

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

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Barchester Healthcare Homes Limited
Registered Manager	Ms. Mildred Broome
Overview of the service	<p>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 separate units, each offering a different service. Twenty bedrooms have en-suite facilities and five rooms are able to be used as double rooms if required. There are attractive gardens and car parking is available on site.</p>
Type of service	Care home service with nursing
Regulated activities	<p>Accommodation for persons who require nursing or personal care</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>

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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 3 December 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, talked with staff and reviewed information sent to us by local groups of people in the community or voluntary sector. We talked with local groups of people in the community or voluntary sector and used information from local Healthwatch to inform our inspection.

What people told us and what we found

We spoke with twelve people who lived at The Dales and ten visitors. The comments from everyone were positive. These included, "The staff are handpicked, they must have been to provide the care they give." And, "I'm very happy here. It's lovely." Another person told us, "I've lived here a lot of years. I get a really good service." The visitors we spoke with had no complaints. One person told us, "I am delighted with the care here. There has been a remarkable change in my [relative's] condition." They went on to describe how their relative greeted them with a smile when they arrive and that they felt 'cared for' too when they visited.

We saw people looked well cared for and we noted some people had developed friendships since moving into The Dales. The atmosphere, throughout our inspection, was friendly and there was a lot of activity and light-hearted banter between everyone.

We found people's consent was routinely sought before care or support was provided.

People received safe, consistent and appropriate care that met their needs.

People told us the service was kept fresh and clean, and there were processes in place to minimise the risk of a spread of infection.

People were cared for by staff whose backgrounds are properly vetted, to ensure they are suitable to work with vulnerable people and in the care sector.

There was a robust complaints procedure in place and people told us they knew how to complain should they wish to.

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

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

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.

Reasons for our judgement

Staff had access to a range of policies about best practice. The policy around consent described how this could be gained verbally, in writing or by a person co-operating with staff when care was being offered and provided. Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

People we spoke with told us all of the staff routinely checked with them before providing any care or support. One person described to us how they needed help and encouragement to get up and go to bed. They explained that staff asked them whether they were ready to get up and left them in bed when this was what they wanted. They also told us that staff were polite and friendly and listened to their comments and requests.

We observed that staff were courteous, respectful and patient in their interactions with people. We observed staff checking with people and waiting for their response, before providing any care. This showed staff recognised that people had to consent to care and support and also had the right to refuse should they choose to. We saw staff deal with situations, where support was refused. This was accepted by staff, who then used a number of different ways to encourage someone to be supported. For example, one member of staff returned a short time later when the person was ready to accept support. Another situation was dealt with by a different member of staff offering to help someone to the bathroom.

We looked at eight people's care records. Information held included people's ability to consent to care and whether people's mental capacity was impaired, because of a dementia diagnosis, or other healthcare condition. Care plans contained sufficient written detail to remind staff how to gain consent and make sure this was routinely sought before care was provided. This further demonstrated that staff were familiar with recognising the importance of gaining consent.

In some of the care plans we looked at people had signed to show that the care plans had been discussed with and agreed by the individual. People are more likely to give valid consent if they have agreed and understood what has been written down about them.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People told us they were very happy with the care and support they received and that they had the care they wanted. One person told us, "I'm definitely getting the care I need." Another person told us, "Each time I have been poorly they have got the doctor straightaway."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw, from the care records we looked at, that people's needs were assessed before a decision was made for them to move into the service. This helped to ensure people's care needs could be safely and appropriately met before people were admitted.

People told us there were plenty of social activities at the service. One person told us, "No two days are the same." People also told us they were able to choose whether they got involved in the activities and that there was ample opportunities to have quiet times too.

We saw people looked well cared for and were appropriately and tidily dressed. We noted people were sat in a number of different lounge areas.

We spoke with ten visitors who told us they were extremely satisfied with the care their relative received. One person commented, "The care here is very good. They [care staff] are very good and are sensitive to the needs of my [named relative]. It can't be easy sometimes but they deal with people in a friendly and professional way." Another visitor told us, "I'm very happy with the care here. The staff are always pleasant. I would not hesitate in recommending this home to others."

We saw, when walking around the premises, that specialist equipment and alarms (for summoning help) were readily available for people to use either independently or with support. We also noted in people's care records that the service had good working relationships with healthcare professionals for guidance and support to ensure people were receiving appropriate safe care.

We found staff we spoke with were knowledgeable about people's specific care needs.

They told us they had a handover at the start of each shift, to ensure they were kept up to date about people's changing care needs.

We looked at eight people's care records and found that assessments of risk were completed, for example to determine whether people were at risk of weight loss, falling or developing pressure ulcers. There were also clear records of what the service was doing to minimise that risk.

We also saw these risk assessments were reviewed regularly or when people's care needs changed. This meant that the service could change the support provided, in order to promote the individual's well-being and minimise the risk of potential harm.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment. People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

People who used the service and visitors said the home and bedrooms were clean and warm enough for them. They said their laundry was returned to them promptly, and in a clean, ironed condition. We saw that laundry arrangements ensured the separation of clean and dirty laundry and therefore reduced the risk of the spread of infection. One person told us, "The cleaners are great, they come into my room every day and make sure everything is clean and tidy." Another person told us, "The standard of cleanliness is very high. It is always spotless."

We looked around several areas of the home. This included all communal areas, some bathrooms and toilets and people's bedrooms and en-suite bathrooms where possible. We found the home was clean, tidy and very homely. There were no significant malodours in the home and bed linen looked visibly clean. We saw there was adequate provision of suitable hand washing facilities and liquid soap or alcohol gel was available where necessary. Staff said they were supplied with plenty of personal protective equipment and cleaning materials for carrying out infection control procedures. They confirmed they had received training in infection control management and prevention.

We saw staff wearing personal protective equipment when required, for example when preparing to assist someone in the bathroom. These were then discarded in the appropriate clinical waste bin prior to them leaving this area. We saw that equipment such as wheelchairs, bath chairs, hoists and commodes were clean and these were included in the overall cleaning schedules. The home had also been awarded five out of five stars at their last environmental health visit. This information was displayed in the home.

The Manager told us about cleaning audits and we saw, from the records that daily and weekly checks were made by the housekeeper when they 'walked around' the home. An in-depth audit was also carried out on a monthly basis and if necessary areas needing attention were brought to the attention of the cleaners, who were responsible for making sure standards were being maintained. Staff told us that equipment and furnishings were replaced as required.

We looked at records of audits and checks that had been carried out at the home by the

Manager or housekeeping co-ordinator. Infection control and presentation of the home were included in these audits. We also looked at the home's cleaning schedules. We saw that some cleaning tasks were not always being recorded as completed. The Registered Manager was aware of the discrepancies with the records and showed us evidence of how this was being addressed. It was also clear that a new way of recording was due to be introduced within a short timescale.

Staff were aware of the policy on infection prevention and control and knew where to find this. We looked at the policy and saw this was up to date and very comprehensive.

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

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

People we spoke with said the staff at The Dales seemed very competent and well-trained. One person told us, "The staff know how to look after us, they are friendly and know how to put a smile on my face."

The provider had a robust recruitment and selection process which they followed. Appropriate checks were undertaken before staff began work. We talked with the manager and the administrator about the recruitment process and how they recruited a new member of staff. We discussed the background checks that would be completed and the interview. We discussed how decisions would be made and recorded, should any risk be identified, either on the application form, or at interview. The manager showed in discussion that she had a good understanding of the recruitment process and said she would consult with the provider's human resources department or legal team if an applicant's recruitment process highlighted any potential issues.

The manager told us staff could not start work until references and a police check were obtained and verified. The service had access to a pool of care staff employed by the provider, this meant new employees did not start work until after the recruitment process was completed.

We spoke with a worker at the service who had been recruited in the past few months. They told us about their experience and the recruitment process. This matched with what we saw in staff files. Staff described to us and said they had been advised, when offered the position, that they would not start working at the service until two references and a police check had been obtained. They also confirmed they attended an interview conducted by two managers, and that notes were taken of their responses made during that interview. From the records we saw it was clear that the service operates and conforms to a robust recruitment process.

All new staff were taken through an induction process that included training, and regular meetings with their supervisor and the manager. Staff we spoke with said they had felt supported by senior staff and that they were able to raise concerns or ask for help, if needed. Good induction processes help to ensure staff are properly supported and given the skills and knowledge to care for people in a safe and appropriate way.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People who used the service and their visitors told us if they had any concerns or complaints they would discuss them with the Manager of the home or bring things up with staff at the time. They said they felt confident about speaking to any of the staff about concerns and they were sure these would be acted upon.

We saw that information on how to complain about the service was displayed in the home. People who used the service and their visitors said they had received a copy of the home's complaints procedure when they or their family member moved in to the home.

People had their comments listened to and acted on. People who used the service and their visitors said they felt staff listened to them when they made any suggestions. None of the people we spoke with had made a complaint.

Staff we spoke with said they were confident the Manager would deal with any concerns or comments promptly and take appropriate action where necessary.

There had not been any formal complaints raised with the home in the last year. Details of one concern, which was raised in early 2012 was documented, showing what action had been taken to resolve the matters raised.

Staff were aware of the complaints procedure and knew how to assist people if they wanted to make a formal complaint. They said they would always try to resolve matters verbally with people who raised concerns. However, they were aware of people's rights to make formal complaints. Staff said they would record all complaints and report them to the Manager or senior person on call. We saw that the complaints procedure was available in the policy manual, which was available to all staff.

The Manager told us that people who used the service had a regular review of their needs and this usually included people's relatives or people who knew them well. They said this was also an opportunity for people to bring up any concerns if they had them. We saw many cards and letters from relatives and friends of people using the service, thanking staff for their dedication, commitment and acknowledging the high standards of care provided.

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.

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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