

*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

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Brant Howe Limited
Registered Manager	Mr. Paul Jackson
Overview of the service	Brant Howe is a residential care home that provides care and accommodation for up to 27 people. The home is situated in the market town of Kirkby Lonsdale. Brant Howe is a large detached property set in its own grounds gardens with seating areas for people to enjoy the gardens and ample parking space. The accommodation is over two levels with a stair lift accessing the second floor.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 October 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 staff and talked with commissioners of services.

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

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### What people told us and what we found

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During our inspection we observed that staff asked people for their consent before they carried out care, assistance or support. We also saw staff were patient and allowed people time to consider their options and respected their wishes.

People we spoke with told us they were "very happy" with the care provided in the home. They told us, "The staff are wonderful, they are very kind and nothing is too much trouble".

We reviewed the recruitment records of the staff and found that they had been recruited using an effective procedure. This included all of the appropriate checks to ensure that the person being employed was of good character.

Records we looked at showed people were regularly asked on a one to one basis about any concerns or comments they may have. One person we spoke with told us about the suggestions made by a number of people living at Brant Howe had been acted upon.

People were given information in the service user's guide about what to do if they needed to make a complaint. People using the service that we spoke with told us they had no complaints and would be happy to raise their concerns directly with any member of staff.

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

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://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

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

During our inspection we observed that staff asked people for their consent before they carried out care, assistance or support. We also saw staff were patient and allowed people time to consider their options and respected their wishes.

The deputy manager, who had received training, told us the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) were followed as required. These are safeguards to ensure care does not deprive people of their liberty. She described the formal process that was followed if there were any concerns about a person's mental capacity to make informed decisions about their care. She was clear about the responsibility to act in accordance with legal requirements. This meant if there were any concerns over people's capacity to make decisions, a formal process would be followed to determine what was in people's best interests.

Staff also followed the advanced directives of people who had made arrangements such as a 'living will'. This contained instructions for when they were no longer able to give their consent. This meant where people did not have capacity to consent, there were processes in place to ensure that staff acted in accordance with legal requirements. However, we did not see any formal assessment records where it was identified that people may not have capacity, the provider may wish to note this.

Records we looked at showed there were specific consent forms to be used, such as consent to photography. Records we looked at showed some people who used the service, or their relatives, signed that person's plan of care to show they agreed with the care and treatment that was provided.

People using the service we spoke with told us they were "more than happy" with the care provided in the home. They also told us they had been involved in making decisions about how they wanted to be cared for. This meant before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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

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**Our judgement**

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The provider was meeting this standard.

People experienced treatment and support that met their needs.

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**Reasons for our judgement**

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People we spoke with told us they were "very happy" with the care provided in the home. They told us, "The staff are wonderful, they are very kind and nothing is too much trouble". People, who were able to, were encouraged to carry out as much of their care as they could themselves and the staff helped them with tasks they could not manage on their own. This made sure people maintained their independence and control over their lives.

We saw that staff in the home had developed good relationships with the people they supported. We observed positive interactions between staff and people living in the home which supported individuals' wellbeing. We saw that people in the home appeared well cared for and were comfortable with the staff supporting them. People were given choices in a way that they could understand and the decisions they made were respected. This ensured their rights were protected.

We looked at the records held about people who lived in the home. We saw assessments had been carried out of individuals' needs before they came to live in the home. The needs assessments had been used to develop people's care plans which gave staff information about the support people needed and how they wanted this to be provided. We saw the care plans had been reviewed regularly to ensure they were accurate and up to date. Information held about people was written in a positive and respectful way and included information about people's preferences.

During our inspection we used a system called a Short Observational Framework of Inspection (SOFI) to observe the care and support provided. We saw care staff interacted well with people, were warm, supportive and sat and talked to people, when possible.

We saw that there were a variety of activities organised and these had been requested by the residents in their meetings. We saw records to confirm the activities and outings provided had been enjoyed. These included visits to places of local interest and we spoke with people about their activities, we were told they were regularly attended and they enjoyed the activities on offer. There were regular sessions of massage and manicures which were well attended by people living in the home. The home had arrangements with people from the local community churches to assist on a regular basis to support people from the home to access church services when they chose to.

We saw from records that a range of professionals were involved in the care of people who used the service. There was evidence of involvement of, or referral to community nurses, dieticians and the GP.

We saw that risk assessments were completed for specific risks around the delivery of care and this also took account of the environment and equipment used. We saw that policies and procedures were in place outlining action that needed to be taken in the event of emergency situations.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

There were effective recruitment and selection processes in place and appropriate checks were undertaken before staff began work.

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### Reasons for our judgement

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We reviewed the recruitment records of the staff and found that they had been recruited using an effective procedure. This included all of the appropriate checks to ensure that the person being employed was of good character.

The records we saw for staff recruitment all had a completed application form showing employment histories and evidence of previous qualifications being achieved. All staff had checks completed with the Criminals Records Bureau(CRB) and / or Disclosure and Barring Service(DBS) prior to commencing work.

We saw records showing staff undertook training to give them the skills and knowledge to look after people properly. This would make sure they were confident, safe and competent. Staff we spoke with told us about their induction programme. One member of staff said,"The training was very good and gave me the tools to work with people with dementia".

Staff were issued with a job description and a contract of employment which ensured they were aware of their role and responsibilities whilst working with people in the home.

The records for the recruitment of staff included all of the appropriate checks to ensure that staff were of good character and fit for the work they were employed to do.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of the service that people receive.

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### Reasons for our judgement

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We saw letters and cards of thanks and praise from a number of relatives for good care that had been given to people. One person had written "excellent care" another person described the service as being delivered "in a professional manner".

Records we looked at showed people were regularly asked on a one to one basis about any concerns or comments they may have. One person we spoke with told us about the suggestions made by a number of people living at Brant Howe had been acted upon. They had recently requested a group trip to see the illuminations at Blackpool and this had been arranged. We looked at the records taken during meetings held with the residents and saw that concerns identified about general maintenance had been acted upon quickly.

Records we looked at showed risk assessments had been carried out to gather information about the risks to people's health, welfare and safety. Individual risks associated with the care and support of people using the service had been assessed and written into a plan of care. We saw evidence to demonstrate these were reviewed regularly and health and social care professionals had been consulted when required.

We saw that people's care records, medicines, falls, weight and skin integrity were monitored regularly by means of regular audits of the care plans. We saw records for accidents and incidents including their respective action plans. Regular monitoring included identifying any lessons learnt and the implementation of any practice changes including the review of risk assessments.

We saw records of equipment testing and these included fire alarm system, emergency lighting and doors, and water temperature checks. We saw that if a problem was identified appropriate action was promptly taken.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available. People's comments and complaints were responded to appropriately.

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### Reasons for our judgement

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People were given information in the service user's guide about what to do if they needed to make a complaint. People using the service that we spoke with told us they had no complaints and would be happy to raise their concerns directly with any member of staff.

We saw there were written policies and procedures for dealing with complaints. No formal complaints had been made since our last visit and staff we spoke with could tell us how complaints would be managed. The staff told us that if a complaint could not be rectified by them that they would refer it to the local authority and /or relatives.

Regular reviews of care took place and everyone living at the home had a circle of support identified. This was a variety of people including keyworkers, relatives, social workers, managers of the service, and other professionals involved in their care planning.

## 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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