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

Summary of findings

Overall summary

Brandon Trust Supported Living – Bristol and North Somerset provides personal care and support to people with a learning disability living in their own homes which are supported living services.

At the last inspection on 3 March 2016, the service was rated Good.

This focused announced inspection on 20 March 2017 was prompted in part by a notification of an incident following which a person using the service died. This incident is subject to a HM Coroner investigation and as a result this inspection did not examine the circumstances of the incident.

However, the information shared with Care Quality Commission about the incident indicated potential concerns about the management of the risk of choking. This inspection examined those risks and other risks people might potentially face.

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

At this inspection we found the service remained Good.

People's care and support considered risks to their safety, and systems had been put in place to manage these. We saw that updates and changes were made when needed and these were communicated to staff members. Accident and incident records monitored events and action had been taken to respond to these in way that reduced future risks, but whilst still maintaining people's independence. Staff had regular training and supervision to ensure they could support people safely. Regular audits were undertaken to ensure the service was safe.

Further information is in the detailed findings below.

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

Risks to people were being managed and systems were in place to reduce identified risks.

Accidents and incidents were recorded and actions were taken to prevent reoccurrence.

Procedures were in place to respond to emergencies.

Systems were in place to communicate information and changes about people's risks to staff members.

Regular audits were undertaken.

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.

This inspection took place on 20 March 2017 and was announced, which meant that the provider knew we would be visiting. This is because we wanted to ensure that the provider, or someone who could act on their behalf, would be available to support the inspection. One inspector carried out this inspection. We reviewed information we had about the service which included notifications. A notification is a report about important events which the service is required to send us by law. We also considered information shared with us from commissioners, the local safeguarding team and other organisations working with the provider.

We inspected the service against one of the five questions we ask about services: is the service safe? As part of this inspection, we spoke with the registered manager of the service where the incident occurred. We reviewed the care plans and risk assessments for four people at this service. We also looked at accident and incident records, environmental risk assessments and team meeting minutes.

Good

Is the service safe?

Our findings

Care plans were person centred and gave an overview of the person, their interests and the important areas in their lives. Risks to people were highlighted in their care plan. For example, we saw one person's care plan which showed the risks around their communication. The care plan gave guidance to staff on how to present information to the person in way they understood. Specific areas of care that required more detail were completed with people. For example, one person had a detailed plan of their personal care. This included prompts that staff should give to the person to support them in staying safe.

Significant risks to people had a separate risk assessment which detailed the likelihood and severity of the risk. We saw risks assessments in place for areas such as self-administration of medicines, accessing the community and using particular equipment. Guidance for staff was included on managing and minimising the risk. For example, we reviewed one risk assessment around showering which showed the steps staff should take to support the person to undertake the task safely. This included the training staff needed to complete and the associated documentation they were required to be familiar with. Care plans and risk assessments aimed to maximise people's independence whilst keeping the person safe.

There was no one currently living at the service who was at risk from choking. Accident and incident records confirmed there had been no episodes of people choking in the previous 12 months.

Accidents and incidents were regularly reported and recorded. Following an accident or incident actions were taken to prevent reoccurrence. For example, we saw an incident that had occurred where a person had become lost in the community. As a result, the person's risk assessment was reviewed and updated. This included the changes that had been introduced to prevent this happening again, but also whilst retaining the person's independence. Accidents and incidents were regularly monitored for the whole service. A summary showed the type of incident, when and where it had occurred and the actions taken. This monitored for any patterns or trends, for example, if a person had incidents of a similar nature. Where appropriate other agencies were notified, for example the Care Quality Commission or the local safeguarding team.

Each person, except one, had an individual personal evacuation plan in place to describe how they would leave their home in an emergency situation and the support they may require to do this safely. The registered manager addressed the one shortfall we identified immediately during the inspection. There was an up to date disaster plan in place which detailed the procedures to follow should an unforeseen event occur such as a gas leak or a flood.

Risks to the environment and premises were assessed, for example food hygiene, working from heights and infection control. Guidance was in place for staff in safe working methods and systems were operated to keep environmental risks to a minimum. This included checks in fire safety systems and cleaning of the premises.

Staff completed an induction when they started employment at the service, this including mandatory

training modules. Staff had received regular training in areas such as first aid, health and safety and food safety. Training specific to the needs of people living at the service was also completed such as lone working and positive behaviour support. We saw records which showed that staff had regular supervision with a senior staff member.

Systems were in place to ensure information was communicated effectively to staff. This included emails to staff members, a communication book and team meetings. We saw from the team meeting minutes in January 2017 that where a person's risk assessment had been updated this had been highlighted to the team. Team meeting minutes varied in the level of detail recorded and currently there was no system to check if staff had read the minutes. The registered manager said they would review communication systems to ensure they were fully robust and that meeting minutes were detailed to ensure staff members who were unable to attend the meetings still received key information.

Regular audits were undertaken by the registered manager in line with the key questions that the Care Quality Commission asks at inspections. We saw that this included the auditing of people's risk assessments.