

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Brant Howe Residential Home

Fairbank, Kirkby Lonsdale, Carnforth, LA6 2DU

Tel: 01524271832

Date of Inspection: 05 January 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Brant Howe Limited
Registered Manager	Mr. Paul Jackson
Overview of the service	<p>Brant Howe is an older adapted house registered to provide care and accommodation for up to 27 older people. The home has a range of adaptations including a stairlift to assist people to access the accommodation on the first floor. Bedrooms are of varying size, some have ensuite facilities while others have hand basins. There is one communal lounge and two dining areas. It is close to the local town facilities of Kirkby Lonsdale and has gardens for resident's use.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 January 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We observed that people's privacy and dignity was upheld and staff sought their views to influence the care, treatment and support offered. People we spoke with told us they were happy with their care, treatment and the surroundings. One person said, "You cannot fault it here, I feel at home and the staff treat us very well."

The home had created a friendly, open and welcoming atmosphere. We found that people were engaged in their surroundings and alert, frequently having conversation with each other and with staff. They told us they had been involved in making decisions about their care and said they were well supported. Relatives we spoke with were also positive about the service the home offered, saying comments such as, "My relative feels safe and well cared for and treated with respect." And another said, "Staff go the extra mile, we have been impressed with the care the whole staff team provide."

We found the home had staffing levels that allowed time for both the care and the social needs of people to be well met. There was a varied programme of group and individual activities. The staff team were experienced and well trained with a range of training that supported them to do their job.

In the last year the home had been updated with replacement double glazing windows and a new kitchen more suited to large scale catering.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy and dignity were respected, and their views were taken into account in the provision of their care.

Reasons for our judgement

We observed that people's privacy and dignity was upheld and staff sought their views to influence the care, treatment and support offered. One person said, "I was pleased that staff listened to what I wanted when I came here and I was made to feel comfortable. I can tell them about my views and wishes." Another person said, "No one comes into my room without knocking first, my privacy is respected."

We saw in people's personal records there was information about their likes and dislikes and preferences, and how they would like their care to be provided. People had signed their initial assessment and the resulting care plan that demonstrated their involvement and agreement. This included the person's preferred name and identified the person's usual routine. For example one person we spoke with said, "They (care staff) don't interfere but they are always there when you need them and they ask you how you would like things done."

People told us their care workers always treated them with respect and called them by their preferred name. People spoke positively about how they were able to make decisions about their care, spend their time and enjoyed shared interests and social events with others. Staff spoke in a friendly way and there was a relaxed and homely atmosphere. We observed sensitive and skilled exchanges between staff and people living in the home as support was offered. We noted that people, wherever possible, were prompted and assisted to do task for themselves. Staff we spoke with said this was an important part of keeping people active and independent and this ensured that dignity and self respect of people was promoted.

People we spoke with told us they were able to have a say in the running of the home, some people told us they were involved in a residents' group. Others said they were very comfortable approaching the manager and the head of care, saying, "The manager is always around, she's very hands on and always takes time to ask you about things, and what we would like doing." Relatives also told us that they were kept informed and involved in important decisions about the care of their relative and aspects on the running

of the home.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We saw that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care records for four people living at home and found them to be relevant, informative and up to date. The manager discussed the process of accepting a person into the home. This was carried out using a set of assessments to ensure that the home could meet their needs and that the person was suitably placed. Visits were undertaken to a person's own home or to the hospital and wherever possible this included visits to the home and involved the person's family. This ensured that, as far as possible, people living in the home were compatible and this led to a high success rate of people settling well into the home.

The care plans were working documents that gave all the necessary information to care staff in order that care and treatment was planned and delivered in a way that ensured people's safety and well-being. Staff told us that they had a staff handover at each change of staff shift to highlight any changes in people's needs that they needed to be aware of. This was in addition to using a daily recording sheet for each person and a white board held in the office, again to flag up any particularly concerns. This ensured that the care people received was up to date, safe and met their changing needs, for example we saw how this was communicated after a GP and a district nurse had visited and left instructions about changes to people's healthcare needs.

The risks associated with all aspects of care had been assessed. These assessments provided written guidance to staff to help them look after people safely. We saw these risk assessments were well documented and covered areas such as minimising the risk of developing pressures sores and moving people in and out of wheelchairs safely.

When we spoke with people living in the home, and to their relatives they told us that the care they received was very good. They said, "There's always staff on hand to help out. The staff are very attentive with my mother. I have always been very impressed with the professional yet caring attitude of the staff." We looked at staffing levels and could see that the home had staffing levels that ensured that people's needs were met in a timely manner. This also allowed for one to one attention to take a person out on their own for a social visit or shopping or to accompany someone to hospital.

The home had a good working relationship with the local healthcare teams in order to ensure people had access to expert healthcare advice. Records showed that people had access to chiropody, dental and optical treatment. For example, nutritional assessments were completed and if special diets were required then advice from the district nurses, speech therapists and dietician was requested and put into action.

Staff had received training on the care of people at the end of their life. Staff also told us that they had recently cared for a person at the end of their life who wished to remain at home, and this was done with input from the district nurse team and the person's own GP. We had feedback from healthcare professionals that this was carried out to high standards and meant that the person had experienced a peaceful and dignified death.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We looked at staff records that showed staff had training in safeguarding procedures and on recognising abuse. This subject was also covered in the induction programme for new staff and included the local authority protocols and procedures. The care staff we spoke with confirmed they had received this training. In discussion they demonstrated a good understanding of the different types of abuse and how they should respond.

All the staff we spoke with knew the procedure to follow if they had concerns about the safety or welfare of a person they were supporting. Care staff told us they would be confident raising any concerns with one of the senior staff in the home or within the organisation.

There was a clear process for recording safeguarding concerns to allow these alerts to be tracked and monitored to ensure the necessary actions had taken place. Staff also had a sound understanding of whistle blowing procedures. They were able to explain to us what they would do if they needed to use these procedures to raise concerns with other agencies.

The people we spoke with told us that they felt safe and were comfortable approaching staff with any concerns. People said the following, "I trust the staff in taking care of me." Another said, "If I was worried I would just speak up."

We saw that people were only offered accommodation in the home if the service and facilities were suitable to meet their needs and if they were compatible with other people staying there. Appropriate action was taken when the home was unable to meet an individual's needs. This ensured people were not placed at risk of receiving unsafe or inappropriate care which did not meet their needs.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People who used this service were cared for by staff who were trained and supported to deliver care safely and to an appropriate standard.

Reasons for our judgement

Staff told us they received appropriate professional development to allow them to do their job well. They said they were supervised to ensure care was delivered in a consistent way and in line with the standards expected by the home. Staff had formal supervision with the head of care on a regular basis. This was supplemented by staff meetings and annual appraisals to identify training needs and to share information.

When we spoke with staff it was evident that staff satisfaction and morale within the home was good and staff turn over was low. People receiving the service also reflected this view telling us that staff were competent, well supported and happy in their work. One person living in the home said, "Staff are all very good at their jobs, they know what they are doing, you can tell they have had training, it shows." A relative said, "Staff are very caring and take the time to get to know people. I'm impressed with the professionalism."

Staff files demonstrated that in depth inductions took place over three months covering a range of practices. The records we looked at showed us that care staff had received a range of training to give them the skills to carry out their duties safely and effectively. For example we saw that the core training given to staff included regular training in medication, moving and handling, infection control, first aid, food hygiene, safeguarding people from abuse and health and safety.

We saw evidence that from time to time staff were given the opportunity to undertake training that was more in depth for their role. We observed staff working with people that demonstrated that they were skilled and competent at engaging people and supporting people in ways that created a calm and relaxed atmosphere.

Staff we spoke with were keen to tell us of training courses on caring for people with dementia that they had completed. They also told us that they had completed qualifications to a higher level than was usually required for a care workers role. We saw that many staff had in fact a national qualification in care to level 3 and others had been supported to do management qualifications. While other staff had received training on basic literacy and numeracy skills arranged by the home. Staff said this made them feel valued by the home and they appreciated the opportunities for professional and personal development.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

There was an effective system in operation to assess and monitor the quality of the services that people living at Brant Howe received. We saw that information about the safety and quality of the service was being gathered from different and relevant sources. This included reviewing and updating policies and procedures periodically. Staff meetings were regularly held for staff to express their views and make suggestions with regards to the provision of care and to be kept updated.

People who used the service and their representatives were asked for their views about their care and treatment by the home and these had been acted upon. One person said, "I am frequently asked by the manager if I am happy with my care or if I had anything I wasn't as happy with. The owner and manager often pop in and sit with me and have a chat about things."

The home had a suitable written complaints procedure that was given out to people when they came to live there. We saw that this complaints procedure was freely available around the home for residents and their families to access. People using the service and their relatives told us they had no complaints about the service but would know what to do if they had. Relatives we spoke with also said they felt the management in the home was open and responsive and they would not hesitate to have a word about any issues.

We saw that the provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. For example we saw very detailed risk assessments on how to move and handle people safely. We looked at how these risks were communicated and found that systems were effective in alerting staff to any changes and from lessons learnt from incidents.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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