Enter and View Report | Single Provider

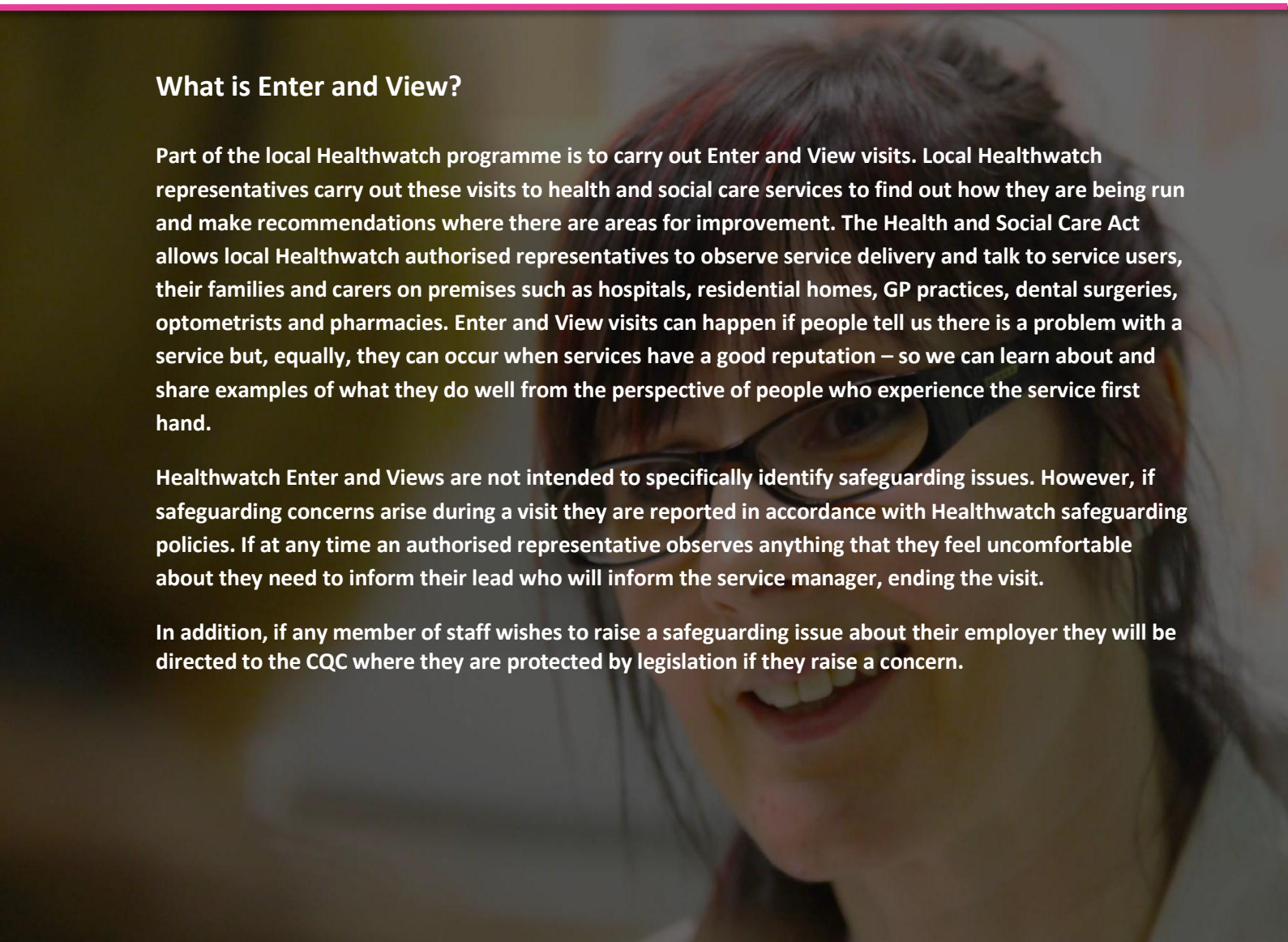
Details of visit	
Service address:	The Dales Care Home, Draughton, Skipton, North Yorks. BD23 6DU
Service Provider:	Barchester Healthcare Ltd
Date and Time:	26 October 2015: 11.00am -3.30pm
Authorised Representatives:	Gill Stone (Lead) Patricia Staynes, Richard Cyster, Gill Braithwaite.
Contact details:	Healthwatch North Yorkshire

Acknowledgements

Healthwatch North Yorkshire would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.



What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

Purpose of the visit

- To gather the views of residents, relatives and staff to their experiences and views of the services being provided to them.
- Identify good working practice.
- Make observations of the care being provided to the residents and their interaction with the staff and their surroundings.

Strategic drivers

Contribute to our wider programme of gathering evidence on our 3 Health and Social Care priorities for 2015/16, which are: the Care Home relationship with the local hospital; experience of discharge from the local hospital (residents and staff); and responsiveness of the Care Home to the needs and concerns of residents and relatives/carers.

Methodology

This was an announced Enter and View visit.

Following the formal notification of the visit sent to the service provider, the visit lead arranged to telephone with the service providers' nominated person(s) in order to complete a pre-visit questionnaire, explain the visit process, and answer any questions that the service provider may have about the visit. The visit lead also shared the visit plans with the service provider, including the areas of the service that the visit team planned on visiting, so that relevant staff would be notified in advance, thereby minimising or avoiding disruption to the normal day to day running of the service. It was also an opportunity for the service provider to notify relatives and residents of our proposed visit and the opportunity they had to speak with the visit team on the day.

The visit team of four authorised representatives (including the visit lead) were not allocated specific staff and residents to consult in order to maximise the number of contacts engaged and avoid duplication of contacts. Authorised representatives conducted short interviews using semi-structured interview questions with members of staff at the care home. Topics such as quality of care, relationship with residents, support from NHS services and staff training were explored. In total we spoke to approximately 17 people, comprising residents, relatives, staff and management.

A large proportion of the visit was observational, involving authorised representatives observing the surroundings to gain an understanding of how the home actually works and how the residents engaged with staff members and their surroundings. There was an observation checklist prepared for this purpose.

At the end of the visit, we communicated the key findings of our visit to the Registered Manager (Millie Broome) and explained the protocol of "what happens next" following our visit, including timings and expectations. This allowed the Management to respond immediately to some of our findings, as well as ask the visit team any further questions.

Summary of findings

- The Dales is a nursing and care home housed in a 30 year old, purpose built 2 storey building, on the edge of the small village of Draughton, between Addingham and Skipton.
- The Home is situated in extensive, well maintained grounds, in which several bungalows for sheltered accommodation are available, and to which the Home provides an emergency call out service. In addition the home also provides day care for non-residents as well as emergency respite care.
- The Home is welcoming with all rooms viewed, being of variable but acceptable proportions, but there are only 4 bedrooms with en-suite facilities. The maximum capacity is for 56 residents, but the 5 double bedrooms are usually used for single occupancy, therefore 52 residents is the Home's maximum capacity.
- The Home specialises in residential, 24 hour nursing care, dementia and end of life care with many of the residents having multiple difficulties. Only 10 -15 of all residents had sufficient cognition to respond to our questions, and currently 30 residents have Deprivation of Liberty safeguarding orders applying, some as a result of strokes, others because of dementia
- All bedrooms are equipped with an emergency call system which can only be cancelled by staff attending the room. This system is however inappropriate for residents with more advanced stages of dementia, which then necessitates staff being particularly vigilant.
- Staffing levels include 1 nurse working during the daytime, with 2 nurses working at night and 3 care assistants working each of the day and night shifts. All shifts we were advised were 12 hour, with an hour break during the shift period.
- There is no specific facility for family members to stay overnight, however where a resident is near the end of their life, recliner chairs are available for relatives to use.
- The Management, residents, staff and visitors all appear to be on easy, friendly, supportive terms with each other.

Results of Visit

ENVIRONMENT

The Dales Care Home is situated on the edge of the small village of Draughton, between Addingham and Skipton. There is a narrow access road at the side of the building leading to the main entrance along the side of the property. Available parking is limited, and at the time of our visit cars were parked along the access road precluding easy flow of traffic.

The property appears a purpose built 2 storey home, with additional sheltered accommodation within the open grounds. We were advised that although there were 2 of these 6 properties currently for sale, there was a Covenant applying on the properties, and the Manager had the right to vet any potential purchasers. The Home provides emergency call out to these sheltered homes.

There are extensive grounds and gardens to the Home, which are well maintained with flower beds immediately outside the main entrance. As the majority of the grounds are not secure, many of the residents do not have the opportunity to take advantage of the scenery, panoramic views and fresh air.

On entering the Home the reception area was extensively decorated for Halloween. There were Notice boards on the walls indicating available planned activities and the daily meals menus. On the back wall was a "family tree" with photographs of current staff and their names, although these were not easy to read from any distance. The lift to the second floor was disguised to look like an old red telephone box, was large enough to take a wheelchair but not a stretcher. Access to the lift is keypad protected, as is the main external entrance door.

The décor in the reception area looked tired with chipped paintwork on the newel post and stairs and access door to the upper floor. The visitor toilet on the ground floor was grubby. There was accumulated dust at the back of the toilet, scuffed skirting boards, the floor was sticky in places and the external paintwork near the door handle was grey and dirty.

From the reception area keypad access is available to the Clifford and Pemberton units on the ground floor which accommodate 17 and 15 residents respectively. There is a lift or stair access to the 1st floor - Devonshire unit for dementia residents (Memory Lane), which accommodates 20 residents. Maximum capacity for the Home is 56 residents, usually however the 5 double bedrooms are used for single occupancy therefore maximum capacity is currently 52 residents.

There are only 4 bedrooms in the Home that have en-suite facilities. All corridors are wide and spacious to accommodate wheelchairs and walking frames, and they are fitted with a hand rail to aid residents' mobility. Walls are painted in contrasting colours to the floor covering, and on Devonshire unit (dementia) there are tactile wall hangings for residents to touch, as well as a purpose made wall board with various familiar objects – light switch, plugs, sockets, door chain, door bolts for residents to feel, touch and use. On each unit there are notice boards with photographs of residents involved in the various activities provided. Bedroom doors have memory boxes for each resident to include their personal memorabilia, and a "this is me" flower, upon which their personal likes and dislikes are written for staff reference. It should be noted that not all residents memory boxes had any content.

On the 2nd floor there was a similar "family tree" on the wall to the one in the main reception area although this one contained the names of all residents who had passed away at the Home.

All toilet and bathroom doors were painted bright yellow. Despite this, on the ground floor a toilet and bathroom were situated in an alcove and could not be easily seen from the main corridor, and there is no signage in the corridor indicating exactly where the facilities are located. The signage on the doors is too high and not easily decipherable, yet on a bright yellow door on the 2nd floor near the dining room, there is no signage at all!

On observing another resident toilet on the ground floor, the wooden toilet seat was in the raised position revealing a badly deteriorated surface, which is an ideal breeding ground for germs.

Of the bedrooms we observed, several varied in size and content. We were advised that residents are encouraged to bring their own personal possessions for their bedrooms, but apart from a few photographs and ornaments, there was little evidence of this.

Each bedroom has a drugs cabinet and an emergency call facility which can only be deactivated by being physically turned off in the bedroom by a member of staff. Staff reset the call buttons in the bedrooms visited at night, so that it can be seen on the control panel that a resident has been attended to. There are no cot sides to any of the residents' beds as instead they are height adjustable, which can then be adjusted to ensure a resident's safety from falling out of bed.

CARE (SAFE,CARING,EFFECTIVE,RESPONSIVE)

Residents

The average age of residents is currently between 80 and 90 years of age, although there is one resident aged 101 and another in their 50s. The Home currently has 30-35 residents who have some level of dementia, of which 25 have been clinically assessed. There are 30 residents who have Deprivation of Liberty (DoLs) Safeguarding orders on them. At the last CQC inspection in April 2014 the Home had no DoLs orders applying. The reason for the significant change was as a result of the Cheshire Judgement which required any resident who cannot verbally communicate to be placed under a Deprivation of Liberty order.

All residents have a key worker who spends at least 10 minutes per day specifically dedicated to that resident. The Home tries to match as far as possible the personalities and temperament of the key worker and resident, however this can cause some difficulties as some residents prefer only Caucasian staff.

We spoke to several residents who said they were happy in the home, felt safe in the environment and said the staff were attentive and helpful, although one of the residents commented that she would like to be taken out in her wheelchair but she did not like to ask the care staff because they were so busy.

Residents are allowed to bring pets to the Home and there are regular visits from PAT dogs.

Relatives are welcome to visit the Home at any time, and should the need arise there are recliner chairs available to accommodate an overnight stay as there is no specific accommodation for relatives.

It would appear that although residents are encouraged to choose their clothes and dress themselves, many in fact require the help and assistance of staff to wash and dress them. On the matter of incontinence pads it was confirmed that these are probably changed 2-3 times a day. We were advised that there are indicators on pads when it is time to be changed. However we have no actual confirmation from residents that pads are regularly changed to avoid the possibility of urine burns. The residents' hydration is monitored visually by staff and if thought necessary, appropriate action is taken.

There is a wide range of activities available every day of the week including weekends provided by the Home's activities staff and an outside entertainer visits weekly. Activities include music therapy and residents were seen singing and dancing at the time of our visit. A resident subsequently commented that she had enjoyed the sing along earlier in the day. Other activities include health and wellness, PAT dog, life dolls therapy, and "points of view" where residents are encouraged to give their opinion on various aspects of the care they receive

All residents we saw appeared appropriately dressed, clean and tidy, however it was noted on Devonshire that several residents had long finger nails that required cutting for their own safety.

It was also observed that one bed-ridden resident, receiving sensory treatment in her bedroom, had immediately inside her bedroom, in full view of all visitors, several large packages of "Tena" sanitary wear. This does undermine the dignity criteria for a resident.

In addition to staff caring for residents of the Home, it also offers day care services where non-residents can use the facilities including bathing, meals and activities as well as offering emergency respite care if requested.

One resident was observed with a headband around her head. On enquiry it transpired that due to her bent posture she kept bumping into objects, usually on the same side of her head. She had been referred to the Falls Unit at Airedale hospital, but had been discharged as being beyond help, 'to go away and not come back, we cannot do anything for you'. This action then put the responsibility for a solution on the creativity of the Home- resulting in the padded headband.

The Falls Unit at Airedale Hospital recently dismissed another Craven Care Home dementia resident with similar dismissive, un-empathetic comments. That particular Care Home resident suffered a subsequent fall, resulting in 2 fatal brain haemorrhages from which she perished last week. The Coroner has subsequently only issued an interim death certificate and requested an investigation.

Meals

We observed lunchtime in the Devonshire dining room, but did not observe the use of any hand washing or hand wipes being used either before or after lunch. We were subsequently advised that Barchester company policy is that hand washing is preferable, a perfectly acceptable policy if it can be implemented. The majority of dementia residents are neither mobile nor able to comprehend hand washing, therefore increasing the risk of germs and infections spreading amongst residents.

Menus for the day, are displayed at the entrance to the 2 dining rooms as well as in the main entrance area. On the day of our visit there were 2 cold starters, 2 main hot dishes and 1 pudding for lunch to choose from. We were assured that the catering staff are aware of residents' preferences and endeavour to cater for these where possible.

Residents choose their meals for the following day, but can change their mind at any time before the meal is due. We observed residents who did not have the capacity to select a meal being shown each meal served on a plate. If they were still unable to select, then the care assistant chooses for them, based upon the residents known likes and dislikes.

The Devonshire dining room, with an adjoining lounge, was a pleasant, welcoming area with tables set for 4 residents, with table napkins, a vase of flowers, china cups and saucers, glass tumblers and metal cutlery. It was particularly noted that the china cups appeared small, light and very fragile and called into question the safety risks for these dementia residents, irrespective of the fact that the residents may prefer to use china.

Where residents were unable to communicate, choose, or eat their meals, care assistants were on hand to help and assist where needed, which was all done in a calm and sensitive manner to make an acceptable dining experience for the residents.

Staff

We spoke to Management, Nurses, Care Assistants, Housekeeper and a private Physiotherapist.

Several of the staff said that they had worked at the Home for years. Two of the longest serving being at the Home 27 and 30 years. There is therefore a low turnover of staff and the Home does not need to use agency staff at all, preferring to rely on a bank of staff when needed or in an emergency.

Staff work 12 hour days, with one care assistant informing us that she worked three 12 hour days on a shift pattern, with 1 hour break across the shift. All members of staff we spoke to were positive and enthusiastic about their residents, the good working relations they enjoyed with their colleagues and the opportunities they had for training with the Home.

Two staff members independently said they thought that it would be beneficial for residents if they had more opportunities to walk or sit outside in the garden.

Staff advised that Barchester has an Academy, which provides in house assessments and training that is ongoing. Some staff attend local colleges for NVQ qualifications with different levels of attainment. Some of the training included moving and handling, dementia awareness, safeguarding, food hygiene, health and safety, skin care, syringe drivers and DOLs amongst other training courses.

Staff ask residents how they wish to be addressed, most by their first name, but there are some who prefer being addressed by their title. All staff are aware of the procedures to follow when they have any concerns about their work or the care and safety of residents.

Staffing levels include 1 nurse working during the daytime with 2 nurses working at night and 3 care assistants working each of the day and night shifts. This we understands provides 1 nurse and 1 care assistant at night to attend to, look after and care for 20 dementia residents - some of whom are immobile, unable to communicate, and some will be wanderers. With 1 nurse and 2 care assistants to look after 32 residents at night on Pemberton and Clifford, some of whom have similar behavioural problems as those on Devonshire.

It is difficult to understand how staff can safely meet all the demands of dementia patients and still be able to provide a safe, comfortable, risk free environment for them on such low staffing levels - considerably lower than those experienced in a similar Barchester home in Craven.

Visitors and Relatives

We had the opportunity to speak to four relatives, all of whom expressed their satisfaction with the accommodation provided for their relative, and the care and attention given by the staff to them. All said that they were consulted and kept informed of developments or any issues arising. None expressed anything other than compliments for the care assistants, nursing staff and management. Most confirmed that they had had the Home recommended by family, friends, or carers.

One lady said that she and her sisters could have put their mother nearer to their homes but felt that The Dales would suit their mother better as it was “less sophisticated” than some Homes. Two years on they know they made the right choice as their mother is very happy, it is not too sophisticated, and she likes the staff.

Another relative commented that her mother who entered the home earlier this year ‘looks healthier and cleaner and tidier’ than previously.

A gentleman also commented that he thought that staff sometimes seemed under pressure, ‘particularly when things kicked off’.

ADDITIONAL FINDINGS

The Home has the facility of Telemedicine access to Airedale Hospital where a medical diagnosis can be obtained immediately via a video link at the resident's bedside. We were informed that this facility was only introduced in the Home 2-3 months ago and, as yet, had not been used. This facility could possibly have prevented one resident being admitted twice to hospital with a urinary infection, similarly a "safeguarding" complaint against the Home could possibly have been avoided had Telemedicine been in place, thus avoiding the necessity and all the associated upheaval for the resident and accompanying staff, of a hospital visit.

We were advised that the majority of residents were registered with either Fisher or Dyneley medical practices in Skipton and that there was regular contact between the Home and the Practices.

The Home has implemented Advanced Care Plans (ACP) for residents, with Barchester plans rather than the Advanced Care Plans used across the AWC CCG area. However, the forms are similar and do specify a residents needs and wishes for their end of life care, which is documented and then subsequently acted upon. Advance Care Plans are updated monthly or more frequently, if required. We were advised that there are currently 30 residents with DNR (Do Not Resuscitate) instructions in their Advanced Care Plans.

We were informed that many of the residents are unable to communicate, and as such resolving some issues can be difficult as well as time consuming for staff. Different ideas have been tried to resolve matters to the satisfaction of the resident.

The Home has 2-3 residents assessed as "at high risk of falling" and try to have a member of staff in the lounge to monitor, but this is not always possible.

The Home has a policy of not accepting hospital discharges after 5pm. They check the relevant hospital ward at 4pm to ensure the resident has left to return to the Home. Residents will not be declined admittance if they arrive later than 5pm but the Hospital will receive a formal letter of complaint from the Home.

Recommendations

This report highlights the good practice that we observed and reflects the appreciation that residents and relatives felt about the care and support provided. However as a result of our observations, we are making the following recommendations:

- Logic dictates that where there so many residents with multiple difficulties - dementia, non-communication, immobility, that the staffing levels are inadequate to meet each and every residents' basic needs of daily living. As such staffing levels need to be reviewed and increased to avoid putting residents at risk.
- The Home environment needs to be more consistently dementia friendly in its flooring, décor and signage, with particular regard to the toilets and bathrooms signage and colour.
- The progression of Dementia for each and every resident is and will be different, as such the uniformity of dining crockery and cutlery is inappropriate, despite how attractive it might look to visitors. It is potentially a safety risk. Consider changing to unbreakable equipment that does not pose any risk to any resident.
- It may be company policy for hand washing, however where residents are immobile or unable to comprehend, then common sense would indicate that some alternative for cleaning residents' hands before or after meals is essential to prevent germs and infections spreading.
- Immediately replace the unhygienic wooden toilet seat as it is a health hazard.
- The paintwork in the main entrance, on the stairs and the entrance door to Devonshire unit all require remedial work, as does the visitors toilet - which also needs a thorough clean.
- Consider alarming the bedroom doors of residents with dementia, so that as their condition deteriorates, staff can be confident residents are safe in their room, unless the alarm sounds.
- Consider providing a secure area outside the Home where residents can walk and sit in comfort, enjoy the views and benefit from the fresh air in a safe, secure environment.

Service Provider response

The Dales Care Home wished to clarify the following points:

- The Home is not purpose built as it is an old farmhouse that was converted into a nursing home.
- There are 20 en-suite rooms, 4 of which include shower facilities;
- There are 2 Nurses working from 07.00 - 19.15 and 1 Nurse working 07.00 -17.00;
- There is limited parking on site, which results in single car traffic only in to the car park, however there is plenty of on street parking available next to the Home;
- There is not a fitted key pad for Pemberton;
- The reference to the resident who was referred to the Falls Team at Airedale Hospital, who subsequently was discharged as 'beyond help' - this was because the hospital had received falls assessment forms, care plans and risk assessments from the Home, which covered everything that they would have advised. We then decided to use our own creativity to provide further support to the resident, resulting in the padded headband;
- The Safeguarding complaint, referred to under additional findings, was not upheld.

The Dales Care Home have provided the following responses to the recommendations put forward:

- The Foyer area will be undergoing a revamp, but the exact date for commencement has yet to be confirmed;
- The toilet seat was replaced immediately;
- Putting alarms on the bedroom doors can be seen as an infringement on personal liberties. Regular checks are carried out and are documented.

Additional comments made:

- The reference to another nursing home in Craven should not be included;
- The representatives conducting the visit were not present in the dining room at the beginning of dinner and thus comments cannot be made as to whether hand washing took place or not;
- Risk assessments are in place for residents that choose to use china cups. The Home does not agree with taking away resident choice. The use of the china cups also supports fluid intake, as the residents consume more fluids when using cups of their own choice;
- We would disagree about being short staff on evenings as there 2 nurses and 3 carers. We also have a day carer who stays until 9pm and hotel services are here until 8.30pm to assist with suppers;
- Comparison should not be made with another Barchester Home as the layouts are different;
- Under Visitors and relatives, where it states that a relative said the home was 'less sophisticated', we question this as the relatives in question refer to the Home as 'homely';
- More constructive feedback should be given at the time of the visit.