

The Brandon Trust

Brandon Trust Supported Living - Bristol and North Somerset

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on the 18, 24 and 25 May 2018 and was announced. At the last comprehensive inspection in February 2016 improvements were needed in relation to staff supervision. This was because the service was not always supervising staff in accordance with the provider's own policy. At this inspection we found improvements had been made. Staff were now consistently supervised and properly supported in their work.

This service provides care and support to people living in supported living' settings, so that they can live in their own home 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 care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

There were nine registered managers for the service. Each registered manager was known as locality manager. They also managed between two and three other locations run by the organisation. 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.

People continued to be protected because the risks they may face of abuse were minimised. This was due to the provider having suitable systems in place to keep people safe. Staff were trained to understand what abuse was. The staff also knew how to report any concerns if they ever had them.

People were protected from unsuitable staff by recruitment procedures in place that were robust. These aimed to ensure that people who used the service were kept safe from the unsuitable staff being employed.

Staff had a good understanding of their roles and responsibilities. They knew these included seeking people's consent before care was offered.

When people did not have capacity to consent to their care or make decisions about some aspects of their care, this had been managed in line with the requirements of the Mental Capacity Act 2005 (MCA). People told us they were supported by caring, friendly and kind staff. People were also well supported to make choices about how they lived their lives.

People's health and wellbeing needs were promoted, and they were supported to use other health and social care services when needed. People's needs had been assessed, and care plans took account of their individual needs, preferences, and choices.

People told us they enjoyed varied and fulfilled lives. They also said they were given opportunities to pursue their hobbies and interests.

People's views were heard because the provider had a formal process for handling complaints and receiving feedback. Staff encouraged feedback from people who used the service and their relatives. They acted on the comments received to improve the quality of the service.

The provider's quality monitoring processes had been used effectively to drive continuous improvement. For example changes in the deployment of staff to support people, as well as changes to support plans were put in place after recent quality audits.

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 remains good

Is the service effective?

Good ●

The service has improved to good

People were now being supported by properly supervised and well trained staff.

People's support needs were being effectively met and they felt that staff supported them well.

People received proper support with their nutritional and hydration needs and preferences.

There were systems in place to support staff and people to ensure the principals of the Mental capacity Act were properly applied if needed.

Is the service caring?

Good ●

The service remains good

Is the service responsive?

Good ●

The service remains good

Is the service well-led?

Good ●

The service remains good

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Detailed findings

Background to this inspection

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

We gave the service 5 days' notice of the inspection because we needed to be sure that the people and staff would be free to speak with us. The inspection was carried out by two adult social care Inspectors.

Before the inspection we reviewed the information we held about the service in order to plan for our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let the Commission know about.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 6 people who lived at the home. We interviewed eight members of staff. We spoke to five locality managers, and seven support staff. We were also assisted during our inspection by the senior manager for the service.

We received email feedback from five relatives and one healthcare professional.

We looked at the care of three people this included their care records, medicines records and risk

assessments. We also looked at records that related to how the service was being run as well as the quality monitoring systems in place.

Is the service safe?

Our findings

People felt safe with the staff that supported them. One person told us, "I'm perfectly happy thank you". Other people told us they definitely felt safe with staff and they had "no worries" about any of them.

People were supported by staff who knew how to keep them safe from harm and abuse. The staff we spoke with told us about the provider's safeguarding procedure that they were required to follow. Staff understood how to report suspicions of abuse. The team also confirmed they had gone on regular training. This was run by the Local Authority and staff said it helped them to keep up to date about how to safeguard people from abuse.

A health care professional told us 'The services that I have been in contact with have well established risk assessment and incident reporting systems. The safeguarding process is adhered to from reporting to internal investigation. During safeguarding concerns there are clear escalation processes and contact with locality managers is easily established and followed up on. In a service which had high risks in relation to high intensity challenging behaviour and absconding risks.' This was really good evidence that the service responded very well when people may be at risk in any way.

People were further protected from harm because the staff knew how to whistle blow if they had concerns about the organisation they worked for. The whistle blowing procedure was up to date. There were contact details for the organisations people could report their concerns to. The staff we spoke with understood knew what whistle blowing was. Staff could tell us it meant they were protected in law if they reported dishonest and illegal activities at work. The whistle blowing procedure included up to date contact details for people to report concerns about the service.

Medicines were managed safely and staff ensured people were given them at the times they were needed. Staff went on regular training updates and were also regularly checked when supporting people with medicines. The staff were supported to give people their medicines by following a detailed medicines procedure. The staff checked they were giving the right person their medicines. Medicine administration records were accurate and up to date. They showed when people were given their medicines or reasons why not. Medicine supplies were kept securely and regular checks of the stock were undertaken. Audits were completed by the registered managers. These were safety checks to make sure staff were managing and supporting people safely with their medicines.

People's risk assessment records continued to show identified risks for people. This included when they received support both in their own homes and the community. For example when staff supported people to carry out their personal care and with nutritional needs. It was clearly set out how to do these activities safely. For example how to help people who needed support to eat their meals, and how to support people to stay safe in the community.

When people chose to go out in the community alone safe plans of action were in place. This was to support them to be able to do this as safely and independently as possible. There continued to be arrangements in place to deal with unforeseeable emergencies. One of the managers told us that the 'place of safety' scheme

was used for some people who used the service. This is a scheme that means people with a learning disability who feel unsafe in the community can take refuge in a designated shop or services that have signed up to the scheme.

There was clear evidence of how learning from incidents and investigations took place. There were suitable changes implemented if needed. There was confirmation in the care records we looked at that showed that accidents and incidents were fully reviewed. For example a recent incident that had involved a person who lived at one of the houses where the supported living schemes operated. As a result of the incident actions had been taken to improve safety and wellbeing for people. People's care plans and risk assessments had been revised and updated where needed. This was to make sure staff continued to support people to stay safe both in and out of the home.

People were protected from the risks from unsuitable staff by effective recruitment and selection processes. People who used the service were involved in the recruitment process of new staff. A manager we spoke with told us that people were as far as possible invited on interview panels for prospective new staff. Staff had completed application forms to show their employment history. Any gaps in employment were explored with the person who was applying for a job. Each person's records contained evidence of a Disclosure and Barring Service check. These checks provided details of any criminal convictions and staff who were unsuitable to work with vulnerable people.

Is the service effective?

Our findings

At our last inspection we had found that staff received supervision and an annual appraisal. However it had not been consistent with the provider's policy. At this inspection we found that action had been taken. Staff were now consistently and effectively supported and supervised in their work. People were supported with their needs by well trained and properly supported a staff. Staff told us they now felt well supported by the registered managers. This in turn meant they were able to effectively support people properly with their needs. The team now all now received regular one to one supervision. Staff thought supervision meetings were really helpful as they helped them to understand people's needs. Training records also confirmed staff were being regularly supervised in their work and the quality of their performance checked.

Staff had been on a variety of regular training sessions to enable them to support people effectively. Staff spoke positively about training and learning opportunities. They said they had been trained in subjects related to people's needs. The training records confirmed staff had attended training in a range of relevant topics. Subjects included courses about learning disability issues, mental health issues, health and safety matters, food hygiene, first aid, and fire safety and medicines management.

New staff were properly inducted and supported into their new role. There was an induction training programme for all new members the team. The induction programme had been reviewed and expanded. This was aimed at further developing new staff in their role. It was more thorough and covered all the necessary information new employees needed to develop and do well in their new role.

People's needs continued to be effectively met. People were being well supported by staff. This helped them gain independence in activities of daily living. Care records set out clearly how people's needs were met effectively. These had been regularly updated to ensure they reflected people's current range of needs. We saw staff support people in the ways that were set out in their care plans. For example, staff provided people with one to one social support in the ways they preferred.

People continued to be effectively supported to meet their range of physical healthcare needs. Each person had their own unique health action plan. People told us they were assisted by staff to see their doctor if they were worried about their health. The action plans set out clear information that showed how people were to be supported with their physical health and wellbeing needs. Care plans included guidance when people had seen other healthcare professionals or services.

People were still being well supported to eat and drink enough for their needs. Care planning processes helped guide staff to ensure people received suitable support with nutrition and hydration. There was information in the care plans setting out people's particular nutritional needs and the support they required. The care plans clearly set out what actions to take. For example, it had been identified if people needed extra support from staff with their meals in case of the risk of choking. It had also been identified when that the person required a soft diet for their safety to be maintained. The staff knew how to effectively assist people in the way set out in their care plan. This showed staff understood how to meet the person's nutritional needs.

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 decision made on their behalf must be in their best interests and as least restrictive as possible.

Care records set out each person's mental state and ability to make informed decisions. Records included up to date information which had been signed by people to consent to the care provided as identified in their care plans. Staff had been on training about the MCA. The staff told us, and we saw that they were aware of the need to consider capacity and what to do when people may lack capacity. Care records showed how that capacity was assessed when necessary. This was then fully taken into account when needed. When a person was thought to lack capacity, there was clear guidance that explained how to support them in their best interests. For example certain people needed support to safely manage their finances and this was clearly explained.

Is the service caring?

Our findings

People felt positive about how staff supported them with their needs. Examples of comments made included "The staff are all very nice", "I get on with them all. I really like my keyworker", "They are fun" and, "They are really good. They listen to what we have to say, they follow up suggestions". A person's relatives told us "They certainly look after her, like part of the family."

Relatives also told us how their family members were encouraged to become independent in their daily life. For example they told us, "They encourage him to go out a lot they're building his confidence up so he wants to go out," and, "The staff say 'We'll help you as much or as little as you like.' They're not forceful, they won't keep on, but do try to encourage him."

One relative told us how advocacy support had been obtained for their relative, who could not verbally communicate. Advocacy services are independent organisations and individuals who represent the views of people who may need extra support to be properly represented. This had been to support them in relation to moving to live on their own. This was a really good example of how the service supported people to ensure their views were properly represented.

Everyone we spoke with told us that the staff who visited treated them really well. The staff we interviewed spoke about people in a polite and respectful manner. People told us staff made suggestions and asked them what they wanted to do. We heard staff ask people for their views about different things. For example staff asked people what type of support they wanted to prepare their meals and to plan their daily activities.

People were supported by staff that had a good understanding of what the idea of person centred care meant when they supported them. They understood this and emphasised the importance of respecting people's individual rights and choices. The staff told us they communicated with each person in a manner that treated each person as a unique individual. Staff and people told us they encouraged people to make choices such as what to eat, what time to get up, and what they wanted to do each day.

People's diversity, values and human rights were respected. Staff understood what equality and diversity meant in their role. The staff knew a key principal was to respect that everyone is unique. It also meant supporting people to live their life in the way they would prefer. The staff training records confirmed the staff had been on training to help them understand how to apply the principals of equality and diversity in their work. There was a clear policy in place to guide staff to ensure they always respected peoples equality and diversity.

People were able to have visitors whenever they wished and were supported to build relationships with people. Staff had worked with people and their relatives to establish the best way to help the person understand the changes. The provider also sought ways for the people to connect with family members by having them share photographs of their activities and sending them a regular newsletter

Is the service responsive?

Our findings

People benefited because staff had a good knowledge of their range of different needs. For example, staff told us how they assisted people with physical care needs, emotional needs and their nutritional needs. As was applicable at our last inspection the staff also explained very clearly how they supported people to take part in activities in the community. The staff also conveyed a good understanding and awareness of people's particular learning disabilities and how they affected their life. For example, they told us how they supported one person who experienced behaviours that may challenge. Staff supported the person in ways that meant they were able to live a fulfilling life in and out of the home.

People received care that was planned with them based on their individual needs, wishes and aspirations. People's needs were clearly identified and care and support was planned and delivered in accordance with their individual care and support plan. People said staff spoke with them about what sort of care and support they would like. People told us they were well involved in deciding what care and support they wanted to receive to. This was to make sure it suited people.

Care records clearly explained how staff were to effectively support each person to meet their range of care needs, and live independently. For example when people required prompting and support to carry out their personal care this was fully explained in their care record. Care plans had been devised using pictorial format and where helpful for them photos of the person concerned. People were encouraged to set goals and positive outcomes with the support of staff. For example some people were being supported to build up their confidence in the community. This included going to the shops, seeing friends as well as going to social venues.

People were supported to be really involved in their care. People were given information and good support by the staff. Each person had their own copy of a guide about the service. This guide used pictures and symbols and this made the information more accessible for people who used the service. The guide included photos of some of the staff team to help people recognise who they were. There was information in the guide easily explaining how someone could make a complaint if they wished to.

People were well supported to take part in activities of their choosing both in and out of the home. People were also encouraged to make choices in their life. Acceptable risk taking was supported. People were properly supported to go out to social events in the evening if that was what they wanted to do.

People were well supported to make their views known. People and relatives told us, "They are quite open and more than happy for people to raise concerns and complaints. They would sort it out." Another relative told us their relatives had not liked a new member of staff or the support they got from them. The service was informed and actions were taken. The staff member subsequently improved, so they get along better now. The person was now happy to be supported by this staff member.

The service used assistive technology to support people where appropriate. One person was being supported with a system known as eye gaze. This was a staff led idea. The technology was helping the

person to make choices using eye movements in their daily life.

Is the service well-led?

Our findings

People and relatives spoke positively about the way the service was run. Comments included, "On the whole, we're very impressed with the service" "Nothing else could be better" and, "The difference with where he was before he's so happy." Further positive feedback included, "We're kept informed of issues, we're not kept in the dark." "It takes a lot of worry from us we know he's happy. It's like them being at home, it's a 'home from home," and, "They always will listen to us." This very good feedback showed that people and relatives felt the service was very well run.

The staff were positive about the registered managers they worked with. Staff said they were very person centred in their approaches to running the services they worked at. The registered managers were open and accessible to people they supported and the staff teams.

Staff members told us they were encouraged in team meetings to reflect on what they had done well and what they could change. Staff were also encouraged to reflect in supervisions what these values meant and how they were achieving them. Staff told us their team leader (a senior member of the team) repeatedly reminded staff of the importance of a person-centred approach. This was around how to reduce a person's stress if they didn't like a part of their plan. The team leader would say "They're not a task, they're humans." This feedback showed that staff were managed and the team led in a way that aimed to fully reflect the values of the organisation.

People said they could see the registered managers at any time. The registered managers kept themselves up to date about current issues that related to care for people with learning disabilities. They did this by attendance at meetings with other professionals and colleagues who work in the same sector in social care. Information and learning from these meetings was always shared with their staff teams. We also saw that registered managers read online articles and journals about health and social care matters. This information was also shared with staff teams.

The staff team were proud of the service. Staff told us about the newly revised visions and values for the service and organisation they worked for. Staff explained and we also saw, that the new values included a strong emphasis on equality and inclusion for people and the staff. We saw how staff followed these values in all of their interactions with people on both days of our visit. Staff encouraged people to make choices about what they wanted to do that day. People took part in activities that were unique to them.

The views of people using the service and staff were actively sought and they were acted on. There were tenants' meetings held at individual houses on a regular basis. Subjects that were raised included menu planning, holiday plans and preferred venues for day trips out. Some people went to the board meetings that were held regularly with the provider's representative staff, and other people who used their services. People's view about how they wanted their service to run and the type of staff they wanted to work with them were some of the matters they had raised.

The registered managers understood their legal responsibility to inform us via a Notification form of any key

events at the service. Notifications are legal forms that must be submitted by a service about key events that may impact on people and how a service is run.