The Brandon Trust

Brandon Supported Living - Cotswold

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

Brandon Supported Living – Cotswold is a domiciliary care service providing care and support to people in their own homes which are supported living services. When we visited 16 people were using the service at four separate addresses.

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.

There were two 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 and has the legal responsibility for meeting

Summary of findings

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. One registered manager was responsible for two supported living services in Cirencester where ten people received a service. Another was responsible for one supported living service in Stonehouse and one in Gloucester where a total of six people received a service.

People were safe because staff understood their role and responsibilities to keep people safe from harm. They knew how to raise any safeguarding concerns. People were supported to take appropriate risks and promote their independence, with individual plans put in place to protect people from harm. There were enough staff to meet people's needs. The provider carried out pre-employment checks to assess the suitability of staff before they started working with people. Medicines were managed safely and people received their medicines as prescribed. Staff prevented and controlled the risk of infection.

The service was effective because staff had been trained to meet people's needs. Staff received supervision and appraisal aimed at improving the care and support they provided. Staff understood their roles and responsibilities in supporting people to make their own choices and decisions. People were supported to eat a healthy diet and drink sufficient fluids. People's health care needs were identified and met.

People received a caring service because staff treated people with dignity and respect. People were actively involved in planning the care and support they received. People were supported to maintain and develop their independence. People were assisted to keep in touch with family and friends.

The service was responsive because the care and support provided was individualised. The service adapted to people's changing needs. The service made changes in response to people's views and opinions.

People received a service that was well led because both registered managers and other senior staff provided good leadership and management. The values, vision and culture of the service was clearly communicated and understood. The quality of service people received was continually monitored and any areas needing improvement were identified and addressed.

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?
The service was safe.

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

There were enough staff to keep people safe. Recruitment procedures ensured only suitable staff were employed.

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

Medicines were well managed with people receiving their medicines as prescribed.

The service prevented and controlled the risks of infection.

Good

Is the service effective?
The service was effective.

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

People received care and support from staff who were regularly and effectively supervised.

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 staff ensured they were met.

Good

Is the service caring?
The service was caring.

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

The service sought people's views and people were involved in decisions regarding their care and support.

People were supported to develop and maintain relationships with family and friends.

People were supported to develop and maintain their independence.

Good

Is the service responsive?
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.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

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 Supported Living - Cotswold

Detailed findings

Background to this inspection

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

The inspection was carried out by one adult social care inspector, who visited on 28 and 29 October 2015. We last visited the service on 5 February 2014 and found no breaches of regulations.

We used a variety of methods to obtain feedback from those with knowledge and experience of the service.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We looked at monitoring reports completed by local authorities following visits they had carried out.

Before the inspection we contacted three health and social care professionals who had contact with the service. We reviewed the information they gave us. We did not ask the provider to complete a Provider Information Record (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

During the inspection we talked with ten people using the service. Four people were unable to communicate verbally with us. We spent time observing how they were cared for. Two people had gone out with staff when we visited. We visited people at each of the four supported living services. The provider had asked people if they were willing to speak to us prior to our visit. We talked with relatives of three people using the service. We talked with four care workers and both registered managers.

We looked at the care records of five people, the recruitment and personnel records of three staff, training records for all staff, staff duty rotas and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity and deprivation of liberty, recruitment, confidentiality, accidents and incidents and equality and diversity.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe. They said, "I like the staff and feel safe here" and, "Yes, I feel safe with staff". People not able to communicate with us verbally, were comfortable and confident with staff. We observed people smiling, laughing and joking with staff and other people using the service.

There were safeguarding procedures for staff to follow with contact information for the local authority safeguarding teams. This included a flow chart of action staff needed to take if abuse was suspected, witnessed or alleged. All staff had received training in safeguarding. Care staff had received basic training, with team leaders undertaking more advanced training. Staff described the action they would take if they thought people were at risk of abuse, or being abused. The staff knew about 'whistle blowing' to alert senior management to poor practice. People were protected by staff who knew about the different types of abuse and what action to take when abuse was suspected.

People were kept safe because there were comprehensive risk assessments in place. These covered areas of daily living and activities the person took part in, encouraging them to be as independent as possible. For example, risk assessments were in place for supporting people to use community facilities safely, either with staff support or independently depending on people's assessed needs. These risk assessments 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 used them.

People were supported by sufficient staff with the appropriate skills, experience and knowledge to meet their needs. Each person's care records identified the amount of staff support they needed. Staffing requirements were then calculated for each supported living service. Staff rotas showed the required staffing levels were provided. People said there were enough staff. Staff said there were enough staff to keep people safe and meet their needs.

The provider ensured suitable staff were employed. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers. Volunteers were used appropriately and pre-employment checks carried out. The provider had a recruitment policy in place. Recruitment procedures were understood and followed by staff; this meant people in the service were not put at unnecessary risk. People were involved in the recruitment of staff. The registered managers told us 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 applicants.

There were clear policies and procedures in the safe handling and administration of medicines. Medication administration records demonstrated people's medicines were being managed safely. Staff administering medicines had been trained to do so. Individual support plans were in place for people who required emergency medicines to keep them safe. These plans had been developed with the involvement of relevant healthcare professionals.

The provider investigated accidents and incidents. This included looking at why the incident had occurred and identifying any action that could be taken to keep people safe. For example people's risk assessments and support plans had been reviewed following accidents and incidents.

Some people required staff assistance with moving and handling. Where people required equipment for moving and handling such as hoists and slings these were regularly checked for safety and well maintained. Each person had their own slings which were laundered separately to reduce the risk of cross infection. These slings are designed to attach to hoisting equipment to allow people unable to move on their own, to be moved safely and comfortably. Staff had received training in the use of this equipment. Staff told us they had access to equipment they needed to prevent and control infection. They said this included protective gloves and aprons. The provider had an infection prevention and control policy.

Good

Is the service effective?

Our findings

People said their needs were met. One person said, "The staff are good, they support me well". Staff said they were able to meet people's needs and would be happy for someone dear to them to use the service. Throughout our visit we saw staff working effectively to meet people's needs.

Staff had been trained to meet people's care and support needs. The registered managers said staff received core training for their role and specific training to meet the needs of people they cared for. Training records showed all staff had received training in core areas such as keeping people safe from harm and first aid, with some staff receiving training in specialist areas such as caring for people with complex epilepsy and personal relationships and sexuality. Staff told us they had received training to meet people's needs. One staff member said, "The training we get is very good, very comprehensive". Another said, "We get the training we need to support people well".

Newly appointed staff received a thorough induction which included training on the vision and values underpinning care and support. The provider supported staff to complete the health and social care diploma training. Health and social care diploma training is a work based award that is achieved through assessment and training. These diplomas are sometimes referred to as national vocational qualifications (NVQ's) or qualification credit framework qualifications (QCF's). To achieve an award, candidates must prove that they have the ability (competence) to carry out their job to the required standard. All staff either held or were working towards a health and social care diploma.

Individual supervision meetings were held regularly with staff. Supervision meetings are where an individual employee meets with their manager to review their performance. Records of staff supervision showed this process had been used to identify areas where staff performance needed to improve, with targets for improvement agreed with staff. Staff told us they valued individual supervision. One staff member said, "I find supervision very helpful to me".

The provider had separate arrangements in place for annual appraisals and the management of performance or disciplinary concerns. We saw these arrangements had been used effectively to review staff performance and deal with disciplinary issues.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). 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.

Information in people's care records showed the service had assessed people in relation to their mental capacity. The registered managers and staff had a good understanding of the MCA. Staff had received training on the MCA. Staff understood their responsibilities with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, and respected those decisions. We saw an example of a best interest decision that had been made. A decision was required because; the person was assessed as not having the capacity to make the decision and, there were health concerns that required close monitoring of their condition. The process - involved relevant professionals and recorded the decision arrived at.

The provider had identified where people's freedom was restricted. 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. Where people are receiving a service in their own home and they are being deprived of their liberty, an application must be made to the Court of Protection. The provider had submitted these applications appropriately.

People chose the food they wanted and were supported by staff to assist with food preparation. 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 included details of food and drink they consumed. This meant the service monitored people's food and fluid intake to ensure they were not at risk.

Good

Is the service effective?

Some people using the service had complex needs and required individual care and support to meet their communication and health needs. Some people also 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. People's care records contained information on hospital appointments and communication with healthcare professionals. A health and social care professional said, "I have always found the support team to be proactive and supportive, they will always seek help and advice when needed but mostly they know what they are doing, they just need someone to tell them they are right".

Good

Is the service caring?

Our findings

People we spoke with told us staff were caring. They said, "The staff are nice" and, "I'm very happy here, I like it and the staff are lovely". One people who had recently started using the service and was not able to communicate with us verbally, smiled broadly when we asked if staff were kind to them. A health and social care professional said, "They are a very caring bunch of staff and are very respectful of people". One staff member said, "It's a privilege to support the people here". Throughout our visit we saw that staff demonstrated a caring and supportive approach.

Staff spoke to people in a calm and sensitive manner and used appropriate body language and gestures. People's care records included a communication plan which described how people's communication needs were met. For example, one person's care records detailed how they used facial expressions and non-verbal vocalisations to communicate their choices and preferences. Staff were able to explain how the person made their view known.

The service provided to people was based on people's individual needs. People's needs were assessed in relation to what was important to the person and what was important for the person. This meant the service was planned and delivered taking into account what people needed and what they wanted.

People were involved in planning their care and support. When planning the service the provider took into account the characteristics of staff people liked to be supported by. The views of people receiving the service were listened to and acted on. Where appropriate family, friends or other representatives advocated on behalf of the person using the service and were involved in planning their care and support arrangements. Staff had identified and used a variety of different communication methods with people who were not able to communicate verbally.

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 recorded their views.

People we were able to speak with told us about their family and friends and how they maintained contact with them. Staff said supporting people to maintain contact with their family and friends was an important part of providing good care and support. People's care records detailed how people were supported to do this. This included supporting people to visit family and maintaining regular contact. Relatives gave mixed views on how staff supported people to maintain contact with them. Relatives of two people felt staff did this well. Relatives of one person did not. The registered manager of the service was aware of their feelings and said they were working to improve this.

The provider had an up to date policy on equality and diversity. Staff had received training on equality and diversity. 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.

Promoting people's independence was a key theme running through people's care records.

People told us they were supported to be as independent as possible. One person said, "I go to some places on my own and there are risk assessments in place for them all". They told us they had been involved in drawing up these risk assessments. Staff said supporting people to gain skills and confidence to increase their independence was a clear aim of the service. Throughout our visit we saw staff encouraging people to do as much as possible for themselves, providing assistance only when people needed or asked. This meant people had the opportunity to learn new skills and increase their independence.

Individual plans were in place detailing people's wishes after their death. People had been involved in drawing up these plans and family members consulted where appropriate. The registered managers told us how, within the last 12 months, they had provided a service for two people at the end of their life. One registered manager said, "It was important the person was cared for by people they knew. We moved their bed downstairs in their house and ensured we worked closely with health care professionals". This showed the provider worked in partnership with other professionals to provide a caring service for people approaching the end of their life.

Good

Is the service responsive?

Our findings

People we spoke with said the service responded to their needs. They spoke enthusiastically about activities they were involved in. Two people told us they enjoyed gardening and that a volunteer came to help them with this. One person said, "I volunteer at the Cathedral". Another person said, "I work at a charity shop on a Tuesday and do voluntary work on a Thursday". Staff told us how they had helped people to find voluntary work and supported them with it.

Each person had an individual plan of activities in place. These activities were individual and based upon people's hobbies and interests. They included; attending local colleges, going to local sporting events and visiting places of interests. During our visit we saw people being supported by staff to attend activities within their local community. We also saw an entertainer visiting people and running a singing group which people clearly enjoyed. People said there was enough activities. Daily recordings were completed by staff detailing the activities people had been involved in. People talked to us about holidays they had been supported to take and holidays they were planning with the help of staff.

The service organised people's care and support using a range of person centred planning tools. Person centred planning tools are designed to encourage staff and other people involved in planning care and support to think in a way that places the person at the centre. These tools assisted staff to develop a person centred plan with people. These plans set out things people wanted to achieve. Examples included, one person planning to redecorate their bedroom and people obtaining voluntary work and planning for holidays. Information in people's care records showed people had been supported to do these things.

One person had recently started using the service. They had moved into their own home from another service managed by the provider. This person was receiving additional one to one support from a staff member they knew from their previous home. Staff said this was a time limited arrangement to help the person get to know the staff supporting them.

Another person had recently returned to their home from a stay in hospital. Staff had provided additional support to the person whilst they were in hospital. The person's health care needs had changed following their stay. Additional staff training had been provided to ensure staff could meet the person's needs. The person was receiving care and support in accordance with their health care plan.

Staff had recently supported two people to cope with bereavement. This support had been provided in a sensitive manner that took into account people's individual needs. A health and social care professional commented that staff had supported people well with their loss.

People said they felt able to raise any concerns they had with staff and these were listened to. One person said, "I'd say if I wasn't happy". The service had a complaints policy in place and provided people with an easy read version. Complaints were handled appropriately with a thorough investigation, changes made when necessary and feedback provided to the complainant. One person had been supported by staff to make a formal complaint regarding their treatment by a bank.

Regular meetings were held at each supported living service. We looked at the written records of these meetings and saw people were encouraged to express their views and opinions. Discussions took place regarding activities and food choices and we saw people's views had been acted upon.

Good

Is the service well-led?

Our findings

The vision and values of the service were clearly agreed and understood by people using the service, staff and community professionals. We were welcomed to each address by people themselves and throughout our visit it was clear the supported living services were people's own homes. The registered managers and staff spoke passionately about person centred care and support and their vision for the service. We saw people were provided with high quality care and support that was person centred.

Both registered managers were well respected by people using the service and staff. One staff member said, "I have the utmost respect for (Manager's name) management". One relative said they did not have a good relationship with the registered manager. However, they said they had developed a good relationship with a named staff member. The registered manager said this arrangement had been planned to improve communication. People and staff said they were able to contact a manager if they needed to. The provider operated a 24 hour on call service, for staff to contact a senior person.

The provider sent satisfaction surveys to relatives and health and social care professionals for them to comment on the service. The results of the most recent surveys were positive. A satisfaction survey was carried out with people using the service every three months.

Regular staff meetings were held to keep them up to date with changes and developments. Meetings were held by staff teams in each supported living service. Staff told us they found these meetings helpful.

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.

The registered managers investigated accidents, incidents and complaints. This meant the service was able to learn from such events. For example, a recent audit of accidents and accidents had resulted in a referral to a speech and language therapist for one person.

The policies and procedures we looked at were regularly reviewed. Staff we spoke to knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.

Systems were in place to check on the standards within the service. These included regular checks carried out at each address by staff, audits carried out by the registered managers and quality checks completed by managers from other services operated by the provider. The provider also used a reputable and nationally recognised audit tool for assessing the quality of supported living services. These checks covered health and safety and service quality issues. Records of these checks included details of action to be taken and action that had been taken to improve the service.

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 explained they each had a locality plan. They described this as an overall plan that allowed them to manage quality improvement and ensure the service was person centred and people received high quality care and support.