration of medicines. Administration was recorded on medicine administration record (MAR) sheets. We looked at the MAR sheets for the two services we visited. These indicated people were supported to take their medicines at the correct time. In one service, the MAR sheets were hand written. We noted they had not been signed by the person who had written them, and not been witnessed. Ensuring MAR sheets are signed and witnessed is seen as good practice as it reduces the risk of errors; particularly when medicines are not provided using a monitored dosage system. The route of administration was not always specified on the hand written MAR sheets in order to guide staff on how the medicine should be taken. We discussed this with the registered manager who would investigate and resolve the issue.

We saw medicines were stored safely and regular stock checks were carried out. Staff we spoke with confirmed they had received medicine management training and their competency to administer medicines had been checked. We saw records to show competency assessments were carried out as part of new staff induction and every six months thereafter.

Good

# Is the service effective?

## Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. Comments included; "They (the staff) always help me to do everything I want to." Another person said "One to one; they help me with my room. Advice with cooking." A relative said they thought staff had "Good knowledge" about the needs of their relative. Another said "The regular staff know his needs. They are occasional agency staff, but they try and get the same ones for continuity." They said "On the whole, I'm mostly happy but feel I need to keep an eye on things."

A relative felt that not all staff had adequate ability with regard to cooking. This had been brought up with the provider and they were told training courses might be introduced, but they were unaware if these had started. The registered manager confirmed the training was being organised, and will form part of staff induction.

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. People's needs were met by staff who had access to the training they needed. Staff told us they had the training they needed to meet people's needs. Regarding training they had received one staff member said, "Everything. Safeguarding, moving and handling, infection control, food hygiene, data protection, DoLS, equality and diversity, the Mental Capacity Act, first aid and Makaton." We viewed the training records for staff which confirmed the fore mentioned subjects, as well as health and safety and lone working had been undertaken. A health and social care professional said; "The staffing team that I have worked with know the customers extremely well, and some have provided support for a long period of time. The staffing team appear to have been sufficiently trained to be able to support customers with complex learning disabilities and health needs."

Some people using the service had complex needs and required individual care and support to meet their communication and health needs. Some people needed care and support to help them when experiencing anxiety and distress. Individual plans were in place for these areas and specialist input from other professionals had been obtained. Staff had received training in these areas, which included training on managing complex epilepsy and positive behavioural support. A person's next of kin said they felt staff had dealt with a complex issue regarding their relative competently saying "There were lots of issues, they handled it very well. The right support from the right people. X is much happier now."

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff told us, they had received supervision every two to three months and had an annual appraisal. Staff told us they felt supported by the registered manager, and they could have informal discussions with their line manager at any time.Records we saw confirmed staff received regular support and supervision.

The provider was following the Care Certificate induction programme for new staff. This meant the provider was following good practice as part of staff induction for social care. Staff told us they were issued with an employee handbook and key policies and procedures to make them familiar with the standards expected of them. All new staff were subject to a six month probationary period and had comprehensive induction training to prepare them for their roles. Records showed one person was not employed as they were deemed unsuitable during their probation period. A recently employed member of staff commented "the training and support was excellent. Easy to understand and well planned. There was three days office based induction and then four days shadowing." They said they worked a six month probationary period, during which they received supervision every month.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection. The registered manager explained they had provided information to the local authority identifying people who may need to be referred to the court of protection for arrangements to be made. We saw records to show the registered manager was monitoring the progress of the applications, and would notify us when any

Good

# Is the service effective?

applications are approved. This meant the principles of the MCA were being followed. Staff spoken with confirmed they had received training about the Mental Capacity Act and the Deprivation of Liberty safeguards.

We found wherever possible people using the service were able to direct how their care and support was received . When asked about how they sought consent from people they supported one support worker said "I support two people who are non-verbal. You look at their reactions. You tell them or show them what you are going to do. They will let you know if they are not happy by their body language; you know the signs." They added "They all have choice and control. What to wear, take for lunch, what activities they do. Inclusion is a massive part of any care."

People chose the food they wanted and were supported by staff to assist with food preparation. People in the two services we visited were encouraged to choose what they wanted to eat and went shopping for their meals. One person said "Yes, I am the chef. Lasagne is my favourite. We all go shopping for food every Monday." People's dietary and fluid needs were assessed and plans drawn up to meet those needs. Staff told us people were supported to eat a healthy diet and drink plenty of fluids.

People's care records showed relevant health and social care professionals were involved with people's care; such as their GP, dentist and members of the local Community Learning Disability Team. Care plans were in place to meet people's needs in these areas and were regularly reviewed. We saw people's changing needs were monitored, and changes in health needs were responded to promptly. A health and social care professional said; "In my experience, the customers that I have worked with receives regular access to health care, and health needs are monitored on a daily basis."

Good

# Is the service caring?

## Our findings

People told us they were happy with the care they received. One person said "Yes; caring. They help me keep my room clean. Help me cook. They're like friends as well." They added "I'm happy here." A second person knew the names of all the staff that supported them and added "I like them all." Another person using the service said about the staff "They're alright, they're kind." One relative described the staff as friendly and "Mostly caring; but some are just for an easy life."

Another relative described the staff as being "Friendly, very bubbly; easy to get on with."

People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided, for example people's preferences for the way staff supported them with their personal care and the activities they liked to participate in. This information was used to ensure people received support in their preferred way. People were involved in compiling their support plans and we saw they were reviewed regularly.

People's care records included an assessment of their needs in relation to equality and diversity. Staff we spoke with understood their role in ensuring people's needs were identified and met in this area. We saw staff had received training about equality and diversity.

Staff told us people were encouraged to be as independent as possible. An annual review was held where people were able to state their goals for the coming year. One person had wanted to be able to catch the bus to work by himself and to undertake restoration work on a local canal. Staff informed us they had achieved both aims.

During our visits, we saw people were treated with kindness and compassion. We observed staff responding quickly to people's needs in a caring and meaningful way. This helped to reassure and reduce people's anxieties during our presence.

The observations of staff practice the registered manager completed included an assessment of the way they provided care and support to people, including their interactions and how they maintained privacy and dignity. Staff described how they would ensure people had privacy and how their modesty was protected when providing personal care, for example ensuring doors were closed and not discussing personal details in front of other people.

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. The provider had a keyworker system in place, where a staff member was identified as having key responsibility for ensuring a person's needs were met. Staff told us this system allowed them to get to know the person they were keyworker for well and ensure the needs of the person were met. Keyworkers met regularly with people and their views were recorded.

Good

# Is the service responsive?

## Our findings

People we spoke with said the service responded to their needs. They spoke enthusiastically about the range of activities they were involved in. One person explained how the staff supported them, and said “Last night I went to Music Zone. Wednesday night I meet my girlfriend.” Another person went to the local Gateway club each week, as well as to the cinema and restaurants. One person was attending college to learn independent living skills. Daily recordings were completed by staff detailing the activities people had been involved in. People talked to us about holidays they were planning with the help of staff.

People were able to keep in contact with friends and relatives. A relative said about a person using the service “He has a lot more freedom in life; able to get out more. More choice about activities. There is a good team supporting (X) who get it right most of the time.”

Each person had a support plan which was personal to them. The plans included information on maintaining the person’s health, likes and dislikes and their daily routines. Where people required support with their personal care they were able to make choices and be as independent as possible.

People told us they had regular ‘tenants meetings’ with the staff who supported them. A team leader described the changes which had been implemented following suggestions from people at the meetings. For example; a weekly menu plan had been introduced after discussion with people.

We saw a record of a meeting, which showed people’s views were being sought. One team leader said, “We have to take our time (at meetings) you don’t always get a quick answer. It may be that we revisit things throughout the day.”

Handover between staff at the start of each shift ensured important information was shared, acted upon where necessary and recorded to ensure people’s progress was monitored. We were told the staff team had noticed a change in a person’s behaviour. This was as a result of the handover of information which was reported to a team leader; who took action and more staff hours were provided.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. One relative said “If I need to make any comments they listen and that’s the important bit.”

Good

# Is the service well-led?

## Our findings

The service had five registered managers, two had been registered very recently. One of the registered managers who was available throughout the inspection had been registered with us for several years. The registered managers' had clear values about the way care and support should be provided and the service people should receive. These values were based on providing a person centred service in a way that maintained people's dignity and maximised independence.

People spoke highly about the registered managers' and team leaders. Comments we received from staff and relatives included; "You can talk to anyone. They are happy to discuss things and they do listen." We spoke with two team leaders who said that they kept in regular contact with their locality managers. One staff member said they felt "Well supported." Another described their line manager as being "great, she helps out, knows how to solve things." Another said "I have to say it's superb. All have an open door policy; you can pop in and see them. I haven't had one occasion when I have not been able to contact someone." One relative felt communication was good with the service saying "(X) is always contactable and will always get back to me." A health and social care professional said; "I have always received prompt communication from the registered manager that I have worked with. The registered manager, team leader and support workers that I have worked with have been approachable and have dealt effectively with any queries or questions that I have raised. I have communicated with the staffing team via phone, post and email and these methods have always provided a response within a suitable time frame."

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and how they expected staff to work. Staff also reported that they were encouraged to raise any difficulties and the registered manager worked with them to find solutions. Staff said they received information about organisational updates, celebrating success and any other relevant information each month via a newsletters called 'The Brief'. This showed us the service was committed to proactive and open communication with staff and valued their contributions.

A registered manager told us satisfaction surveys had been sent out to family members and were due back at the end of January. The feedback from these surveys would be used to plan further improvements where necessary.

The registered managers were responsible for completing regular audits of the service. These included assessments of incidents, accidents, complaints, training, staff supervision and the environment. The audits were used to develop action plans to address any shortfalls and plan improvements to the service. We saw these action plans were regularly reviewed and updated, to ensure they had been implemented effectively. In addition to the audits, the provider completed 'mock inspections' of the service. These looked at the key lines of enquiry used by the Care Quality Commission and assessed how well the service was performing. One member of staff described the audits as "Very thorough." They told us locality managers visited the services to check on people's welfare. We looked at the findings of one quality assurance audit. This had highlighted that not all staff had undertaken equality and diversity training. The team leader confirmed action had been taken to remedy this. We saw the most recent mock inspection included a list of actions where improvements were needed. The registered manager was working through these actions and had updated the plan**.** Quality checks had also been completed by external organisations. This included an independent user led organisation and the local authority. The written reports of these checks were positive. The registered managers knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service.