

Brant Howe Limited

# Brant Howe Residential Home

## Inspection report

Fairbank  
Kirkby Lonsdale  
Carnforth  
lancashire  
LA6 2DU

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Tel: 01524271832

Website: [www.branthowe.co.uk](http://www.branthowe.co.uk)

## 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

This comprehensive inspection took place on 14 August 2018 and was unannounced. Brant Howe 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.

Brant Howe provides personal care and accommodation for up to 29 people. Accommodation is provided over three floors with a stair lift to access the second floor. There is a separate building in the grounds with two living spaces for people who prefer to have more independence. The home is situated in the market town of Kirkby Lonsdale.

There was a registered manager in post. 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. At Brant Howe the registered manager is also the registered provider.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good and we found some characteristics of 'outstanding' evident. This was echoed by the consistent and very positive comments in the feedback we received from people who used the service, their relatives and the staff. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

We found several examples that demonstrated the staff and management were passionate about providing an excellent service. A relative told us, "This is an excellent care home. The staff are brilliant and treat residents like they are one of their own family."

There were sufficient numbers of suitably trained staff to meet people's needs. Staff training was ongoing and staff had received a variety of training that enabled them to safely support and care for people. We observed a strong, family orientated service where staff were not afraid to display their affection. We were told by a relative, "There's always plenty of staff around and it's so touching observing them with residents. They [staff] pick up if a resident is feeling down or upset and comfort them accordingly."

Staff were also supported and rewarded by the registered manager and deputy manager through regular staff meetings, supervision, appraisals and regular team outings.

We saw that the service worked with a variety of external agencies and health professionals to provide appropriate care and support to meet people's physical and emotional health needs.

Where safeguarding concerns or incidents had occurred these had been reported by the registered manager

to the appropriate authorities and we could see records of the actions that had been taken by the service to protect people.

When employing fit and proper persons the recruitment process had included all of the required checks of suitability.

People's rights were protected. The registered and deputy managers were knowledgeable about their responsibilities under the Mental Capacity Act 2005. People were only deprived of their liberty if this had been authorised by the appropriate body or where applications had been made to do so.

Hazards to people's safety had been identified and managed. People were supported to access a wide variety of activities that were made available to them and pastimes of their choice.

People were treated with respect and their dignity and privacy were actively promoted by the staff supporting them.

Auditing and quality monitoring systems were in place that allowed the service to demonstrate effectively the safety and quality of the provision.

The registered provider had made some improvements to the environment for the people who lived there and this was ongoing. The building was being well maintained and was a clean and homely place for people to live. We saw that equipment in use was regularly cleaned and had been serviced and maintained as required.

The focus of the service was on promoting people's rights and independence. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

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 ●

The service remains good

### Is the service effective?

Good ●

The service remains good.

### 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.

# Brant Howe Residential Home

## **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 14 August 2018 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before we carried out our inspection we looked at information we held about the service and information from the local commissioners of the service. We also looked at any statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We also looked at the Provider Information Return (PIR) we had asked the provider to submit to us prior to the inspection. This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care and staff interaction to help us understand the experience of people who could not easily talk with us.

During the inspection we spoke with the registered manager, deputy manager, five people who used the service, four members of staff and a community health professional. We also received comments from people who used our website to share their experiences of the service. We observed how staff supported people who used the service and looked at the care records and medication records for five people living at the home.

We looked at the staff files for five staff that had been employed. These included details of recruitment, induction, training and personal development. We were given copies of the training records for the whole team. We also looked at records of maintenance and repair, the fire safety records, equipment safety records and quality monitoring documents. We also used a planning tool to collate all this evidence and information prior to visiting the home.

# Is the service safe?

## Our findings

All of the people we spoke with said they felt safe. One person said, "Yes, I feel very safe. They [staff] look after us very well." Another person told us, "The staff have always been very good. More patience than I have." A relative told us, "They [staff] take great measures to make sure my relative is safe."

We saw that the service had worked creatively in supporting people to independently spend time in the local community. The registered and deputy manager had involved the individuals in making decisions about their safety and how to manage risks to ensure their wishes about maintaining their independence balanced with keeping safe.

Records we looked at relating to any risks associated with people's care and treatment were current and accurate. Each care record had detailed information about the risks associated with people's care and how staff should support the person to minimise any risks. These included all risks associated with the event of an emergency such as a fire.

We saw there were sufficient staff on duty to respond very quickly to people's needs and requests. Staff were visible about the home all day and supported people as they needed them to. People told us and we saw how prompt staff were in responding to their needs. One person said, "If I call them [staff] they come practically straight away." Another person said, "They [staff] are here very quickly when I touch the pressure mat." During our inspection we observed from the call bell monitoring screen all calls were answered within 40 seconds.

We checked the recruitment files for five members of staff. We saw application forms had been completed, references had been taken up and a formal interview arranged. The files evidenced that a Disclosure and Barring Service (DBS) check had been completed before the staff started working in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This ensured only suitable people were employed.

We looked at how medicines were being managed. The recording of medicines administration and stock control was being managed safely. Medicines were stored appropriately and administered by people who had received the appropriate training to do so. We also looked at the handling of medicines liable to misuse, called controlled drugs. We discussed with the registered and deputy manager the use of written plans or protocols that outlined when to administer extra, or as required, medication (PRN) and how these could be further developed to ensure that those type of medicines were used to their best affect. We saw that people received their medicines safely and as prescribed.

Staff we spoke with confirmed they had received training in the safeguarding of vulnerable adults and had a good understanding of how to protect people from harm. They understood their responsibilities to report any safeguarding concerns to the relevant authorities.

We looked at records of the accidents and incidents that had occurred. We saw that where necessary

appropriate treatment had been sought and actions had been taken to prevent reoccurrence and that any lessons that had been learned had been recorded.

We found the home to be clean and well maintained. There was sufficient, suitable equipment to assist people who may have limited mobility and we observed staff using appropriate protective wear to prevent cross infection.



## Is the service effective?

### Our findings

People we spoke with told us the food served was very good. One person said, "The food in general is excellent." Another person said, "I am eating more now than I have in the last 20 years." We were also told, "If you want anything else, or something different, you only have to ask." People could choose where they preferred to eat, either in their rooms, the communal lounge or any of the three dining areas. We observed the dining experience was unrushed and enjoyable for people. Staff displayed a good understanding of the needs of the people they cared for.

People were asked about meal preferences and we saw that the meals prepared catered for a variety of preferences and different dietary needs. We saw that people had nutritional assessments completed to identify their needs and any risks they had when eating. Where necessary people had been referred to their GP or to a dietician.

We saw that people and their relatives had been involved, consulted with and had agreed with, the level of care and treatment provided. We also saw that consent to care and treatment in the care records had been signed by people with the appropriate legal authority. This meant that people's rights were being protected.

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. The application procedures for this in care homes and hospitals are 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 were being met. We saw appropriate applications had been made and authorisations were in place.

We looked at the staff training records which showed what training had been done and what refreshers were required. We saw staff had completed a programme of induction training when they started working at the home. All the people we spoke with said that the staff were extremely knowledgeable about all their needs. One person told us, "They [staff] have all be through the proper training. I could not criticise any of them." Another person said, "The people who look after me do have experience and a lot of patience." A relative told us, "They [staff] are sensitive to people's needs." A member of staff told us, "We are all encouraged and supported to complete any training by the managers."

We saw some staff had been supported into extending their roles as champions in areas of their own interests. The registered and deputy managers supported individuals to become champions and as champions could cascade their knowledge, provide guidance and act as role models for other staff.

We saw that each member of staff had regular supervision, appraisal and ongoing training. Staff we spoke with told us they felt they could discuss their needs in an open manner and would be listened to and action taken to help them to develop. Staff also told us they attended regular staff meetings that supported them in their work. We saw minutes of the meetings held with staff and saw how through the meetings they could share their ideas about improving the service.

We saw from people's records that there was effective working with other health care professionals and support agencies such as local GPs, community nurses, mental health teams and social services. People were also supported in managing their health and wellbeing needs by appropriate referrals being made to external services. A relative told us, "I have total trust in the staff regarding my relative's wellbeing. They look after their every need and will contact me if necessary. I have no hesitation in saying that Brant Howe is an excellent care home." A visiting health professional said they and staff worked extremely well together in the continuity of the person's care.

We saw that people had been able to bring some personal items into the home with them to help them feel more comfortable with familiar items and photographs around them. Bedrooms we saw had been personalised to help people to feel at home and people were able to spend time in private if they wished to. We saw that the home provided a dementia-friendly environment to maximise each person's wellbeing and memory skills. For example, there were an array of soft toys and sensory equipment for people's social stimulation. Areas of the home had easy read signage and been adapted to meet the needs of those living with memory problems.

## Is the service caring?

### Our findings

Everyone we spoke with described staff attitude and care delivery as exceptional. One person said, "You could not want for better carers." Another person said of the staff, "They are all so very much caring." We were also told, "They [staff] all have a good sense of humour." A visitor to the home said, "They [staff] are absolutely lovely and they are very personable to me." Three relatives who were not present at the time of our visit contacted us and told us how extremely happy they were with the care at Brant Howe. One relative told us, "The care is first class, the staff are lovely and caring with all the residents. My relative is getting excellent care." Another relative said, "Brant Howe is a fantastic place and I couldn't have wished for a nicer home for my relative. It's cheerful and welcoming. I can leave my relative knowing they are well cared for."

People said the staff were always polite and willing to listen, and help, if they had a problem. One person said, "If I want them to do something they will do it." Another person said, "They always listen to me." A relative said, "They [staff] are very responsive and sensitive. People's privacy and dignity were respected at all times. We saw staff always knocked on doors before entering people's rooms. The staff took appropriate actions to maintain people's privacy and dignity. We heard staff addressing the people respectfully, using their first names, and when talking to them bent down to do so at eye level.

It was clear staff had genuine affection for those who lived at Brant Howe and felt free and uninhibited to show this. They spoke in a caring and kind manner, whilst constantly holding hands and appropriately hugging people. People we spoke with clearly felt very cared for. One person told us, "If I was given the choice now to go home or stay here, it would be a very difficult choice to make." Another person said, "I have this proviso, in my life before here I was really happy, this is the nearest place we could get where I could be as happy and content."

We saw that people's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence. Care records showed that care planning was centred on people's individual views and preferences. People and their families were encouraged to talk with staff about the person's life. This helped the staff to know the things that mattered to individuals as well as the care they needed.

We saw that the staff gave people time and encouragement to carry out tasks themselves. We also saw that, where appropriate, people went out in to the town on their own to spend time in the local community. The service promoted people to be as independent as possible. We saw that family and friends are always welcome. One person told us, "Visitors can come whenever they want. There are no restrictions." Another person told us, "My relatives can come whenever they want, and bring their dog."

Where applicable independent advocacy could be arranged for those who needed assistance in expressing their wishes. An advocate is a person who is independent of the home and who can come into the home to support a person to share their views and wishes if they want support.

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness and there was an extremely sensitive and caring approach observed throughout our inspection visit. We saw support was provided for people in maintaining important relationships. People told us there were regular visits from the different local religious communities and that services were held monthly in the home. People could, if they wished to, be supported in attending religious services in the local town. A relative told us, "The monthly Sunday service held in the lounge quiet often there is standing room only and residents are often moved to tears, even those who can hardly speak still sing along with all the hymns."

## Is the service responsive?

### Our findings

There was an excellent and meaningful range of activities made available. We saw people could engage independently in activities of their choice. We saw that people were supported in doing their own social activities in the local community or with visiting friends and relatives. There was a very varied activities programme available. One person told us, "There is something different to do everyday." Another person said, "I join in if I want but sometimes I don't." We were also told "I just like to sit in the garden and they [the staff] bring me cups of tea and plenty of sun tan lotion."

An annual holiday week theme was identified every year for the people who lived at Brant Howe. Based on knowing how people spent their holidays in the past different themes for a whole week were dedicated to supporting people to participate in and enjoy activities. Last year the theme had been a seaside holiday. The provider hired a minibus for the week and those who could spent days doing activities at the seaside. For those who could not travel a beach was created in the garden along with all the activities associated with a day at the beach. This year the holiday week was themed on country fairs. These holiday weeks were also supported by the kitchen staff who themed all the menus to match.

We looked at the care records for five people living in the home. We saw that a full assessment of people's individual needs had been completed prior to admission to the home to determine whether or not they could provide people with the right level of support they required. Care plans recorded people's preferences and provided information about them and their family history. This meant that staff had knowledge of the person as an individual and could easily relate to them. The provider had recently implemented a new electronic care planning system which we saw was in the early stages of use.

People told us they had been asked about their care needs and been involved in regular discussions and reviews. One person said, "They [staff] discuss my care with me." Staff we spoke with also told us, "Relatives are involved in care planning" and "Management review care plans each month."

The home had a complaints procedure and we saw that complaints had been managed in accordance with the home's procedures. People we spoke with were aware of who to speak with if they wanted to raise any concerns. One person told us, "No faults, I have no complaints." Another person told us, "If I wanted to make a complaint I'd speak to the care manager." We were also told, "The owner is here quite frequently and we are on exceptional terms and if there is anything I don't like I tell him and if it is relevant he sorts it out."

We saw that people's treatment wishes, in consultation with their families, had been made clear in their records about what their end of life preferences were. The records we looked at contained information about the care people would like to receive at the end of their lives and who they would like to be involved in their care.

## Is the service well-led?

### Our findings

The home had a structured management team in place. The registered manager who was also the registered provider worked alongside the care manager. 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.

Everyone we spoke with were very complimentary about the management team. A relative commented, "There's an open door, we are welcome at any time." Another person said, "The registered manager is amazing, he spends a lot of time with residents." We were told by a relative, "The staff and leadership get to know the residents well and provide individualised care for people with a wide range of needs. The residents are the heart of what they do."

Staff we spoke with were also happy with how the home was managed and described it as a lovely, homely place to work. We were told, "I like working here it's a really good team and very friendly, it's like a family." Another staff member said, "The care manager is brilliant, any problems I go and discuss with her and the residents love her." A staff member also told us they would certainly recommend the home for a relative.

We saw that people and their relatives were regularly involved in consultation about the provision of the service and its quality. People told us they were regularly asked about the service they received. One person said, "They come round at regular intervals and ask if I have any problems and what I think about things." Another person told us, "They have resident's meetings twice a year and ask if you have any issues, but you can talk to anyone at any time." We saw that regular reviews of people's care needs were held with relevant others. A relative told us, "Communications with families is really good."

There was regular monitoring of accidents and incidents and these were reviewed by the registered and care manager to identify any patterns that needed to be addressed or lessons to be learned. Quality assurance systems were in place to ensure safety, quality and improvement were consistently monitored.

Providers of health and social care services are required to inform us of significant events that happen such as serious injuries and allegations of abuse. A notification is information about important events that the service is required to send us by law in a timely way. They also shared information as appropriate with health and social care professionals.

The latest CQC inspection report rating was on display at the service. The display of the rating is a legal requirement, to inform people those seeking information about the service and visitors of our judgments.

The service worked positively with outside agencies. This included a range of health and social care professionals as required for people's needs. The registered manager informed us of the links the service had developed with local health and social care professionals.