

# Shaftesbury Care GRP Limited

# Donwell House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Donwell House is a care home providing personal and nursing care for up to 63 people, some of whom are living with dementia. At the time of the inspection there were 52 people living at the home. Bedrooms are situated on two floors with people having access to communal lounges and dining areas.

People's experience of using this service and what we found.

At the last inspection we found improvements were required to ensure people received person-centred care. At this inspection improvements to care planning and reviews had been sustained, with people's individualities and interests factored in to care planning and activities provision. Activities were meaningful and had a positive impact on people's wellbeing. Sufficient improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

At the last inspection of the service the provider had failed to ensure governance systems were sufficiently effective to monitor and improve the quality and safety of the service. Since the last inspection the registered manager and leadership team had made a range of improvements. Quality assurance and audit processes were robust and action plans adhered to. Strong links had been made with community groups and interactions with external health and social care teams were positive, with consistently strong feedback. Sufficient improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

At the last inspection we found improvements were required regarding meal choices and standards. Improvements to menu planning, meal preparation and inclusion of people to value and respect their choices had been implemented since the last inspection. Feedback was consistently positive regarding the standard and choice of meals and we observed positive and patient interactions during lunchtime. Sufficient improvement had been made at this inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The service was rated requires improvement at the last inspection (published 30 September 2019). Following the inspection, the provider submitted an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We completed this focused inspection to make sure they had followed their action plan and to confirm they now met legal requirements. This report covers our findings in relation to those three key domains: effective, responsive and well-led.

As part of CQC's response to the coronavirus pandemic we are also conducting a thematic review of

infection control and prevention measures in care homes. The Safe domain also therefore contains information around assurances we gained from the registered manager regarding infection control and prevention.

The ratings from the previous comprehensive inspection for those key domains not looked at during this inspection were used in calculating the overall rating for this inspection. The overall rating for the service therefore has improved to good based on the findings at this inspection.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Donwell House on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Inspected but not rated.

**Inspected but not rated**

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our well-Led findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Donwell House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave 24 hours' notice that the inspection would be taking place. This ensured we were able to work alongside the manager to identify any potential risks associated with the coronavirus pandemic and put measures in place to manage them.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us about. We sought feedback from the local authority professionals who work with the service. The provider was not asked to submit a provider information return prior to our inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make or have made since the last inspection. We accounted for this when we inspected the service and made the judgements identified in this report. We used all of this information to plan our inspection.

#### During the inspection

We did not speak with people directly to seek their views on the service, due to the coronavirus pandemic. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with three members of staff: the registered manager, the deputy manager and the activities coordinator/family liaison officer.

We reviewed a range of records. This included four people's care records, rotas, activities planning and outcomes, menus, compliments and complaints. We reviewed a variety of records related to the management and quality assurance of the service, including policies, audits and quality assurance visits by the provider.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the home action plan and policies and procedures. We contacted 10 relatives and four staff via telephone to gain their views. We contacted four external health and social care professionals to gain their views, and one community group who worked closely with the service.

# Is the service safe?

## Our findings

As part of CQC's response to the coronavirus pandemic we are also conducting a thematic review of infection control and prevention measures in care homes. The Safe domain also therefore contains information around assurances we gained from the registered manager regarding infection control and prevention.

How well are people protected by the prevention and control of infection?

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- The registered manager had taken prompt action at our last inspection and had continued to ensure improvements were made in relation to meals.
- During lunch people were supported to choose and enjoy their meals, with tactful prompting and encouragement where necessary. People enjoyed their meals, which appeared highly palatable.
- Resident and relative meetings had ensured people contributed to the menu changes, which were varied and seasonal. Feedback from relatives was consistently positive regarding meals.
- People's weights were regularly monitored and action taken in line with good practice where required. One external professional said, "The care staff in the home are much more aware of the importance of meeting the nutritional needs of their residents. In terms of monitoring the nutritional needs of the residents in the care home, the management are very proactive and have helped instil this in their staff."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS authorisations had been reviewed and approved where needed. MCA assessments were decision-specific, detailed and up to date.
- Where people could not give consent to the use of bed rails, a best interest decision was made and documented. These decisions followed best practice and involved the appropriate people.
- Staff had completed MCA training and knew how to support people to make daily living choices. We observed this in practice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed to identify their care needs; this included considering their religious or cultural needs and preferences.
- The service utilised a new system in partnership with the NHS to detect and respond to clinical deterioration. One external stakeholder told us, "The system is a great tool to utilise to record accurate and timely data which is always done...it has a massive impact on many areas such as patient safety, better outcomes, reducing avoidable hospital admissions and aiding the community teams to be able to triage more appropriately."

Staff support: induction, training, skills and experience

- Staff were well supported and had the induction and training they needed. Staff gave consistently positive feedback about the training and support they received from the management team. One staff member said, "They have been great at talking to us and involving us. They put their trust in me and helped me achieve things."
- Essential training was kept up to date to ensure staff were confident and competent, and that people were safe and well cared for.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care records had been rewritten and regularly reviewed. They included detailed summaries and practical information for emergency services should information need to be shared.
- People had regular input from health care professionals, all of whom gave positive feedback about how staff now communicated with them. One said "They are excellent when considering changes to people's care. They think outside the box and are flexible to suit the individual to support their needs."

Adapting service, design, decoration to meet people's needs

- The home was suitable to meet people's needs; adaptations had been made to meet the needs of people living with dementia. The registered manager planned to utilise the adjoining building, previously used as a day centre, as a dementia friendly 'village'.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

At our last inspection the provider had failed to ensure care records sufficiently reflected people's needs. This was a breach of regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The management team had revised and rewritten care plans to ensure they were person-centred and continued to meet people's physical and emotional needs. All staff had received updated training in how to plan and deliver person-centred care.
- There were effective and detailed strategies for staff to follow if people became distressed. We saw staff using these strategies effectively. They demonstrated a sound knowledge of people's individualities and preferences.
- Care plans were reviewed regularly and updated when people's needs changed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The activities co-ordinator had ensured people could access a range of activities specific to their interests. They had reviewed people's care files and spoken with families to ensure people had access to meaningful, personalised activities, for instance the moving in of a piano to encourage one person to interact more.
- People had enjoyed group and individual activities. During the coronavirus pandemic staff had worked flexibly within social distancing guidance to ensure people could still remain active and stay in touch with relatives.
- The service kept a 'going the extra mile' file where they celebrated people achieving goals and aspirations, such as visits to local monuments and garden centres.

End of life care and support

- The family liaison officer had worked closely with families to improve their understanding of, and to prepare for, end of their life.
- People had detailed and person-centred plans in place regarding advanced care planning and end of life care.

- The provider had produced an information booklet, which the service was trialling. This was to enable more open conversations and planning around end of life care.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Where people had difficulties with communication, information could be made available in different formats.

#### Improving care quality in response to complaints or concerns

- The provider had a clear complaints policy and process in place. Recent complaints were minor, non-care related and low in number; they had been responded to appropriately.
- People and relatives knew who to speak with if they had concerns. One said, "We have no complaints- even the smallest of issues are dealt with instantly. It used to not be the best but since [registered manager] has joined it has improved more and more. They communicate often and well and keep us totally informed."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider had failed to have in place systems to carry out effective audits regarding the quality of the service provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager had implemented a range of changes to improve the standard of care, such as a review of staffing needs, additional training, high expectations regarding standards of care, and implementation of new systems. One relative said, "I am very happy, since the new team have taken over the service has improved immensely. The decor, kitchen and food quality have massively improved. I absolutely know she is being looked after. The management and carers are great."
- Audits were up to date and any identified issues were documented and actioned.
- The registered manager acted in an open and transparent way. They led by example and had a clear vision for how the service should continue to improve in the future.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The atmosphere and culture had improved significantly. People and family members spoke positively about the quality of the service, ethos and the atmosphere. Comments included, "Everything is dealt with very well. The manager is friendly, down to earth and approachable."
- Staff confirmed they felt more empowered and trusted by the management team. They felt this was with a shared goal of improving outcomes for people and ensuring they received a high standard of care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff demonstrated a good understanding of people's individualities and respected them, for instance where people had a specific religious belief.
- Surveys of people, relatives and staff took place regularly, as did ongoing meetings and conversations with

relatives and people to ensure they were involved in how the service was run.

- Staff felt involved in the running of the service.

Continuous learning and improving care; working in partnership with others

- The registered manager and family liaison officer had made significant improvements to the service's links with the local community, including the nearby church and school.
- Staff meetings took place regularly; training and supervisions of staff competency were up to date; staff had confidence in their management team and vice versa.
- The registered manager and staff worked closely with other health and social care professionals, all of whom provided positive feedback. One said, "I love the transparency and I would feel safe placing a loved one in their care."