

The Brandon Trust

Brandon Supported Living - Gloucestershire

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Brandon Supported Living is a supported living service for people with physical and learning disabilities. This service provides care and support to people living in separate supported living' settings, so that they can live as independently as possible. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. There were 150 people receiving the regulated activity of 'personal care' from Brandon Supported Living at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The designs of the homes fitted into the surrounding residential areas. There were deliberately no identifying signs, intercom, industrial bins or anything else outside to indicate the premises were care homes. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

The vision of Brandon Supported Living was to promote a service in which people are 'able to realise their potential as equal and active citizens who have control over their lives.' All staff and senior management demonstrated this clear vision and a highly positive person-centred culture was seen throughout. Staff had set high standards for themselves and this promoted an exceptionally positive culture which challenged disability perceptions, improved the confidence of people and had very positive impacts on the lives of the people using the service.

People were supported to focus on making a positive contribution to others, the service and the community and achieve their potential. We saw examples of people being supported to take leadership roles in the service. This included the recruitment of staff at all levels, training of staff and quality assurance processes. Throughout the inspection, we found people and staff were motivated and passionate about equality and empowering people to live the lives they want.

People and carers spoke overwhelmingly of the positive support, guidance and healthcare interventions people had received. They were full of praise for the staff in terms of their kindness and compassion. People were 'very happy' with the service they received. We received positive comments about their views and experiences. People told us they felt safe because the staff were "Caring and enjoyed what they did". People and their families viewed the staff as experts in their knowledge and skills when supporting people with

complex health needs.

People's aspirations were explored with them and developed. Staff worked hard to make sure, that where it was possible, people had opportunities to lead as full a life as possible. They made sure daily activities were tailored to meet people's individual needs, preferences and abilities. Staff made sure people had opportunities to enjoy themselves. People's suggestions and ideas were sought and valued when it came to planning these activities.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered managers and extended leadership team offered exceptional leadership and had a clear vision about the direction of the service. They were highly committed to improving people's lives and ensuring people had the best care they could receive. They expected the same high standards from the staff who were also committed to these shared values. The management team were very much part of the overall care team at Brandon Supported Living. They were very involved in people's care, visible and approachable. Staff working at the service clearly understood their role and worked hard to promote a homely atmosphere.

There was a robust quality assurance system in place to ensure people received the best possible service. The registered managers worked closely with partner agencies and services to promote best practice within the service and make a positive impact to people's lives. The service was constantly striving to innovate to ensure they were providing the best possible care to the people they were supporting. The registered managers had developed a strong leadership team within the service to ensure the high standards implemented were sustained in their absence.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was Good (published 15 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Brandon Supported Living - Gloucestershire

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

This service provides care and support to people living in a number of 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had several managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a supported living service and we needed to be sure that the provider or registered managers would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service and seven relatives about their experience of the care provided. We spoke with ten members of staff including the provider, registered managers, deputy managers, senior care workers and care workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We analysed additional information provided by the registered managers. We spoke with three professionals who regularly visited the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All the people we spoke with told us they felt safe. When asked if they felt safe, one person replied "Yes, very safe." Relatives we spoke with also told us they felt their family member was safe. One relative said, "Yes he is safe. I don't have any concerns."
- Staff received training on safeguarding adults and were knowledgeable about the procedures to follow if concerns arose.
- Staff knew what action to take if they suspected abuse or poor practice. Staff said they felt confident to raise concerns about poor care. Staff were confident to 'whistle blow' and knew which outside agencies to involve if needed.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. When risks were identified, care plans provided clear guidance for staff on how to reduce the risk of harm to people. For example, there were clear guidelines for staff on how to support people who suffered from epilepsy when bathing. Staff we spoke with were knowledgeable about the guidelines provided and could explain how they would support people in a safe manner. Where people were at risk of falling, their falls risk assessment gave clear guidance for staff on how to provide safe support to minimise the risk of falls. Staff had excellent understanding of people's behaviour support plans and could confidently explain how they would support people to manage any behaviours which may challenge.
- Risks associated with people's eating and drinking had been identified and appropriate actions were taken to help reduce these risks. For example, staff ensured they supported people who were at risk of malnutrition in line with the recommendations made by the health professionals involved in their care.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. We saw there were enough staff to ensure people received support in line with their assessed needs.
- People were supported by a consistent team of staff that knew their needs well. People and relatives confirmed this. One relative said, "The staff team is consistent, and we have a good relationship with them."
- The registered managers told us there was an ongoing recruitment process to ensure the service was always sufficiently staffed.
- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way

that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Using medicines safely

- Staff were trained to handle medicines in a safe way. They completed a competency assessment every year to evidence they had maintained their knowledge and skills.
- Medicines were stored, administered and disposed of safely. Medication administration records (MAR) were accurately completed and showed people received their medicines as prescribed.
- People had a care plan in place regarding medicines. This gave details about how people liked to receive their medicines, what medicines they had been prescribed and what medical conditions these were for.
- Detailed guidance was in place to support staff when giving medicines prescribed on an 'as and when required' basis (PRN). For example, epilepsy medicine such as Midazolam.
- Regular medicines audits were taking place to ensure any shortfalls in medicine administration were being promptly identified and addressed.

Preventing and controlling infection

- Staff completed training in infection control and food hygiene. This meant they could safely make people food as required and understand the procedures in place for minimising the risk of infections. We observed staff wearing gloves and aprons when supporting people with their care.
- All of the premises we visited were clean and tidy and free from odour.

Learning lessons when things go wrong

- The service had effective arrangements to respond to incidents, accidents, concerns and safeguarding events. The service had a central log for detailing these and there was a system to deal with each one as appropriate.
- The service had a process of learning from accidents and incidents. The registered managers told us that when an accident or incident occurred, staff would receive a full debriefing and be given time to reflect on the incident during supervision to enable learning.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and reviewed to ensure the support they received was delivered appropriately and based on current best practice. For example, the service had followed national guidelines in relation to the management of medicines.
- The provider and registered managers ensured people received care and support which was current and effective. For example, staff had been trained in epilepsy care so that staff were able to effectively support people with epilepsy.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessment of needs. This information was detailed in care records.

Staff support: induction, training, skills and experience

- Staff had been trained to carry out their roles. Training topics included emergency first aid, safeguarding, equality and diversity, fire safety, infection control, MCA, dementia Care, end of life care, Epilepsy, Positive Behavioural Support (PBS), safe use of restraint and moving and handling. People told us staff knew them well and were able to respond to their individual needs.
- Staff had received an induction when they first started working at the service. This included a number of 'shadow shifts' where new staff worked alongside senior staff. The staff we spoke with told us they had received a good induction which had prepared them well for their role and to meet people's needs.
- Staff felt supported by the management team. They told us they received regular one to one meetings with their line manager to discuss work related issues and their development needs.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access ongoing healthcare. Staff did this by arranging appointments and attending them with people.
- Care records recorded referrals to healthcare professionals such as, Speech and Language Therapist (SLT), Occupational Therapists and GP's. For example, one person was referred to SLT in relation to their speech to enable better communication. We saw that advice given by healthcare professionals was acted upon and included in people's care records.

Adapting service, design, decoration to meet people's needs

- All of the supported living properties we visited were clean, tidy and homely.
- People had access to an outside space in each property.

- Where required, adaptations had been made and the provider had a process for regularly reviewing the individual properties to ensure they were suitable for the people living there. For example, in one property, plans had been developed to install an en-suite bathroom in one of the rooms to enable a person who was finding it increasingly difficult to climb stairs to remain living at the property they considered 'home'. In another property, a stair lift had been installed to enable people with mobility difficulties to access the first floor.
- People's rooms had been adapted to their personal preferences. People told us they were able to bring personal belongings when they moved to the service

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain a healthy, balanced diet which met their needs and preferences.
- Staff had spent time with people to identify their strengths and enable people to be involved in making choices about their meals and preparing their meals.
- Risks associated with people's eating and drinking had been identified and appropriate actions were taken to help reduce the risk. For example, where people were at risk of choking, staff ensured they were supported appropriately.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were knowledgeable about the principles of the MCA.
- During the inspection staff asked people if they were happy for us to be shown around and whether they wanted to speak with us.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- We saw evidence that where people lacked capacity to make decisions and were at risk of being deprived of their liberty, the registered manager had made an application to the relevant supervisory body. At the time of our inspection, there was one person receiving support from Brandon Supported Living who was subject to a DoLS authorisation. The conditions detailed in the authorisation were being met by the service.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection the rating has remained the same.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring towards them. One person said, "They (staff) are very nice." Another person said, "The staff are caring and respectful towards me." The relatives we spoke with described the staff as being kind and caring towards their family member.
- We observed staff interacting with people and found they were supportive, kind and caring. It was evident that staff knew people's communication needs well and were able to engage effectively with them.
- People's needs in respect of their religious beliefs were recorded, known and understood. For example, people were supported to attend church if they indicated a preference to do so.
- The service had worked with a local authority and NHS Primary Care trust to develop a 'Relationship and Sexuality Guidelines' booklet for staff. The staff told us this enabled them to understand the rights of people with learning disabilities and support them to have safe, fulfilling and successful relationships.
- It was evident from speaking with people and relatives that staff recognised the diverse needs of people and treated everyone as equals. For example, we were told how one person had received emotional support from all the staff who worked with them during their gender reassignment.
- The service had an Equality and Diversity policy in place to ensure all staff were treated equally.

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

- People and their relatives told us the service involved them in developing and reviewing their care plans and their views were respected.
- We observed staff supporting people in ways which took their choices and preferences into consideration. This included asking people about their lunch preferences and how they wanted to spend their day.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful and ensured people's dignity and privacy was maintained. For example, staff ensured doors and curtains were closed when carrying out personal care.
- When people chose to speak with us, staff respected people's right to speak with us privately.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding.

Outstanding: This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Personalised care plans were developed from the knowledge gained during the assessment process and other information provided from health and social care professionals. People were involved in monitoring and reviewing these wherever possible, so they reflected people's current routines, likes, dislikes and aspirations.
- The service had introduced video care plans to enable people to talk about their care needs. The registered managers told us this would maximise people's involvement in their care planning and further personalise care as people could fully describe to staff how they would like their care to be delivered. The service had developed a robust process to ensure staff sought consent from people and always maintained people's confidentiality when developing and using video care plans.
- The service's focus on challenging expectations had led to an increase in the number of people moving from 24-hour care settings to supported living settings. This enabled them to experience greater independence and control over their lives.
- The service excelled in ensuring people received a smooth transition between services with minimal disruption to their wellbeing. All transitions were a multi-professional process and were aimed at maintaining continuity, independence and autonomy for the person.
- For example, the service had worked closely with one person and their health professionals, over an 18-month transition period, to enable them to move from a secure hospital setting where they had been living for over six years, to a supported living flat in the community. For another person who had been living in residential care for over 30 years, the service had supported them by working closely with them, their representatives and health professionals, involved in their care, to enable them to move to a supported living setting. Both individuals had been supported to increase their levels of independence and build their confidence. This had also led to a positive improvement in their emotional wellbeing and had reduced the number of behaviours presented by both people which could be perceived as challenging. In the case of one person, the number of times restraint had to be used as last resort to keep them safe had reduced from three to four times per week to only one episode of restraint since they had moved to their flat.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. Signs, posters and notices were situated around people's accommodation in a way so people had access to the information and could see and read items on display.
- People's care plans clearly recorded people's communication needs. For example, if people were unable to effectively communicate due to cognitive or language barriers, this was recorded in their care plans. From observing and speaking with staff, it was evident they knew people well and were able to communicate effectively with them.
- The service had developed innovative methods to maximise people's communication and ensure all information was accessible to people. For example, the service had used tablet computers to allow people to make choices around their living environment through the form of room visualisers when making decisions about decorating their rooms. One person was anxious about how staff would support them, their care delivery had been recorded on video, so they could visualise how staff would support them. This had minimised their anxiety around this. The service had also used 'smart home' technology to communicate with people from a distance allowing the person to have a greater sense of independence.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to access a range of activities. These included activities such as arts and crafts, art therapy, days out and holidays. The people and relatives we spoke with told us they led an active and fulfilling life. One relative told us how since their family member had moved to the service they had 'a new lease of life with lots going on'. The relative told us how they felt this had also led to an improvement to their emotional wellbeing. Prior to moving to Brandon Supported Living, the person was unable to go out without staff support. However, staff had supported the person to gain independence with using public transport and supported them to become more confident when out alone in the community. This had resulted in the person being able to go out for extended periods on their own daily.
- The service had developed a 'knit and natter' group which had been developed following feedback from people using the service. People told us the group was open to people outside of the service, it had allowed them to build relationships with people who they may never have met outside of the group and developed a stronger sense of community.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was displayed in the home. This provided a clear framework on how complaints would be managed and investigated. From looking at the complaint's records, it was evident where complaints were made, these had been resolved to a satisfactory outcome.
- People and relatives told us they were able to raise any concerns, and these would be dealt with appropriately.
- Meetings were also held with people who used the service to give them an opportunity to discuss any concerns they might have. Where people had communication or sensory difficulties, they received additional support from staff to maximise their involvement in these meetings and enable them to provide an opinion. For example, staff had attended an advanced Makaton course to enable better communication and interaction with one person.

End of life care and support

- Staff had received training around end of life care and support.
- At the time of our inspection, although nobody living at Brandon Supported Living was receiving end of life care, the management team and staff had explored people's preferences and choices in relation to end

of life care and these had been recorded in their care files.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding.

Outstanding: This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The vision of Brandon Supported Living was to promote a service in which people are 'able to realise their potential as equal and active citizens who have control over their lives.' All staff and senior management demonstrated this clear vision and a highly positive person-centred culture was seen throughout. Staff had set high standards for themselves and this promoted an exceptionally positive culture which challenged disability perceptions, improved the confidence of people and had very positive impacts on the lives of the people using the service.
- Excellent and innovative processes had been developed to ensure people using the service were fully involved in the future direction and leadership of the service.
- People using the service were involved in the recruitment of new staff at every level of the organisation. For example, during the recruitment process of the new Chief Executive Officer (CEO), several people who used the service were part of the interview panel to ensure the preferred candidate met the visions and values of the people using the service. The registered managers told us how this was important as any decisions made by the new CEO would have the biggest impact on people using the service.
- The people using the service were fully involved in the training of staff. The registered managers told us this was to ensure the service fully met the expectations of the people using the service. For example, the management team had invited people to develop a 'working in my home' training programme. This was delivered by the people using the service to staff and enabled people to express how they wanted their service to be delivered and their perceptions of care. Staff told us how this had greatly benefited them and had given them an opportunity to reflect on their practice. People told us following the training, they felt staff had an even greater understanding of their needs and emotions. Following a successful local pilot, this training was scheduled to be rolled out across the whole organisation.
- People using the service were fully involved in assessing the quality and performance of the service. For example, the service had worked with people to develop an 'Internal Quality Checkers' group. These are people who use the service who have been trained to evaluate the service being provided. This included visits to individual houses every month to assess the quality of the service people received through conversations with residents and staff. The registered managers told us this further strengthened their quality assurance process as it enabled those using the service to take an unbiased view on the quality of the service. For example, following one visit and the feedback received from people, plans had been

developed to convert part of the ground floor of one supported living house into an en-suite bedroom. This was to enable a person who's mobility was deteriorating but wanted to remain in the property which they considered 'home'.

- Staff told us they felt supported by the registered managers and felt able to raise issues with them.

Working in partnership with others

● The service had developed strong partnerships with other stakeholders to develop excellent outcomes for people using services. For example, the service had taken part in Gloucestershire's 'Transforming Care' pilot project which is aimed at improving services and enabling people who are in long term specialist hospital care to move to supported living in the community. The service had worked with one person and their care team over an 18-month transition period to enable them to move from a secure hospital unit to a supported living flat in the community. In addition to increasing their level of independence, this had also led to significant improvements to their physical and mental wellbeing. Because of their positive contributions, the staff from Brandon Supported Living who were involved in this project had received the regional award for personalised care.

- The service was a part of the steering group for health action plans in Gloucestershire. The service was working with the local NHS Trust to improve health pathways for people. The registered managers told us this would enable people to receive healthcare support in a more effective and timely manner.
- The service was working with a housing provider to identify suitable long-term accommodation for people who were currently in short term tenancies. The registered managers told us they had identified several people who were in such tenancies and were at risk of becoming homeless. They told us this partnership would benefit these people by ensuring they had sustainable tenancies and reduced the risk of homelessness.
- The service had also built partnerships with local colleges to improve awareness amongst younger people about learning disabilities.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

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

- Effective quality assurance checks were carried out by key staff members, the registered managers, the provider and people who used the service. These included checks on people's medicines, care plans, finances and monitoring of the care being delivered. Any issues identified in the audits were shared with the managers and actions were cascaded to the staff team.
- The registered managers and provider continually reviewed quality assurance systems to ensure they were effective. Where additional checks were required, these were introduced. For example, the 'Internal Quality Checkers' group had been developed to ensure the opinions of people using the service were captured.
- A 'Driving Up Quality Day' had been developed. This included people, their families and other health professionals to enable a wider group to provide feedback and suggestions to improve the service being provided. The registered managers told us these were also attended by various healthcare professionals and this ensured the service was always supporting people in line with current best practice guidance.
- The provider had a business contingency plan and had assessed the impact of Brexit on the service. Plans had been developed to ensure there was minimal disruption to the service and the lives of the people who

used the service.

- Appropriate action was taken when things went wrong. The provider learned from incidents and ensured they were used in a positive way to improve the service. For example, following concerns around communication with hospital staff, the service had worked with healthcare professionals to identify and address any issues.