Brownlow Enterprises Limited

Brownlow House Residential Care Home

Inspection report

4 Princes Avenue
Muswell Hill
London
N10 3LR

Tel: 02088836264
Website: www.ventry-care.com

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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

About the service
Brownlow House Residential Care home is a residential care home providing personal care to 18 people who have dementia, a mental health condition and older people at the time of the inspection. The service can support up to 24 people.

Brownlow House Residential Care Home has accessible communal areas including bathrooms, a living room, a dining room and a conservatory used as an additional dining space and as an activities room. People's bedrooms are spread across three floors with washbasin and toilet facilities.

People's experience of using this service and what we found
People received safe care by suitably recruited staff who knew how to safeguard them from harm and abuse. People's medicines needs were met safely. People were protected from the risk of infection. People's health and safety was ensured, and incidents were investigated, and lessons were learnt to minimise their recurrence.

People's needs were assessed and met by staff who received detailed induction, refresher training and regular supervision. People received effective care by staff who worked well with healthcare agencies to promote good health outcomes. People's individual dietary needs were identified and met. People's bedrooms and communal areas were accessible.

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.

People and relatives found staff caring and kind and treated them with respect. People told us staff listened to them and involved the in the care planning process. People received a non-discriminatory service. People's independence was respected and encouraged.

People told us their personal needs were met by staff who knew them well. People's care plans were personalised. People were encouraged to partake in activities. People received visits from family and friends. People and relatives knew the complaints process. People's end of life care wishes were explored and recorded.

People and relatives were happy with the home. The manager promoted a positive culture where staff felt supported and this helped achieve good outcomes for people. There were effective quality assurance systems in place to ensure the quality of the service. The manager worked with other organisations to improve care.

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 9 May 2017).

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Brownlow House Residential Care Home

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 one inspector.

Service and service type
Brownlow House Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was undergoing the registration process with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before 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 all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the

service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with five people who used the service about their experience of the care provided. We spoke with five members of staff including the manager, a senior care worker, two care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three 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 continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received a written feedback from one relative about their experience of the service.

Good

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

Systems and processes to safeguard people from the risk of abuse

- Staff were trained and knowledgeable about how to safeguard people from the risk of abuse. They knew the types and signs of abuse and what actions they were required to take to escalate the concerns including using whistleblowing procedures.
- Where necessary, the manager had raised safeguarding alerts with the safeguarding team and notified us in a timely manner. They took suitable actions to ensure people's safety. Records confirmed this.

Assessing risk, safety monitoring and management

- There were systems in place to ensure risks associated with people's health were identified, assessed, mitigated and managed. This meant people received safe care.
- People told us they felt safe. One person said, "I lock the door at night. Oh yes, I feel safe and secured here." A second person commented, "I feel safe fine. I trust the staff."
- Relatives said staff provided safe care. One relative commented, "Yes [person is safe]. [Person] has been [at the home] four and a half years."
- Staff knew risks to people and how to reduce them to ensure people's freedom was respected whilst their safety maintained.
- Risk assessments were comprehensive and regularly reviewed and contained information for staff on how to manage people's risk safely. They were for areas such as mobility, falls, pressure sores, self-neglect, diabetes, confusion, wandering, diet and fire emergency evacuation.
- The manager carried out appropriate health and safety checks. Records showed checks were in date for fire, gas, water and electric.

Staffing and recruitment

- People were supported by staff who were appropriately recruited. Recruitment checks confirmed staff were of good character, skilled and safe to support people.
- People told us staff were easy to get hold of. They further said they used a call bell to ask for staff assistance. A person said, "I use the [call] bell when I need staff help. Don't have to wait too long."
- Relatives were satisfied with staffing levels. One relative said, "There are always staff about."
- People's dependency levels were assessed, and staffing allocated accordingly. Staff rotas confirmed suitable and enough staff were deployed to meet people's needs safely.

Using medicines safely

- People received safe medicines support. A person said, "I just had my medicines. [Staff] do give [medicines] to me on time."

● Staff were trained, and their competency assessed to ensure they followed safe medicine management practices. They completed people's medicines administration records suitably.
● People's medicines were ordered, stored and returned safely. Practices around administering and recording medicines including 'as required' and controlled drugs met their policies and procedures.

Preventing and controlling infection
● Staff followed appropriate infection prevention and control practices to ensure people were safeguarded from the risk of infection.
● People and relatives were satisfied with the cleanliness standards. A person said, "It is clean here." One relative commented, "Excellent, its clean, tidy, doesn't smell [ever] and [person's] room [and] clothes in the wardrobe are always clean and well presented."
● The home was clean and without malodour. There was a dedicated domestic staff team who cleaned communal areas and people's bedrooms daily.

Learning lessons when things go wrong
● Records showed there were processes in place to learn lessons when things went wrong.
● The manager analysed the data in relation to falls, incidents and safeguarding, and kept a log that contained information about the incidents, actions taken, outcomes and lessons learnt.
● The lessons learnt were shared with staff at staff meetings and one to one supervision. Staff and records confirmed this.

Good

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. 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 physical, emotional and social needs, abilities and choices were assessed before they moved to the service. This enabled the manager to decide the staffing levels and whether they were able to meet people's individual needs. Records confirmed this.
- The manager involved people, relatives and healthcare professionals involved in people's care in the assessment process. The information gathered was used to develop care plans and to set effective outcomes.
- People and relatives told us they were involved in the process and their needs were met. One person said, "Oh yes, [staff] meet my needs just fine." Another person told us, "Staff look after our needs well." A relative commented, "[Person's] needs are met."

Staff support: induction, training, skills and experience

- Staff received appropriate induction, refresher and specialist training, bi-monthly supervision and annual appraisal to enable them to meet people's needs effectively. Records confirmed this.
- Staff told us training and supervision were helpful. Their comments included, "Induction training was three days including shadowing", "Training is good here. I feel confident in my role" and "[Supervision] are useful, we talk about [people], safeguarding, I am asked how I am feeling, if [I] need more support and training."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a balanced diet that promoted their health and wellbeing.
- People and relatives told us the food was good. One person said, "The food is good and [I] get asked what I want to eat." A second person said, "[Staff] give me small portions as I like it and [I] finish the whole plate of food." A relative commented, "[People] say [food] is very good."
- People were offered a cooked breakfast seven days a week and those who did not want cooked breakfast were offered cereals and porridge.
- At the inspection we observed breakfast and lunch times had a pleasant atmosphere. Food portions were as per people's preferences, the food smelled good, it was fresh and nicely presented. We saw staff supported and encouraged people in a dignified way to make choices and eat their meals.
- Staff knew people's dietary needs including cultural and health related, and these were clearly recorded in their care plans.
- The chef knew about people's dietary needs and kept an effective system to ensure people received food as per their likes and met their dietary needs. The kitchen was awarded the highest, five-star rating for food and hygiene which meant they met the requirements.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● Staff worked well as a team and with other agencies to support people to live heathier lives. They followed healthcare professionals' recommendations to promote people's health.

● People and relatives told us they were supported to access healthcare services including doctor, dentist, optician, and where necessary physiotherapist and chiropodist. Records contained information about healthcare professionals' visits and their recommendations.

● Staff knew how to provide effective and individualised oral healthcare, and people were registered with the community dentist. A staff member said, "I get training in oral healthcare every year. People have special toothbrushes. Seniors check the toothbrushes and change them as and when needed. I put tablets in cups with dentures and clean them every night."

● This showed people received consistent care that promoted good health outcomes.

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

● The home was accessible, adapted and designed to meet people's needs. It provided a warm and 'home away from home' environment. There is a good-sized accessible garden and people told us they liked the space. A person said, "I go in the garden in the summer."

● People told us they liked their bedrooms and people's bedrooms were decorated as per their wishes and personalised with their belongings.

● During the inspection, we observed two people using the garden to smoke a cigarette. However, we noticed, and people told us there was no sheltered area for them to use to smoke when the weather was not good. We discussed this with the manager and they told us they would build a sheltered space for people to use when the weather was not good.

● Following the inspection, the manager built a sheltered smoking area in the garden and sent us photos to confirm the built.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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.

● People's consent was sought, and they were encouraged to make decisions. Where people lacked mental capacity to consent to care, there were capacity assessments and DoLS referrals and authorisation certificates. The manager followed best interest decision making process to ensure decisions were made in people's best interest.

● People told us staff asked their permission before providing care. A person said, "Absolutely, [staff] ask me whether I want to go downstairs, where I want to eat."

● The manager and staff were knowledgeable about the MCA and DoLS. A staff member said, "Always

assume people have capacity to make decision unless proven otherwise. We give them choices, ask them what they need and want, always ask their consent before providing support."

Good

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 this key question has remained the same. 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 and relatives told us staff were caring and listened to them. One person said, "[Staff] are very kind, very good. They call me by my preferred name." A second person told us, "[Staff] are very good and helpful. They listen to me." A relative commented, "[Staff] are caring from what I have seen over the years."
- At the inspection we saw positive and meaningful interactions between people and staff. Staff were kind and patient with people's questions and requests. They provided care at people's preferred pace and prompted them gently when required. The home had a warm atmosphere.
- Staff provided a non-discriminatory service and told us they would support lesbian, gay, bisexual and transgender people as individuals. Their comments included, "I treat people as individuals, don't treat them same as people are different" and "I don't judge and discriminate people. We provide support as per [people's] wishes. We respect their diversity and differences."
- People's care plans contained information in relation to their cultural and religious needs and whether they preferred male or female staff. However, the care plans did not record their needs in relation to their gender identity and sexual orientation.
- We spoke to the manager about this. They told us moving forward they would record people's gender identity and sexual orientation, and where disclosed, needs in relation to them.

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

- At the inspection, we observed the manager and staff encouraged people to express their views and involved them in decision making. For example, the manager was seen asking a person if they could assist in resolving the issue with their television remote control.
- People told us they were involved in the care planning process and had access to their care plans. A person said, "I have a copy here of my [care plan]. I take that with me when I go to hospital."
- Staff knew how to involve people in making decisions about their care. A staff member said, "[Person] can decide what she wants to wear. I just help her, as physically she is a bit weak and needs assistance."

Respecting and promoting people's privacy, dignity and independence

- People's choices were respected, they were provided with dignity in care and their independence encouraged and promoted.
- People and relatives told us staff were respectful. A person said staff treated them with dignity and staff did this "By allowing me to be myself." A second person told us, "[Staff] treat me with respect. I don't like talking too much and prefer my space, [staff] respect that." A relative commented, "I'm sure staff treat [person] with respect, they certainly do in front of me."

● People were mainly supported by the same team of staff and had keyworkers. A keyworker works closely with people, their relatives and professionals to ensure people receive person-centred care. This encouraged and enabled positive and trusting relationships.

● People told us their independence was respected and supported. A person said, "I make my own choices. I go for a wander in the garden by myself." A second person commented, "I am very independent and [I] can say no to things I don't want to do." A third person said, "I manage my health and doctors' appointments. I cut my own finger and toe nails."

● At the inspection we observed people moving around the service independently, making choices and decisions about what they wanted to do and how they wanted to do it. We saw staff respected people's independence and encouraged it wherever possible.

Good

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- People and relatives told us staff knew them well and met their personal needs. A person said, "I have been here for four years, staff know me well." A second person told us staff knew their preferences and supported them accordingly.
- Staff had a good understanding of how to provide person-centred care. Their comments included, "Everybody has preferences, I ask what they like and what they don't like. I find ways of providing care that makes them happy. We should respect their space, this is their home" and "When I tidy up [people's] bedrooms, I arrange things as per their wishes."
- People's care plans were personalised and regularly reviewed. They contained information about their background, significant relationships, likes and dislikes, communication, dietary, personal hygiene, medical, mobility, emotional and social needs, and preferred routines.
- The care plans gave staff information about people's care goals and detailed actions staff were required to take in supporting people to achieve their identified goals.
- People's care was reviewed regularly, and care plans were updated to reflect any changes. This meant staff were provided with enough and up-to-date information to enable them to provide care that met people's personal needs.

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.

- People's disabilities including cognitive and sensory impairment were considered and they were provided with information in a way they could understand and at their preferred pace.
- The care plans stated people's communication needs, preferred communication methods such as verbal including speaking slowly, writing down conversations, pictures, and instructions for staff on how to communicate effectively.
- Staff had a good understanding of people's communication needs and preferred methods of communication.

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 maintain relationships and to take part in the activities relevant to their culture and interests. For example, there were weekly visits from a priest, entertainers visited every two weeks, and

family and friends were encouraged to visit the home.
● Each person had a weekly activity schedule created by them with the activities coordinator's assistance and as per their wishes and interests. Records confirmed this.
● People were satisfied with the activities on offer. One person said, "I like to read books downstairs in the conservatory where the library is. If I don't want to go downstairs, I ask staff to bring books for me from the library."
● At the inspection, we saw people enjoying exercise, and art and craft sessions, reading a book, interacting with staff, watching television, knitting, and listening to music.
● The activities coordinator organised outings and people accessed community venues such as clubs, local cafes and pubs, and attended activities held at provider's other care homes.
● The manager was in discussion with the activities coordinator and the provider about the funds and recruiting volunteers to organise both day and away trips for people.

Improving care quality in response to complaints or concerns
● The manager and staff encouraged people and relatives to raise concerns and make complaints. Records showed where concerns were raised these were addressed in a timely manner and lessons were learnt to prevent them from happening again and improve care.
● People and relatives knew how to make a complaint and raise concerns. They told us they had never complained. One person said, "I would speak to the manager if not happy about something, but it has never happened." A second person told us, "I feel safe in making a complaint, but I can't imagine I would need to."

End of life care and support
● The manager explored people's choices in relation to end of life care including cultural and spiritual needs. Where people had disclosed their wishes, these were recorded in their care plans including funeral wishes. This enabled staff to meet people's end life care needs.
● Staff were trained in end of life and palliative care and knew how to provide sensitive care that met people's needs. Their comments included, "I would support [people] as they like. I would treat them with respect and with sensitivity" and "Ask them if they have any spiritual needs like listening to certain music, reading holy books. Make their last days as comfortable as possible."

Good

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager created and promoted a positive work culture where staff were encouraged to share ideas and views that enabled them to achieve good outcomes for people.
- People and relatives told us they were happy with the home. A person said, "As far as I am concern this is my home. I am happy here." A relative commented, "[Person] is very lucky to be in Brownlow [House Residential] Care Home."
- Staff told us they worked well as a team and staff morale was good. Their comments included, "I feel part of the team, other senior [staff] help me. Staff morale is positive", "Staff work as a team and I feel part of the team" and "I like the staff, having good colleagues is important."
- Staff enjoyed their work, and this promoted positive work culture. A staff member said, "Seeing people smile and happy, it makes feel like I have done something right. I find that fulfilling."
- Staff felt well supported and spoke highly about the manager. Their comments included, "The manager supports me, listens to me, explains things to me as many times I ask him" and "I feel very well supported, [manager] listens to us. I feel comfortable in sharing my ideas with him."

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 manager understood the duty of candour and their legal responsibility in being transparent. They commented, "It is about transparency and lessons learnt. I share information about something that has happened, with people, family, staff, relevant external agencies, and learn from it so that it does not happen again."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager had an extensive experience of managing care homes and they demonstrated a good understanding of the regulatory requirements.
- Staff were clear about their role in providing good quality care that met people's care goals.
- The manager had effective systems in place to monitor, audit and evaluate the quality and safety of the service. They carried out regular internal audits including monthly unannounced night checks.
- Internal audits were in place for care plans, risk assessments, medicines administration records, staff files, complaints, accidents and incidents, and safeguarding. There were monthly night check records in place. These were up-to-date and showed the manager took prompt actions when issues were identified.

● This meant the manager had a good oversight of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

● The manager had systems in place to engage and involve people, relatives, staff and healthcare professionals in seeking their feedback about the safety and quality, and the management of the service.

● The manager sent out annual surveys to their stakeholders and used their feedback to continuously learn and improve care. August 2019 survey results were positive. Some of people quotes included, "I am very contented here, cannot be happier" and "The care provided is in my view consistent and of a high quality." A professional said, "[People] are listened to and have a good relationship with staff."

● The manager carried out quarterly residents and relatives' meetings. Records showed they were well attended, and discussions were related to the environment, food, activities, healthcare professionals' visits, future events and any other issues.

● Staff were informed on the matters related to the service and their role. Their comments included, "Staff meetings are every two months. The owner attends too. We discuss about how we can do better, they ask us for our views and ideas" and "Meetings are useful, we can say what we think. We get to see night staff. We discuss how to improve."

● This showed the manager effectively engaged and involved people, relatives, staff and other stakeholders in shaping the service.

Working in partnership with others

● The manager worked in partnership with others including local authorities, mental health community team, healthcare professionals and other care homes in the local area to improve the service and people's experiences.

● The manager told us they were in the process of establishing links with the local community organisations and charities to improve the care delivery and people's wellbeing.