

Brant Howe Limited

Brant Howe Residential Home

Inspection report

Fairbank
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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

This comprehensive inspection took place on 2 October 2015 and was unannounced. We last inspected Brant Howe in October 2013. At that inspection we found the service met all five of the essential standards we looked at.

Brant Howe is a residential care home that provides personal care and accommodation for up to 27 people. Accommodation is provided over two floors with a stair

lift to access the upper 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. Brant Howe is a large detached property set in its own grounds with seating areas for people to enjoy the gardens with some car parking space.

Summary of findings

There was a registered manager in post who is also the registered provider. A registered manager is a person who has registered with the (CQC) 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 living at the home were safe. Staff understood their responsibilities in safeguarding people. The service had a positive approach to risk. There were sufficient numbers of suitable staff to meet people's needs and promote people's safety. The recruitment procedures demonstrated that the provider operated a safe recruitment procedure to ensure that fit and proper persons had been employed.

Where safeguarding concerns or incidents had occurred these had been reported by the registered or deputy manager to the appropriate authorities and we saw records of the actions taken by the home to protect people.

People received their medications as they had been prescribed. Appropriate arrangements were in place in relation to the storage, care planning and records for the administration of medicines.

Staff had completed training that enabled them to deliver care and support people effectively. The staff team understood their obligations under the Mental Capacity Act 2005 (MCA). When decisions had been made about a person's care where they lacked capacity, these had been made in the person's best interests.

People's individual preferences for food and drink were catered for this also included people's specific health and dietary requirements. Staff gave excellent support to those who required extra help in eating and drinking.

Staff were responsive to people's individual needs and people's preferences and wishes. We saw caring

relationships had been built between staff and people, and excellent support was provided for their family members. Staff were friendly and kind to people and treated them with respect. We observed a lot of laughter and friendly banter between the management, staff, visitors and people who lived at Brant Howe.

People were supported to maintain good health and appropriate referrals to healthcare professionals had been made. People had been supported during their end of life care to fulfil their wishes in the way in which they had identified. Health professionals and relatives told us they felt the home provided excellent care to the people who lived there.

There were meaningful and personalised activities made available to all people in the home and in the local community. People were encouraged and supported to pursue their individual hobbies and interests. People made excellent use of local community facilities as well as the resources in the home which engaged people with variety of activities such as flower arranging, poem reading, music for health and sensory activities.

There was a clear management structure in place and staff were very happy with the level of support they received. The management culture of the home was open, dedicated to providing excellent care to people, and equipping staff to provide excellent care. People and relatives were encouraged to inform the registered and deputy manager if they were not happy with any aspect of their care or service received.

The home was extremely well led and the managers acted as excellent role models to the staff. Their person centred approach ensured people living at Brant Howe experienced a much individualised and high quality service that optimised expectations and outcomes during their life in the home.

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.

All the required checks of suitability had been completed when staff had been employed.

People told us they were safe and very well cared for in this home.

Prescribed medicines were stored, administered and disposed of safely in line with current and relevant regulations and guidance.

Good



Is the service effective?

The service was effective.

People said they thoroughly enjoyed the meals provided and nutritional needs were being met using innovative ways.

Consent to care and treatment had been obtained involving where required appropriate others. Records of best interest discussions and meetings adequately met the requirements of the MCA.

Training provided for staff was diverse and relevant in implementing recognised best practise.

Good



Is the service caring?

The service was caring.

There was a 'family environment' within the home. People were very well cared for, and were valued as individuals. There was a lot of laughter and good humour.

People were treated with dignity and the utmost respect.

End of life champions were identified to support people and their relatives to manage end of life care in a compassionate and dignified way.

Good



Is the service responsive?

The service was responsive.

Staff knew people's individual needs, likes and dislikes and supported them in pursuing activities they enjoyed. People had an excellent quality of life full of activities which were meaningful to them.

People and relatives felt able to speak with staff or the management team about any concerns they had in the knowledge these would be addressed.

Care plans and records showed that people were seen by appropriate professionals when required to meet their physical and mental health needs.

Good



Summary of findings

Is the service well-led?

The service was well led.

The management was passionate about providing excellent quality of care to people who lived there. This passion was shared by their staff who understood and worked within the home's philosophy of 'Promoting independence in a safe, friendly and happy environment'.

There were systems in place to measure the quality and safety of the service provision. People living there and their relatives were actively involved and gave their views and took part in meetings and discussions about the service.

Staff were involved in making decisions in the running of the home and felt very supported and listened to by the registered and deputy managers.

There was an excellent working relationship between the registered manager and deputy manager which impacted extremely positively on the staff team in delivering a very person centred, high quality service

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 was planned to check whether the provider was 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 unannounced inspection took place on 2 October 2015. The inspection team consisted of a lead adult social care inspector.

Before the inspection we reviewed the information we held about the service. We looked at information CQC had received from relatives, health professionals and from the local authority commissioners. 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. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. We asked the provider to complete a Provider

Information Return (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They provided this information in good time

During the inspection we spoke with the registered manager, deputy manager and five staff members, a health professional, a visiting therapist, people who used the service and four relatives. We observed how staff supported people who used the service and looked at the care records for five people living at Brant Howe. We also observed how people were supported by the staff during the day.

We looked at the staff files for all staff recruited since our last visit. These included details of recruitment, induction, training and personal development. We looked at the training programme for all staff and some of the training tools being used. We also looked at records of maintenance and repair, the fire safety records, food safety records and quality monitoring documents. We were also given access to the homes closed network social media pages.

Is the service safe?

Our findings

People living at Brant Howe and relatives that we spoke with told us they felt safe and did not have any concerns about the care people received. One person told us, “I moved here to make sure I was safer as my family were worried about me and I am.” A visitor told us, “My relative is looked after really well, and I feel people here are definitely safe.”

We looked at staff files for the recruitment of staff since our last visit in October 2013 and saw that the appropriate checks of suitability had been made. Information about their previous employment history and reasons for leaving employment had been noted. References had been sought and we noted that they were usually from the most recent previous employer in accordance with the homes recruitment policy. All staff had records to show that Criminal Records Bureau (CRB) and Disclosure and Barring Service (DBS) checks had been conducted before commencing employment.

We observed there was sufficient staff on duty to provide care and support to meet people’s individual needs. Staff we spoke with told us they felt that there was always enough staff. One staff member told us that morale was really good in the staff team and staffing levels were always adequate. We observed that call buzzers were answered promptly and care staff did not appear to be rushed in their duties. Staffing levels had been determined so that staff were available at the times people needed them, in order to provide person centred care. For example one senior carer on each shift was designated as the end of life champion and the staffing numbers allowed that senior carer to be solely designated to a person in the end stages of their life. We saw that staff were always present in communal areas talking and engaging with people, as well as staff being available to support people to meet their individual needs.

We looked at how medicines were managed. Medicines were stored appropriately and administered by staff who had received the appropriate training to do so. We found that suitable care plans, risk assessments and records were in place in relation to the administration of medicines. Storage was clean, tidy and secure so that medicines were fit for use. We saw that there were plans in place that outlined when to administer extra, or as required, medication. There were procedures in place for the

ordering and safe disposal of medicines. This meant that people received their medicines safely. However we did speak with the registered manager and deputy manager about the security of the medications trolley that was used during medication rounds. They agreed that a newer, easier to secure, trolley would be beneficial in reducing any risks during the movement of the trolley around the home. We were told that this was purchased by the registered manager the day after our inspection.

Staff demonstrated they understood the needs of the people they provided support to. They knew the triggers for behaviour changes and any risks related to a person’s care. We saw staff responded quickly if a person’s behaviour was changing to reduce the possibility of either the person, or people near them getting upset or anxious. For example where one person started to become distressed we saw that staff knew them well enough to distract them quickly. This meant people were protected from psychological harm.

Staff we spoke with had a good understanding of how to protect people from other types of harm. They understood their responsibilities to report any safeguarding concerns to a senior staff member. We looked at records of the accidents and incidents that had occurred. We saw that where necessary appropriate treatment had been sought and notifications to the appropriate authorities had been made. All the records we looked at showed appropriate action had been taken in response to incidents to promote the safety and wellbeing of people who lived there.

Care records relating to any risks associated with their care were current and accurate. Staff managed the risks related to people’s care well. Each care record had detailed information about the risks associated with people’s care and how staff should support the person to minimise the risks. For example, a person with a recent deterioration in mobility who chose to walk into the town were being appropriately supported to do so even if they required to be accompanied by a member of staff. Positive risk assessments supported people who lived at the home to undertake activities of their choice. The community nurse we spoke with told us when people were at risk of skin breakdown (pressure sores) staff were very quick in contacting the community team to seek professional advice and get the necessary equipment to reduce the risks.

Is the service safe?

The home including all communal areas was clean and tidy. During our inspection the registered and deputy manager consulted with people living at Brant Howe and staff about the choice of material to be used on new chairs for the main lounge and dining rooms. We saw that samples of fabric were given to people to express their

opinions on. Firefighting equipment was available in prominent areas of the home and staff told us they were aware of people's individual emergency evacuation procedures and the equipment to be used in the event of a fire or emergency.

Is the service effective?

Our findings

People who lived in the home told us that they enjoyed the meals provided and told us about being able to make alternative choices whenever they wished. One person told us, "Our main cook is excellent and the food is really good. We can ask for something different if we don't fancy the options on the day." One relative commented about the home providing specific food items for an individual who had requested it. During our inspection one person approached the registered manager and informed him that a few of the people living there would like to have a Chinese takeaway meal for their evening meal and asked if the registered manager would collect it for them. We saw that staff had discussions with people about menu choices resulting in foods of different countries being included on menu. We saw pictures in the home of people enjoying these international themed meals.

People were free to eat where they wanted to and there were different areas where food could be served. In the main people ate in one of the dining rooms and a few people chose to eat in other areas in the home. There was a smaller dining area where we saw people who required extra support received the right level of assistance they needed to eat and to drink. We saw that this was provided in a patient and discreet way. For three people who had poor appetites and noted anxieties, after consultation with them, the home had provided a specific table for them. This was set where the use of side plates to serve food on was done so as not to over face them and this had dramatically improved their dietary intake.

We were told by the deputy manager that food was a major talking point in the home between staff and people living there and people were involved in deciding and adding items of their choice to the weekly food shop from the local supermarket. Where people's appetites were noted to be of concern we saw from their records that a variety of methods had been used by the staff to encourage individuals to eat more. People were often taken out for a meal or a snack as a people felt like this was a treat. For one person their care records showed that when they ate in public they ate very little. Staff had resolved this by the person taking all their meals in their room but a member of staff ate with them to ensure they were not left isolated during the meal time. As a result they have now gained weight.

We observed a very positive dining experience in the home and use of innovative and creative ways to encourage people with their dietary intake. We also observed during the meal time staff sat with people living in the home and ate their own meals with them and engaging in conversation with the people they were sat with. The registered manager told us they felt that staff eating their lunch with people helped to cement the family atmosphere of the home.

There was an identified member of senior staff who had completed additional training and took responsibility for people's nutritional assessments. A recognised tool for the screening of malnutrition was used and from the information gathered staff could determine if advice or an assessment was required by a dietician. Care records showed that nutritional risks had been assessed and plans put in place for staff to follow to reduce those risk. At the time of our visit the dietician was only required to be involved with two people living in the home as the staff had managed people's nutritional needs very effectively.

People living there, their relatives and other professionals we spoke with were very complimentary of staff's skills and knowledge. One relative when talking about staff told us, "They (staff) are all lovely and know what they are doing." Another told us, "All the staff are brilliant here." Another person we received comment from said, "The staff are highly trained and have showed professionalism when caring for my relative."

We observed staff putting their training into practice. Staff approached people with respect, dignity and genuine friendliness which encouraged people to have meaningful interaction with them. We observed staff quickly identified when people were getting upset or agitated, and took positive steps to engage people with distractions which moved them into a more positive frame of mind.

One member of staff told us, "If I hadn't had good training I would have found some of the situations quite difficult, the training was helpful in getting me to understand things better." As well as dementia training, staff had received training considered essential to support people's health and safety as part of their induction. The home used a nationally recognised training facility that provided a variety of training through face to face taught courses, distance learning and elearning. Staff were also rewarded financially by the provider for courses they had completed in recognition of their commitment to training.

Is the service effective?

One carer who was undergoing training with the Care Home Education Support Services (CHESS) team had researched and introduced new ideas in the home like the use of probiotics to help the brain absorb serotonin in a product in the body which is known to stabilise mood. They had also influenced change in the supper time menu choices to include foods that are known to aid sleep like wholemeal toast, cherry jam, oatcakes and milky drinks. Other training attended by staff included 'Sage and Thyme' a nationally recognised programme developed to train staff in how to listen and respond to people who were distressed or concerned. It provided structure to psychological support by encouraging the staff member to hold back with advice and prompting the concerned person in order for them to consider their own solutions.

The deputy manager told us how some practical training sessions gave carers a real insight. For example staff would feed each other whilst wearing a protective bib so they could experience the importance of the manner in which the task was done. Staff said they felt they had a sharp lesson in dignity and realised the importance of removing any protective clothing promptly. Staff were encouraged to research their own interests and share their findings with the whole staff team. For example one member of staff had completed research on being a dementia champion another member of staff had researched creating a beauty salon within the home. The registered manager told us this encouraged staff to grow and have ownership of their learning.

Staff told us that they felt very supported through formal systems such as appraisal and supervision, and more so through informal discussions with the management team and senior staff. One member of staff said, "We learn a lot from each other, we can ask the deputy and registered manager anything and we work well as a team." Staff also told us about social events frequently put on by the provider to promote team dynamics and recognition of their good work.

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure, where appropriate, decisions are made in people's best interests when they are unable to do this for

themselves. Staff we spoke with told us they had received training on the requirements of the MCA and respected the decisions people were able to make. Care records we looked at were very clear in identifying the decisions people had the capacity to make and where people were no longer able to make their own decisions. We also saw that the appropriate people had been involved in decisions made in the best interest of the person and these had been well documented. Where relevant we saw that independent advocacy had been arranged.

The registered and deputy managers were very aware of their responsibilities to apply for Deprivation of Liberty Safeguards (DoLS) for people whose freedom had been restricted. Applications had been submitted to the local authority by the registered manager for people who lived at the home where consideration had been given as to whether an individual's liberty had been restricted. We noted that none of the applications had met the requirements set out by the local authority. This meant that people's rights were protected. Nobody who lived at Brant Howe had their movements restricted within their home. They were able to go into the garden at their own leisure and some left the home to visit the town. During the day, we saw people leave the building as they wished on their own to make use of the outdoor facilities in the garden. We saw staff always checked with people that they gave consent before undertaking any form of activity with them.

Two people living at Brant Howe had accommodation separate to the main building that had recently been converted and they were free to come and go as they pleased. One person living in the new accommodation told us, "It's great I have my own place it makes me feel more independent even though I come here (main building) for all my meals and to sit in the afternoon I much prefer it. I go into the town most days whenever I want." This meant there was emphasis on maximising people's choice and control over their lives to live as to as independently as possible. The registered manager told us they had been very careful in identifying which residents would benefit most from the separate accommodation and said, "The new accommodation gives them a greater sense of freedom."

Is the service caring?

Our findings

People we spoke with living and visiting at Brant Howe told us they were extremely happy with the care and support being received. Some of the comments included, “The staff are lovely.” A relative told us, “The staff are truly caring and look after my relative as if she was one of their own family.” Another relative said, “The level of care is exceptional, they (staff) treat residents as if they were their own family.” Another person told us, “The staff are very committed and show great kindness.” A relative told us, “Brant Howe is like a small community where one feels at home rather than in a hotel.” People told us the staff who supported them knew them well and what they preferred in regard to the care they needed.

We found the atmosphere in the home to be homely, calm and relaxed. We saw that staff treated people with kindness and were respectful towards them. We observed staff knock before entering people’s rooms and they took appropriate actions to maintain people’s privacy and dignity. We saw that people were asked in a discreet way if they wanted to go to the toilet and the staff made sure that the doors to toilets and bedrooms were closed when people were receiving care to protect their dignity. One staff member had been identified as the home’s dignity champion after completing further research and training. We saw that the staff gave people time and encouragement to carry out tasks themselves. This helped to maintain people’s independence. Staff took the time to speak with people and took up opportunities to interact and include them in general chatter and discussion. Bedrooms we saw had been personalised with people’s own furniture and ornaments to help people to feel at home.

Staff knew the people they cared for extremely well. They were able to tell us about people and their past lives, likes and dislikes and how they used this information to support and care for people in the home. Staff told us this was important as it meant they could reminisce with people and understand what might make people feel happy or sad. 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.

For one person whose first language was not English as their dementia had progressed they had increasingly reverted back to the language of their country of origin. The

home had provided internet access to them to watch folk music and traditional dancing of their country. They had also bought a phrase book and made signage in their own language to assist with some communications. The registered manager also told us that they had arranged a person from the local community who speaks the same language to visit and converse with them in order to enable them to express themselves and their wishes. We were also told that staff were well aware of the beliefs of differing religions and were supportive of a person whom did not celebrate birthdays or Christmas and during those times were respectful of their beliefs.

People told us that they had been asked for their opinion on the services they received. We saw that people could express their views in a variety of ways. A senior staff member completed a Cares and Concerns record every two weeks with each person to ask directly if they had any concerns to share and any actions that may be required were also recorded. The registered manager told us the focus was to ensure that the family environment in the home was open and transparent. These one to one sessions allowed ease of communications between staff and people living at Brant Howe. Residents meetings had also taken place that included relatives. Keyworkers had been identified for each person who took special interest in the people allocated to them including ensuring their care records were up to date and accurate. There was also a suggestions box in the main hall way that anyone could anonymously make comments.

The home promoted an inclusive living environment where people were involved in the running of the home. Some people had helped with potting all the floral hanging baskets and had assisted in the garden. People were encouraged to undertake daily household tasks. For example polishing cutlery, flower arranging, folding towels, and polishing shoes. The registered manager told us people found a lot of satisfaction in completing daily chores and felt it promoted their self-value. We saw that people were included in choosing décor for the home, and were in the process of choosing fabrics for chairs. This gave people a sense of self-worth and reinforced that their opinions were valued.

Relatives told us they were able to visit at any time. They all told us they were made to feel very welcome and also felt cared for. One visitor told us that their relatives had recently moved into Brant Howe together as one of them

Is the service caring?

had found it more difficult and could no longer care for their spouse safely at home. They said they and their relatives had been given a lot of support from the managers and staff to cope with the changing circumstances. They told us it had been very important for their parents to stay together and that the home provided a really great environment for them to be able to live safely together.

Pets and animals were welcomed at the home, there was a resident cat living at Brant Howe which we saw a number of people interact fondly with. One person brought their dog to visit a relative which was accepted by all the people in the home. Staff told us, "Pets are such an important part of some people's lives who live here."

We saw that people's treatment wishes had been made clear in their care records about what their end of life

preferences were. The records 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. The deputy manager had been trained in palliative care and the home used the recognised Six Steps programme in planning for end of life. Staff had also attended courses in palliative care such as 'conversations matter'. The home had a very detailed policy on delivering end of life care that was based on current guidance and nationally recognised research. We received very positive comments from people whose relatives had been cared for at Brant Howe. They told us that they were, "Particularly impressed by the end of life care given in the home and that staff had been tremendous and shown great kindness towards the whole family."

Is the service responsive?

Our findings

People told us the staff knew the support they needed and provided this at the time they required it. One person told us, "The staff know me very well, what I like and how I like things to be done for me. They look after me very well."

People spoke positively about the responsiveness of staff and the managers. A relative told us, "If I have any concerns they are dealt with immediately, People and their relatives told us they felt involved in how their care was provided. Care plans contained extensive information about each person, their own personal needs, how best to support them, and any changes that had occurred to people's needs."

The registered manager was in the process of creating a nicer environment for people to live in, and we saw that people were involved in the changes. New chairs were being made for the lounge and dining rooms. We saw that the fabric samples were made available for people and staff to select their choice for the new furnishings. This demonstrated that people were being consulted about their home.

We asked people whether they felt they could raise concerns if they had any. One person said, "I've never had any concerns but if I had I can speak to any of the staff." Another person told us if they had a problem they felt happy to raise it directly with the manager. The home had a complaints procedure but no formal complaints had been made since our last visit. People we spoke with were aware of who to speak with if they wanted to raise any concerns. The deputy manager told us she preferred to deal with people's concerns as and when they arose.

The registered and deputy managers were advocates of doll therapy and employed a professional therapy company to deliver this along with reminiscence work. We saw that dolls were used in the home to provide people with comfort, stimulation and purposeful activity. They also helped staff to engage with people. We saw some people cuddling dolls, and talking about them. People, who got comfort out of using dolls, were supported to undertake activities with the dolls similar to those they would with a baby. The lead therapist we spoke with told us the doll therapy helped reduce agitation and had such a positive effect that it had led to some people's medications for

anxiety being reduced. The use of the therapy had only been recently introduced at Brant Howe but we were told by the deputy manager about the anxiety levels for one individual being noticeably better.

We saw that there were a variety of planned activities for people to get involved in. People told us they were able to have choice about what activities they liked to do. Some people living in the home were involved in raising money for charity events such as comic relief. The home had recently made links with a local special needs school and were embarking on a new project involving a couple of children from the school visiting the home. We were told that the initial feedback from the people living at Brant Howe had been positive. A relative told us, "The staff dedicate time to ensure there are meaningful activities tailored to the people living at Brant Howe." Another relative told us, "There's always something going on, but peace for those who do not wish to be involved."

There were established links with the local community done through people attending regular church services, meet to eat lunches and coffee mornings for the blind. Two people living at Brant Howe regularly went into the village whether it was for a coffee or to the local pub. Brant Howe also had visiting local groups into the home such as Pets As Therapy (PAT) dogs, local carol singers, and the local school productions. The home itself put on organised open day functions for locals to attend such as a garden party, bonfire night and a sherry and mince pies. An annual event organised by the home was much talked about during our inspection this was where all the people living at Brant Howe, well enough to travel, were taken by coach to Blackpool Illuminations and on the return journey had fish and chips. People were encouraged to pursue their hobbies and interests and could choose what they wanted to do. One person told us, "If I want to do something that's a bit different the staff always do their best to accommodate it."

People were encouraged to make and maintain relationships with people important to them. One person slept in the new separate accommodation at night but preferred to spend time with other people in the main building during the day this enabled them to maintain friendships with others. Another person had been supported to access a popular social media site which enabled them to find old friends and communicate with them and others who lived abroad.

Is the service responsive?

We observed a staff handover between shifts. The handovers were clear and detailed and all the staff showed a good knowledge of people and their needs. Every person was discussed in a personalised and sensitive way and this included a person who was being cared for at their end of life and we observed that the home's policy was adhered to.

We looked at the care records for five people. We saw that information recorded provided staff with accurate and up to date information about how to support individuals and was very detailed. We saw from the records that people's health and support needs were clearly documented in their care plans along with personal information and histories. We could see that people's families had been involved in gathering background information and life stories. Staff had a good understanding of people's backgrounds and lives and this helped them to support them socially and be more aware of things that might cause them anxiety.

We could see in people's care plans 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. One member of staff had worked closely with the community nurses and had been identified as the home's catheter care champion. We spoke with a visiting community nurse who supported people who lived in the home. They told us that the staff were exceptionally good at contacting them and asking for advice and support promptly and made appropriate referrals where necessary. They told us they felt the care provided was of a really high standard and that the registered and deputy managers were very receptive in joint working with the local surgery doctors.

Is the service well-led?

Our findings

People living at Brant Howe, relative's, staff and professionals all told us that they were highly satisfied with the service provided at the home and the way it was managed. A person told us, "There's nothing I'm unhappy about. I couldn't have done any better than here." One relative told us the registered and deputy manager were "Lovely" and "Always had time for you." Another told us the managers were, "Always in the home". Staff told us there was a constant sense of evaluation and improvement." They told us that they felt well supported by both the registered and deputy manager and senior care staff. They also said that they really enjoyed working in the home. One member of staff told us, "I love my job, this is a great place to work." Another said, "The staff team work well together and we are very well looked after by the managers." We saw during our inspection that both the registered and deputy manager were accessible to staff and spent a lot of time with the people who lived in the home and engaged in a positive and open way.

A member of staff told us, "I can definitely go to management and ask anything, they're really helpful." Another said, "Deputy manager gets things sorted, I can always go to her with a problem, the management listen to us and our views and we have regular meetings." The staff and registered manager told us there was great staff morale and that everyone worked as a family. The registered manager told us, "We have a tight working team cemented by regular social activities and the desire to do their best for people and the home." He also told us that management of the home was flexible and this aided retention of staff and he understood the individual needs of each staff member and was committed to doing the best for his staff.

People who lived at the home were provided with excellent resources to support their care needs. Staffing levels were high and this meant staff could spend quality time with people to meet all their support needs, and keep people safe. This also enabled the home to fulfil its ethos of 'Promoting independence in a safe, friendly and happy environment'. Staff training was of a very high standard, and provided staff with the skills to engage effectively with people living at Brant Howe. We observed that the working relationship between the registered manager and deputy

manager was excellent and their skills and expertise complimented each other. This created a very person centred approach in ensuring that people living at Brant Howe had positive experiences and were at the heart of the service. We saw that staff had been empowered by this approach to caring for people by modelling the managers in underpinning their practice in providing a very high quality service.

The premises were very well maintained. Maintenance checks were being done regularly and we could see that any repairs or faults had been highlighted and acted upon. The registered manager had identified an ongoing improvement plan for the internal furnishing of home. There was a cleaning schedule in place and records relating to premises and equipment checks to make sure they were clean and fit for the people living there.

As well as informal discussions with people and their relatives about the quality of care, surveys were undertaken to find out what people felt about the care provided at Brant Howe. We saw all comments made about the home including a large number of letters from relatives and thank you cards were positive about the care provided within the home. For example, comments included, "The care and support you have given is excellent," and, "You do a fantastic job – thanks." One person commented about being kept involved and informed about their relatives care.

There were processes in place for reporting incidents and we saw that these were being followed. There was regular monitoring of incidents and these were reviewed by the managers to identify any patterns that needed to be addressed. We had received a very small number of statutory notifications. This was because they had not needed to send them because there were very few accidents or incidents that happened in the home, and there had been no safeguarding concerns

Activity provision in the home was excellent. The provider was focused on building a community within the home of which every person, visitor and staff member played their part. They had developed a service where people were enabled to carry on living their lives, pursuing their interests and maintaining their relationships as they chose. A relative told us, "You're always made welcome and encouraged to get involved in whatever is going on."