

## Barchester Healthcare Homes Limited

# The Dales

### Inspection report

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Date of inspection visit:  
03 December 2018

Date of publication:  
17 December 2018

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The Dales is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

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 communities each offering a different service. The upper floor community is called Memory Lane, which was for people living with dementia and two communities on the ground floor are called Pemberton and Clifford and was for people with residential and nursing needs. Of the 56 bedrooms, 20 have en-suite facilities and five rooms are able to be used as double rooms. There are attractive gardens and car parking is available on site. At the time of the inspection there was 45 people living in the home.

At our last inspection in 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

This inspection took place on 3 December 2018.

The registered manager was supported by a deputy manager and roles were clearly defined. The registered manager was not present at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People remained safe at the home. Systems and processes were in place to keep people safe and risks associated with people's care needs had been assessed. The home was clean and infection control measures were in place. Medicines were managed safely and staff responsible for administering medicines had received the relevant training and their competency assessed.

Recruitment procedures were robust and new staff received appropriate induction. People were supported by sufficient numbers of staff. Staff training was provided to meet people's care and support needs. Staff received supervision and annual appraisals.

People's nutritional and healthcare needs were met. Staff enabled people to access healthcare professionals when required. The management team worked in partnership with other organisations to support people's needs.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible; the policies and systems in the service supported this practice. People were offered choice, such as, what they wanted to wear and what they wanted for their meals.

Staff knew people well and care plans were, detailed and provided staff with guidance on how to meet people's needs. Where required, people's end of life wishes were recorded in their care plan. Observations showed staff were caring and patient. Staff respected people's privacy and dignity and encouraged people to remain independent. People's social support needs were met through a range of activities that were available for people to take part in.

There was a complaints policy in place and the complaints procedure was made available to people and their relatives. Complaints were appropriately responded to and outcomes were actioned.

Accidents and incidents were monitored by the management team. There was a range of quality audits in place, which were effective and identified actions were followed up. People and relatives were able to give feedback through meetings.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service has improved to good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# The Dales

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection of The Dales, took place on 3 December 2018 and was unannounced. The inspection team consisted of an inspector, an assistant inspector, a specialist advisor in governance and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed the information we held about the service and requested feedback from other stakeholders. These included the local Healthwatch England, the local authority safeguarding and commissioning teams and contracts department. Healthwatch England is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with the regional director, the senior general manager, deputy manager, a nurse, two senior care staff and two care assistants, a chef, a hostess and the activities coordinator. We also spoke with four people who used the service and five relatives.

We looked at four people's care plans in detail. We inspected staff members recruitment records, and/or supervision, appraisal and training documents. We looked at medication administration records. We reviewed documents and records that related to the management of the service, which included audits, building maintenance and meeting minutes.

# Is the service safe?

## Our findings

At our last inspection in February 2016, we rated this key question 'Requires Improvement'. At our focused inspection in December 2016, while improvements had been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer-term track record of consistent good practice. At this inspection the service was rated as 'Good' in this key question.

People and relatives consistently told us they or their family member felt safe living at The Dales. One person said, "I feel safe because I know everything is going to happen as it should do." Staff were able to recognise abuse and knew how to report any safeguarding concerns. Staff had received safeguarding training and safeguarding systems were in place to protect people from abuse.

There were safe arrangements in place for managing people's medicines. We observed staff were kind when administering medication and this was administered in accordance with the prescribers' instructions. One person received their medicines covertly and there was sufficient guidance recorded for staff relating to how these medicines should be given. Staff had received training and medication competency assessments had been completed.

Protocols for the use of 'as required' medicines were in place. Topical medication administration records (TMARs) and body charts provided staff with guidance on the use of creams. We saw some instructions on TMARs required more detail. This was actioned immediately by the deputy manager and nursing staff.

People's care plans included risk assessments which provided appropriate guidance for staff to keep people safe. We observed staff supported people, who required a hoist, in a safe way, speaking to them and offering reassurance. A relative told us, "It's a very safe environment."

There were systems in place to ensure the safety of the premises, including regular servicing of equipment. Fire safety checks had been regularly carried out and staff had received fire safety training. Personal Emergency Evacuation Plans were in place which provided information for staff to follow on how to support people to evacuate in an emergency. We noted the external fire escape was worn and in need of repair. This had already been actioned by the management team, the regional director said they would follow this up and make it priority.

People and relatives told us there were sufficient numbers of staff to meet people's needs. Staff told us there were generally enough staff but could be difficult if staff were off sick. The senior general manager told us agency staff were used to fill any staffing gaps where there could. Safe recruitment practices were followed and appropriate checks were carried out.

The home was clean, tidy and odour free. Staff had access to gloves and aprons and had completed training in infection control. Audits and checks were in place to make sure infection control procedures were followed. Two relatives told us some of the furniture needed to be replaced as these were dirty. The regional director told us the home was due to be refurbished and this included new furniture.

We saw accidents, incidents, complaints and any safeguarding issues were reviewed monthly, and the management team looked for any lessons that could be shared with the staff team. The regional director told us they shared best practice across the providers group of homes.

## Is the service effective?

### Our findings

At our last comprehensive inspection in 2016, we rated this key question 'Good'. At this inspection the service remained 'Good'.

Staff had received an induction to understand their role. Training records showed high levels of completion and these provided staff with skills to meet people's care needs. Staff we spoke with were positive about the training. Records confirmed staff received regular supervision and an appraisal. Although, the overview records of supervision and appraisals required updating. The senior general manager said they would address this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Mental capacity assessments had been made in line with the MCA. DoLS applications had been submitted to the local authority, where appropriate. Staff we spoke with had a very good understand of how the MCA and DoLS applied to their work and they had completed MCA and DoLS training.

Staff told us they always offered people choice and understood how to support people to make decisions. One person told us, "They are very good and patient when I am choosing my clothes and jewellery." One staff member said, "On a morning when assisting people to get dressed, I show them two or three tops and ask what they want to put on."

People's care and support was delivered in line with good practice guidance. The senior general manager told us they worked within current guidance, which included the National Institute for Health and Care Excellence and Health and Safety Executive guidance.

People we spoke with were complimentary about the food. One person said, "I always enjoy the meals and they always make it so nice." We observed the meal time experience to be organised and calm with music playing in the background. Staff discreetly supported people with their meal, when needed.

Staff used 'show plates' which meant people living with dementia would be able to recognise the sight or smell of the food being offered. If they were still unable to make choice, staff would put both choices on to one plate, this worked well as we observed one person enjoying both choices.



Our observations showed and staff said they worked well as a team. One staff member explained that every day, all department heads would meet at 11am and hold a 'stand up meeting' which was designed to inform staff of any changes from each community. Following this meeting, nursing staff from each community would meet to discuss people's clinical needs and changes.

People and relatives said they were very happy with the healthcare support they received. One relative said, "The nurses are quick to get the doctor out and always notify me." We saw evidence in care plans of health professionals being involved in people's care.

Each community had a spacious lounge and dining area, all had easy chairs as well as dining tables and chairs. We saw one community was very dementia friendly with each area having the walls painted a different colour and each person's door displaying their name and a recent photo of them. Each door held a memory box containing things of interest to that person. People's bedrooms were personalised with pictures and photographs of family members. A relative told us, "The furniture and paintwork is looking rather tired, but the Christmas decorations really lift the place."

# Is the service caring?

## Our findings

At our last comprehensive inspection in 2016, we rated this key question 'Good'. At this inspection the service remained 'Good'.

People and relatives we spoke with told us they were happy with the quality of care provided by staff who were familiar with their care preferences. One person said, "The girls are so caring, and I don't need anything different." Another person told us, "I like it very much. Everything is fine, I am very pleased." A relative said, "It is wonderful here and it really is the best thing for [name of person] and the carers and nurses are A plus as nothing is ever too much trouble."

A staff member said, "The standard of individual care, makes for the best quality of care in a consistent manner." Another staff member told us, "I want to make people's lives as nice as possible whilst here. It is a family environment and such a nice atmosphere."

We observed caring and warm interactions between staff and people they supported. Staff demonstrated they knew people very well and people looked well cared for. They were tidy and clean in their appearance which was achieved through good standards of care. People moved around the communal areas freely and could choose where they wanted to spend their time.

Relatives were welcomed into the service. People were supported to maintain important relationships and be part of the community.

People and/or relatives were involved in making decisions about how they wanted their care and support to be provided. Care plans included things people liked to do and the way they wanted to be supported. People had access to an advocate if they felt they needed support to make decisions. An advocate acts to speak up on behalf of a person who may need support to make their views and wishes known.

People privacy and dignity was respected. Staff were respectful when speaking with people and they knocked on people's bedroom doors before entering. We observed the nurse, when, administering medication, spoke with each person with respect. Staff, when asking questions, waited for an answer. One staff member said, "I make sure doors and curtains are closed and I cover people with a towel when helping them to wash. I talk to people like human beings."

People's independence was promoted through the care they received. Care plans recognised people's abilities and skills and ensured staff encouraged and supported people to maintain their independence.

Where required, staff supported and respected people's cultural and spiritual needs. For example, the local church visited the home monthly so people could attend the service. This information was documented in people's care plans. Care plans included personal history information and cultural and religious needs.

We saw information on the lesbian, gay, bi-sexual and transgender (LGBT) community which had been

provided by Age UK.

## Is the service responsive?

### Our findings

At our last comprehensive inspection in 2016, we rated this key question 'Good'. At this inspection the service remained 'Good'.

Each person had their needs assessed before they moved into the home. This was to make sure the service was appropriate to meet the person's needs. From the initial assessments care plans were devised.

Care plans contained information on people's preferences, likes and dislikes and how they wanted their care and support to be delivered. For example, one person's care plan stated, '[Name of person] likes the light on at night'. Care plans showed people's needs were assessed and evaluated. Staff kept daily records which gave sufficient information about people's daily lives.

People and relatives told us the provision of activities was improving. People were supported in promoting their independence and community involvement. A range of activities were available and the activities calendar showed something happening three times a day spread across all communities. One person said, "There seems to be lots going on all the time and I'm never bored." A relative told us, "The activities are getting better now that [staff member] is here, and she has organised so many Christmas activities." A staff member said, "We've got activities staff again. We have concerts, Santa came in the other day, he went around all the rooms to visit people. Everyone got selection a box."

People and relatives knew who to talk with if they were unhappy about anything. One person said, "Everyone listens to you and that is important to me and they listen and then know what I need." A relative told us, "If anything is wrong I would speak to the staff and they would sort it straight away."

Complaints were appropriately managed. Records showed when complaints were received, an acknowledged and a reply were sent out within identified timescales.

Staff had a good understanding of what care and support people might need as they were approaching the end of their life. One staff member said, "Ultimately the person is made comfortable. That is the best way to put it. They get anticipatory medicines in. We do as much as can be done for that person." People had a 'hopes and concerns for the future' care plan, which gave them the opportunity to express their preferences. For example, one person's care plan stated, 'I would want a Methodist minister to be contacted in event of serious illness and does not wish to be resuscitated in event of cardiac arrest'.

The Accessible Information Standard came into force in 2016 with the aim of ensuring people with disabilities, impairments or sensory loss get information they can understand, plus any communication support they need when receiving healthcare services. The regional director showed us guidance on the Accessible Information Standard which was available to staff. Care plans contained information about the person's preferred method of communication. Detail of whether the person could communicate their needs or make decisions was included.

## Is the service well-led?

### Our findings

At our last comprehensive inspection in 2016, we rated this key question 'Good'. At this inspection the service remained 'Good'.

The views of the people and relatives were sought through meetings. One relative said, "There are residents' meetings monthly and things do change as a result. Everything that is discussed is then accomplished and there is personal box for [name of registered manager] if you do not want others reading the concern and she will deal with it straight away." Minutes of the meetings contained informative information and discussion.

Staff told us they enjoyed working at the home, they felt supported and valued by the management team. One staff member said, "I really enjoy working with the residents here and the staff as well." Staff were positive about the registered manager. One staff member said, "She is firm but fair, very amenable and very approachable. I hope she stays. If you have got a problem you can go to her."

Full staff meetings were held along with meetings with the housekeeping team, kitchen and maintenance staff. One staff member said, "Yes, I went to one the other week actually." There were set agenda items at the meetings which included lessons learnt and accidents and incidents. Two staff members told us information had recently been shared with staff regarding one person's specific pressure care sore and how to prevent this in the future.

All accidents and incidents were documented and detailed the action taken. Trend analysis was completed which allowed the management team to identify any patterns that might be emerging or improvements that needed to be made.

The senior general manager said they worked in partnership with other organisations to provide effective outcomes for people they supported. The provider had a 'community engagement plan' which had recently been introduced to develop community cohesion. The plan incorporated actions with 'dementia friends' of Skipton as well as involvement with and from the Parish council. As activities had been an issue at the home in the past, the management team were keen to focus on creating a more open and accessible building. These links incorporated 'pen pals' with local children from the village and surrounding area.

The provider's quality assurance systems were used effectively to monitor quality and drive improvements. There was a range of audits completed monthly, which included, documentation and medication. The audits were found to be robust, with good use of a central action plan which monitored progress against any actions.

Notifications had been sent to CQC about events that had occurred at the service, as required by legislation. People's records were securely stored in locked rooms to which relevant care staff all had access.