Inspection Report

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

The Dales

Draughton, Skipton, BD23 6DU

Tel: 01756710291

Date of Inspection: 07 December 2012

Date of Publication: January 2013

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
Management of medicines	✓ 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	Barchester Healthcare Homes Limited
Registered Manager	Ms. Mildred Broome
Overview of the service	The Dales is owned by Barchester Healthcare and is registered to provide nursing care for up to 56 people. The home is in the small village of Draughton, which is close to the town of Skipton. Accommodation is on two floors. There is a passenger lift. The home has three seperate units, each offering a different service. Twenty bedrooms have en-suite facilities and five rooms are used as for double occupancy if required. There are attractive gardens and car parking is available on site.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

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'.

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 7 December 2012, 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.

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.

What people told us and what we found

We spoke with seven people who used the service and some visitors. Everyone we spoke with told us they were satisfied with the care and support received. We saw records that showed people who used the service were involved in developing their care plans. In some instances relatives had also been involved if the person was unable to give their views. People we spoke with said they understood the care plans and that staff had explained things to them in detail. We also saw how staff worked with people, at their own pace, to make sure they knew in detail what support was needed and how best they could meet that need.

We found that all of the records we reviewed were accurate, up to date and had been regularly evaluated.

We looked at staff records and found staff were well trained and saw there were good systems in place to ensure they were well supported in their work.

People told us they thought that staff were knowledgeable regarding their individual care needs. They said they were treated well and their experiences in the home were positive. Five people told us that if they had a complaint they would talk to the manager and they were confident any issues would be dealt with properly.

Staff talked positively about their work. Staff said they made every effort to provide a person centred service.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We carried out observations in communal areas, which gave us some information about the way staff interacted with people living at The Dales. Staff were seen asking people what they wanted to do, how they were feeling and where they wanted to spend their time. Staff approached people in an inclusive and professional way. They also spent time with people who needed assistance, to ensure they were comfortable. Staff were good at showing they were listening, often getting down to speak with people at eye level, which ensured that people had the opportunity to ask questions or make comments as they wished. Staff told us that their training had included how to treat people with respect and dignity.

The home employed an activity coordinator. People told us they were able to join in with activities, which were organised on a regular basis. They also said the activities were age appropriate and included things which they liked to do.

We looked at eight care plans in detail. These included people's views on the way they wished to receive their care. For example, what people preferred to eat, wear, how they preferred to be addressed and their routines of the day.

Five people told us they had been involved in planning their care and they thought it included their specific preferences. One person told us, "The staff are careful to listen to what you want, they then plan their care with that in mind." Another person told us, "I want for nothing, nothing is too much trouble."

When talking about the way staff assisted with personal care, one person said, "Staff are sensitive to my privacy, they cover me up as much as they can and I don't feel embarrassed at all." Another person said they had been slow to accept the support of staff with personal care. They explained how staff were careful not to take over and had allowed time for them to gradually get used to accepting help. This is an example of how staff took the lead from the person they were supporting and provided a person centred service.

Care and welfare of people who use services ✓ Met this standard

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

People living at the service told us that they were extremely happy living at The Dales. Everyone we spoke with commented on the good standard of care provided and how well people were looked after. People told us that they were able to get involved in the life of the home and were often asked about their views. People were also appreciative of being able to keep in contact with friends and relatives. One person told us, "They can't do enough for me, they are like family." Three people commented independently about the home being clean and fresh smelling and that they thought this was a good indication that peoples personal care needs were being attended to. One person told us they had heard about the homes excellent reputation and that her experiences had exceeded her expectations. She described how staff had been successful in helping her to overcome difficulties and regain her confidence

Some people, living at the home, had complex needs and were not able to verbally communicate their views and experiences to us. Due to this we used a formal way to observe people, to help us understand how their needs were supported. We call this the 'Short Observational Framework for Inspection' (SOFI). This structured observation was carried out on the dementia care unit, 'Memory Lane.'

Throughout the observation we saw staff treated people with kindness, understanding, dignity and courtesy. We observed staff being warm and accepting of people. Staff approached people in a sensitive, gentle and calm manner and in a way which showed they knew the person well and how best to assist them.

We saw staff frequently offering reassurance to people who were showing signs of anxiety or upset and using subtle ways to divert peoples attention where needed. Staff spoke clearly to people and at a pace which was appropriate. The atmosphere during the observation was calm and staff were in attendance in the lounge areas to offer assistance at all times. Staff told us this was important as people were not able to recognise risk for themselves or use a call bell to summon help, therefore they were present should anyone need assistance or reassurance.

Throughout the visit, people were helped to move around the home as they wished, with as little or as much assistance as they required. We saw many examples of good practice, for example when people were being moved by wheelchair, or when people were becoming upset.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. All of the care plans had been rewritten in recent months as the way they wrote their care plans had changed. We looked at eight care plans in detail. We found the care plans contained appropriate risk assessments and information about how people's individual needs were to be met. We found that risk assessments were completed and reviewed on a regular basis. Examples of assessments included mental capacity, medication, nutrition and falls risk assessments. We also looked at people's daily information records. There were at least two entries per day, including an entry for night time. These were detailed and included reference to visits made by relatives, people's safety, well-being and daily activity. The care records also showed details of any contact that people had with other healthcare professionals, for example doctors visits.

There were arrangements in place to deal with foreseeable emergencies which were reasonably expected to arise from time to time, for example a fire or medical event. We looked at a number of incidents recorded within the last six months. We found evidence that the incidents we looked at had been recorded within people's care records and appropriate adjustments and monitoring had been put in place in order to ensure people's safety and welfare.

We spoke with six members of staff and the manager. Staff told us they thought the level of care they provided was 'good' or 'brilliant.'

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Appropriate arrangements were in place in relation to the recording and obtaining of medicine. We reviewed twenty medicine administration records (MAR) and we saw staff were recording when they had administered it. Staff explained to us that the records were audited weekly to ensure they were being correctly completed. Unused medication was returned to the pharmacist, after first being recorded in a duplicate book and this was signed by the person collecting the medication. Where medication was not required, this was recorded on the MAR sheet and where necessary, discussed with the doctor to review the need for the medication and if the medication should cease.

We saw there were various checks in place to help ensure the safe administration of medication. For example the medicines were dispensed by the pharmacist who put them in a monitor dosage system (This was a separate pot which contained all the medication given at a specific time and day). The manager explained that the staff who administered medication were all suitably trained. We also saw that staff had access to information about the medication they administered. At the time of our visit one person self-administered their own ointments. We saw in peoples care plans an assessment had been made about their capacity to manage their own medications. Medication was stored securely. The home had one treatment room, where general equipment and the controlled medication was stored. Otherwise people had small individual lockable medication cabinets in their bedrooms. The key to the individual medication cabinets was the responsibility of the person leading the shift. Staff said this system helped to minimise the risk of the wrong medication being given out and helped with providing a more individualised service. For example, they could give morning medication out when the person was having breakfast in their own room.

Supporting workers ✓ Met this standard

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 were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff we spoke with said they received good support from the management team. They said they received supervision and the manager was 'very visible' in the home and this helped them to ask for advice or be guided during their shift. Staff also said they had opportunities to attend staff meetings and discuss matters on a regular basis. Staff told us they had an appraisal each year and were able to identify training needs and opportunities. One member of staff told us,"The training and support we get here is really good. The people I work with are great, we are a good team." Another member of staff told us how the manager worked with staff and offered guidance and leadership. Some staff told us they were receiving specific training around dementia to enhance their current knowledge and skills. They said the course had promoted a lot of discussion and had also improved some practices in the home.

The manager told us all necessary staff training such as moving and handling, safeguarding, first aid and medication administration was up to date. Each staff member had a file containing details of the training they had completed. The manager had a computerised system and regularly assessed staff training needs and could see when updates were due. We looked at staff training records and could see that training updates were given promptly and when needed. Some training was face to face, other topics were covered using a computer based method, called e-learning, where a member of staff works through a work book and is asked to answer questions on screen.

The manager told us all necessary staff training such as moving and handling, safeguarding, first aid and medication administration was up to date. Each staff member had a file containing details of the training they had completed. The manager had a computerised system and regularly assessed staff training needs and could see when updates were due. We looked at staff training records and could see that training updates were given promptly and when needed. Some training was face to face, other topics were covered using a computer based method, called Elearning, where a member of staff works through a work book and is asked to answer questions on screen.

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 to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People told us that the manager and staff often asked them for their opinion of the service both formally in surveys and informally on a day to day basis. People particularly liked the meals and the staff working in the home. One person told us, "The staff are always cheerful and friendly. That makes all the difference." People said that the manager was good at listening to any concerns or complaints and that staff did their best to put things right. We saw the results of a recent 'Satisfaction Survey' which had been completed over 2012. This had been analysed centrally but The Dales had been given an individual score by the organisation. The results showed the home had continued to improve since 2011 and the level of satisfaction was high.

The manager stated that she carried out regular quality checks including medication, menus, cleanliness of the home and care plans. Audits were also checked by senior managers from the organisation. We saw records confirming this.

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.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk