

Brant Howe Limited

Brant Howe Residential Home

Inspection report

Fairbank
Kirkby Lonsdale
Carnforth
Lancashire
LA6 2DU

Tel: 01524271832
Website: www.branthowe.co.uk

Date of inspection visit:
01 September 2021
02 September 2021
06 September 2021

Date of publication:
28 September 2021

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

Brant Howe Residential Home is a residential care home providing personal care and support for up to 29 people, most of who were living with dementia. The service does not provide nursing care. At the time of the inspection, there were 26 people living in the home. The home is located in the town of Kirkby Lonsdale. Accommodation is provided over two floors.

People's experience of using this service and what we found

People told us they felt safe and were happy with the service they received. They and their relatives said staff were kind and caring and they were treated well. At inspection, we noted good interactions between people and staff.

Staff understood how to protect people from abuse and recruitment processes ensured new staff were suitable to work with vulnerable people. There were enough staff to meet people's needs and to ensure their safety.

People received their medicines when they needed them from staff who had been trained and had their competency checked. We noted a potential issue around some medicines that were administered 'as required' and have made a recommendation about this in the 'Safe' section of the report.

Risk assessments enabled people to retain their independence and receive support with minimum risk to themselves or others. Infection control was well managed and the home was following the COVID-19 rules and guidelines. The home was clean, tidy and free from hazards. A programme of improvements concentrating on fire safety was underway at the time of the inspection.

People's care and support needs were assessed prior to them using the service to ensure their needs could be met. Where people's needs could not be met, the home worked well with others to ensure people were appropriately supported.

People were supported to live healthy lives and had access to health and social care professionals and a well-trained staff team. People also had a good choice of meals. Drinks were available at any time of day and night.

The home worked in partnership with other organisations to provide effective and consistent care. 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 were treated as individuals which helped protect their dignity. Their equality and diversity was respected by a caring staff team. Staff understood the importance of giving people their time and the

importance of encouraging people to maintain their independence.

People's care was tailored to their needs, routines and preferences and staff knew people well. People had access to a range of organised activities. These included trips away from the home. Although COVID-19 rules had prevented full engagement with organisations and people in the community, we noted the registered manager and deputy were preparing to have more meaningful community contact consistent with relaxation of the rules.

Safe visiting processes were in place to ensure people could see their visitors when they wished and could maintain relationships that were important to them. People and relatives said they did not have any complaints about the service but were confident to raise any issues.

People were happy with the way the service was managed and staff felt valued and enjoyed working at the home. There were effective systems to assess and monitor the quality of the service and the practice of staff and appropriate action was taken when shortfalls were noted. People's views and opinions of the service were sought and acted on.

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 16 October 2018).

Why we inspected

This was a planned inspection to provide a rating under the Care Act 2014.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brant Howe Residential Home on our website at www.cqc.org.uk.

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.

Brant Howe Residential 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 two inspectors. One inspector visited the home over two days and the other contacted relatives by telephone.

Service and service type

Brant Howe Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 registered with CQC. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. It occurred during the COVID-19 pandemic and we gave the service short notice of the inspection to ensure it was safe to visit.

What we did before the inspection

We looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We also contacted local authority commissioners and asked them for their views

about the service.

The provider completed a provider information return prior to this inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spent time in the communal areas observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with four people living in the home and one relative. We spoke to three more relatives by telephone after the inspection visit. We spoke with the registered manager, the deputy manager and five care staff. We also obtained feedback from three healthcare professionals who regularly visit the service.

We had a tour of the premises and looked at a range of documents and written records. These included five people's records related to their care and support, five staff recruitment records, staffing rotas, training, induction and supervision records, minutes from meetings and compliments records. We looked at maintenance and servicing certificates and records related to the auditing and monitoring of service. This also included fire safety records and reports.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 remains the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- The registered manager, deputy and staff followed safe processes to ensure people's medicines were managed safely. However, we noted in some cases, records around 'as needed' medicines were limited. Protocols were missing and it was not clear when some people may require these 'as needed' medicines. We discussed this with the registered and deputy manager and they advised appropriate action would be taken.

We recommend the provider consider best practice and develop individual protocols for people who lack mental capacity around their requirements for 'as required' medicines.

- The administration of controlled drugs was consistent with guidelines. These are medicines that can be abused but the service had strict protocols around their use, storage and disposal.
- Staff were suitably trained to administer medicines and checks on their practice had been carried out. A relative said, "Medicines are managed well. There have been a few changes made to them recently and for the better."

Systems and processes to safeguard people from the risk of abuse

- The provider ensured people were protected from the risk of abuse. Staff had access to appropriate training and understood how to raise any concerns about poor practice. Staff were confident the registered manager and deputy would act quickly to keep people safe if they reported any concerns. One staff member said, "If there was ever a situation where I needed to intervene, I know I would be supported by the provider and manager."
- People felt safe. One person said, "I'm not as quick as I used to be but I know the staff and manager would make sure nothing happens to me that shouldn't." Relatives had no concerns about their family members safety.
- The registered manager and staff were clear about when to report incidents and safeguarding concerns. Policies and procedures provided guidance to staff and supported the priority of keeping people safe.

Assessing risk, safety monitoring and management

- The registered and deputy managers and senior staff assessed and managed risks to people's health, safety and wellbeing. People's care records included guidance for staff about how to provide their care in a safe way.
- Accidents and incidents were being recorded and acted on. There was registered manager oversight and the deputy manager said they would ensure all incidents were collated into a central folder. This would help clarify whether there were any trends or patterns and if appropriate action had been taken to keep people safe.

- Equipment had been serviced and maintained in accordance with manufacturers recommendations. A range of environmental checks had been carried out, to ensure the home was safe and fit for use.
- We noted a programme of improvements was underway related to some upgrades in the kitchen and areas of fire safety. In 2020, the provider had consulted a recognised environmental fire safety expert who had recommended a number of areas of improvement. The registered manager said those improvements would be completed in the Autumn of 2021. Although we noted a large amount of the work had been completed, the registered manager said the programme had been frustrated by the unavailability of contractors during the COVID-19 pandemic. We considered the outstanding work and expected timescale for completion. The remaining 'time-frame' seemed realistic and we have asked the provider to keep us informed around progress of this work. If there are any concerns, these will be elevated to the relevant authority.

Staffing and recruitment

- The provider had safe recruitment systems and processes. The registered and deputy managers completed relevant pre-employment checks to make sure staff had the right skills and character to work with vulnerable people. We noted evidence of some pre-recruitment checks were missing from the files we considered. These issues were resolved by the end of the inspection.
- People received prompt care and support. Records and our observations showed there were enough suitably skilled staff to meet people's needs in a flexible way. Staff said they also felt staffing levels were sufficient to meet people's needs. They told us they had a good team that worked well with each other and any shortfalls were managed with existing staff without relying on agency staff.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff. We were told all people living in the home had been vaccinated against COVID-19.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating safe visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The provider had systems to ensure lessons were learnt from any incidents. This included sharing the outcome of incidents with the staff team to further improve the safety of the service.

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 remains 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

- The registered and deputy managers ensured assessments of people's needs were carried out before they came to live at the home. This was to ensure they could be looked after properly. Assessments from health and social care professionals were also used to plan effective care and, where appropriate, the views of relatives were taken into account.
- All staff applied their learning in line with professional guidance such as the management of nutrition, mental wellbeing, oral health and skin integrity. This supported a good quality of life for people in the home.
- The initial care assessment supported the principles of equality and diversity and the registered manager and staff considered people's protected characteristics, such as age, disability, religion or belief.
- Staff members used technology and equipment such as, internet access, call alarms, electronic care plans, sensor mats and pressure relieving mattresses, to deliver effective care and support.

Staff support: induction, training, skills and experience

- The provider made sure staff had a range of appropriate training, supervision and support to carry out their role effectively. Training compliance was monitored to ensure this was carried out in a timely way.
- Staff were complimentary about the training and support they received. A number of staff members new to care praised the provider for setting up a 'trial day' before they started employment. They said this had involved shadowing carers in the home after security checks had taken place. They thought it had helped with whether they were suited to caring for vulnerable people in a care home setting. They also said it had helped with their confidence when they started work in the home.
- The provider provided new staff with induction training. Staff said it had provided a good grounding in care and the expectations in this important role. All staff members were encouraged and supported to take external qualifications in health and social care.

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

- The registered manager, deputy and staff made sure people's nutritional needs and dietary preferences were met. We observed the meals served were presented well and were hot and nutritious. Meals, snacks and drink choices were offered throughout the day.
- People comments about the meals were positive. They included, "The food is excellent." and, "Plenty of choice and the cook will always make something different if you don't fancy what's offered". One person indicated in their own way how satisfied they were with the meal at a lunch-time setting we observed.
- Staff monitored and supported people if they were at risk of poor nutrition. Advice was sought from appropriate healthcare professional where appropriate. A relative said, "Staff are well trained. They managed my relative's weight loss and fussy eating and they are now gaining weight. Their health has

improved."

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

- The registered and deputy manager and staff provided people with appropriate support to meet their healthcare needs. Staff worked with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service. One healthcare professional said, "Excellent support. Management and staff really care and always follow instructions and call on us when required." Another said, "I can't fault the support they [staff] provide their relatives and visiting healthcare professionals."
- We noted the deputy manager and staff shared appropriate information when people moved between services such as admission to hospital, other services or attendance at health appointments.

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

- The provider had designed the home with people's specialised needs in mind. Areas were safe, well-equipped, accessible, spacious, bright and airy. Gardens were attractive, safe and well maintained with seating areas for people to use.
- Maintenance was provided by a dedicated member of staff. There was a maintenance programme in place that has been mentioned in the 'Safe' section of this report. The deputy manager said, "We are supported by the provider with any areas that require attention. At the moment improvements are underway in the kitchen to ensure all surfaces are suitable and to maintain good practices in hygiene and infection control."
- People were happy with their bedrooms and the communal areas. We noted some had personalised their bedrooms with their own pictures and ornaments. A relative said, "It is a lovely home and always clean and homely."

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.

- The registered and deputy managers understood when an application for a DoLS authorisation should be made. They worked with the local authority and with people's authorised representatives to ensure where people were deprived of their liberty, any decisions made on people's behalf, were lawful and in their best interests.
- Staff received training and demonstrated an awareness of the MCA. They supported people to have maximum choice and control of their lives and supported them in the least restrictive way possible. We noted staff asked for people's consent before providing care, explained what they were going to do and respected their decisions.

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 remains 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

- Staff treated people with care, patience and kindness. We observed warmth from staff towards people and conversations were friendly and appropriate. We observed staff taking time to stop and offer kind words, encouragement or reassurance to people.
- People told us they liked the staff team and registered and deputy managers. We saw that good relationships had developed. One person said, "Of course I have my favourites, but they are all a good bunch." A relative said, "Staff are brilliant they have a good rapport with everyone and keep everyone included."
- Staff knew about people's preferences and diverse needs and respected what was important to them. For example, they made sure a person wore the clothes they preferred when visiting their family. Staff were aware of people's religious, cultural and social needs and celebrated them appropriately.

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

- The registered and deputy managers and team involved people in decisions about their care. We observed staff encouraging people to express their views and make everyday decisions about their care. People and relatives were asked for their views in reviews of care, satisfaction surveys and meetings.
- People were supported to make decisions about their care and support. One person said, "They [staff] even go through my doctor's plan with me and take me to see my specialist if my family are not available."
- People had choice and control in their day to day lives. There were residents' meetings where people were encouraged to provide their views on the running of the home.
- When people could not make day-to-day decisions, if required, staff could provide information to people about advocacy services. This meant people had someone who could speak up on their behalf if other supporters, such as relatives were unavailable.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their independence. The staff team was knowledgeable about accessing services and ensuring people could have equipment and adaptations to keep them safe and to promote independence. People were dressed appropriately in suitable clothing and footwear.
- The service ensured people's care records were kept securely. The language used in daily notes and care plans was respectful and recorded in a positive manner.

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 remains 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's care and support was centred around their choices and preferences. One person said, "They [staff] always help me to do what I want to do. They are really great with me as I'm not as quick as I used to be."
- The registered and deputy managers and staff understood people's needs and encouraged them to make decisions about their daily lives. Staff supported people on an individual basis whilst promoting equality and diversity and respecting individual differences and choices.
- Senior staff reviewed people's care plans regularly and updated them when people's needs changed. Sometimes the recording of these reviews lacked detail. During inspection, the deputy manager implemented a system to ensure some records were more meaningful. .

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.

- The registered and deputy managers assessed people's communication needs and reviewed them regularly. People's care plans included the support they needed with communication and how staff should provide it. We observed staff taking time to communicate effectively with people and repeating information when necessary.
- The deputy and registered managers provided people with information in alternative formats in a way they could understand. We were provided with examples of where the service had complied with this legislation such as when essential documents were provided in 'large print' or 'easy to read' formats

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

- The service employed an activities coordinator. People were supported to follow their interests and take part in a range of activities. Activities were tailored to people's needs, choices and preferences. People we spoke with were happy with the activities available. In particular, people commented with enthusiasm about the outdoor activities and trips away from the home.
- During the inspection we observed people participating in a quiz, one to one and group discussions, watching TV, enjoying the garden and visits with their family. The deputy manager showed us photos and booklets from a recent 'holiday at home' event where people had celebrated other cultures. This included a

party where people dressed up and ate different food. Staff commented that these events had helped people during the COVID-19 pandemic when restrictions on movement were at their highest.

- Staff encouraged people to maintain relationships that were important to them. Some community activities had taken place consistent with relaxation of COVID-19 rules. This included supervised visits by children from a local school. We also observed visits by friends of relatives in accordance with safety guidance. Visitors told us they felt welcome and appreciated by management and staff.

Improving care quality in response to complaints or concerns

- The provider had robust processes to investigate and respond to people's complaints and concerns. Compliments had been made about the service. People we spoke with had no complaints about the service they received but knew how to complain or raise concerns if they were unhappy.

End of life care and support

- Senior staff discussed and recorded people's end of life care wishes, where appropriate, and understood what was important to them. There were arrangements in place to ensure necessary medicines and additional healthcare support was available when required.

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

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

- The provider had effective systems to monitor the quality of the service and to monitor staff practice. Action had been taken to address any shortfalls and there was clear evidence improvement had taken place. There was also a development plan to support ongoing plans and improvements. This included some environmental matters detailed in the 'Safe' section of this report.
- The registered and deputy managers were clear about their roles and responsibilities. Their practice, and day to day management of the home served to advance the best interests of people and support staff in achieving this goal. People, their relatives and staff told us the registered and deputy managers were visible, approachable and supportive.
- Staff understood their individual responsibilities and contributions to service delivery. They had access to guides, policies and procedures. They also knew who to contact if they required support and assistance.

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

- People received person centred care and support. Plans of care we saw were well written, person-centred documents, which provided the staff team with guidance about people's needs and how these were to be best met.
- Feedback from the staff members we spoke with was positive. All staff members we spoke with said they enjoyed working at the home. One said, "I love it here and the open, family atmosphere we have. We are really well supported by management and the provider."

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 registered and deputy managers told us they were always honest with people if things went wrong and, where appropriate, would make referrals to the local authority safeguarding team. There was a policy to inform staff of the action to take if something went wrong or changes were required to support a person.
- Staff understood the importance of reporting accidents and changes in people's health to the appropriate professionals and agencies and keeping families informed. All of this indicated that the principles behind duty of candour were recognised within the service's culture.

Working in partnership with others

- Records showed, where appropriate, advice and guidance was sought from health and social care

professionals. A health care professional said, "The service works really well with us. They [staff] call on us when it is appropriate and always follow the plans we develop. Their contribution helps me develop a plan of care so that people are protected and receive the best possible care and treatment."