

## Donisthorpe Hall

# Donisthorpe Hall

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

This inspection took place over two days on 21 and 23 October 2014. The first day of the inspection was unannounced and the second day was announced.

Donisthorpe Hall provides residential, nursing and dementia care for a maximum of 189 residents. Care is provided in seven specialist units. The home has a longstanding association with the Jewish community in Leeds but also offers care to people of other faiths or beliefs.

At the time of the inspection the home manager was not registered but had submitted a registered manager's application. Soon after the inspection the registration

application was processed. 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 and associated Regulations about how the service is run.

At this inspection we found people were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

# Summary of findings

Staff were not always enabled to take part in learning and development that was relevant and appropriate to their role.

There was a lack of consistency in how people's capacity was assessed and their care needs were assessed and planned. Some care plans clearly identified how care should be delivered whereas others did not contain sufficient information which puts people at risk of not receiving the care they needed. Risks to people had been identified and assessed.

The provider had a system to monitor and assess the quality of service provision which should identify areas where the service was working well and where they needed to improve. However, this was not always effective because there was a lack of consistency in how this was used throughout the home. Although there were inconsistencies in how individual units were being managed we found there were appropriate overarching management arrangements in place.

The home manager and chief executive officer had only been in post for a few months. We received positive feedback about the new management team and their approach. Staff told us the new management team were visible and spent more time talking with people.

People were happy with the care they received and we observed good care being provided. Staff were kind and compassionate in their approach, and understood how to maintain people's privacy and dignity when delivering personal care. People received appropriate support to make sure their healthcare needs were met.

Many people enjoyed spending time in the main foyer, where there was a cafe and shop and different areas with easy chairs. An activity programme was provided which included outings to the local community. The in-house activity programme included flower arranging, keep moving, music time, bridge, choir, bingo and art class. There was limited participation with some of the activities.

People told us they felt safe. Staff were visible and present in all areas of the service during the inspection and regularly checked to make sure people were safe.

People received a choice of suitable healthy food and drink ensuring their nutritional needs were met. Lunch was well organised and people enjoyed their meal experience. People told us they enjoyed the food and there was always plenty to eat and drink.

People were comfortable raising concerns with members of staff or the management team. The service had information displayed around the home that informed people about their care and support and where they could go if they needed any additional help. The provider had a range of surveys which showed people were encouraged to share their views and comment on the quality of the service.

We found multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Medicines were not always administered safely. Staff sometimes failed to accurately record when medicines had been administered and people were not given their medicines correctly.

People felt safe and the staff we spoke with knew what to do if abuse or harm happened or if they witnessed it.

Systems were in place to identify, manage and monitor risk. There were enough staff to keep people safe.

**Requires Improvement**



### Is the service effective?

The service was not consistently effective.

The provision of training, supervision and appraisal required improvement to ensure all staff were provided with up to date skills and knowledge.

People were enabled to make choices about their care but there was a lack of consistency in how well people were protected when they lacked capacity.

People enjoyed the meals and were supported to have sufficient to eat and drink and to maintain a balanced diet.

People received appropriate support with their healthcare and a range of other professionals were involved to make sure people's healthcare needs were met.

**Requires Improvement**



### Is the service caring?

The service was caring.

People were tidy and clean in their appearance which is achieved through good standards of care. People told us they were happy with the care they received.

Information was displayed around the home that informed people about their care and support and where they could go if they needed any additional help.

Staff understood how to treat people with dignity and respect and were confident people received good care.

**Good**



### Is the service responsive?

The service was not consistently responsive.

Staff were aware of people's preferences, however, there was a lack of consistency in how well people's needs were assessed and care and support was planned.

**Requires Improvement**



# Summary of findings

The service enabled people to participate in a range of activities within the service and the local community.

The home had systems in place to deal with concerns and complaints.

## Is the service well-led?

The service was not consistently well-led.

Systems were in place to monitor the quality and safety of service provision but there was a lack of consistency in how these were implemented throughout the home.

People were asked to comment on the quality of care through surveys and 'resident and relative' meetings.

The provider had accreditation with schemes which helped ensure they were following current practice.

**Requires Improvement**



# Donisthorpe Hall

## 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 checked 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. The service met the regulations we inspected against at their last inspection which took place on 21 August 2013.

This inspection took place over two days on 21 and 23 October 2014. Day one was unannounced and day two was announced. On the first day the inspection team consisted of four adult social care inspectors, a specialist advisor in nursing and a specialist advisor in governance, and an expert by experience in older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day the inspection team consisted of four adult social care inspectors.

During our inspection we used different methods to help us understand the experiences of people who lived at the

home. We spent time observing care and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 20 people who used the service, three relatives, and 33 staff including care workers, nurses, ancillary staff, the service manager, chief executive, life president and unit managers. We looked around the home and looked at 15 people's care records, six people's medication records, staffing rotas, staff recruitment and training records, maintenance audits and the quality assurance records.

Before this inspection we reviewed all the information we held about the home. The provider had completed a provider information return (PIR). This is a document that provides relevant and up to date information about the home that is provided by the manager or owner of the home to the Care Quality Commission. We contacted the local authority, safeguarding and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. After the first day of the inspection we received information of concern from an anonymous source so we looked at these concerns on day two of the inspection. We found the concerns raised with us were not substantiated.

# Is the service safe?

## Our findings

The way medicines were managed was not always safe. It was not possible to account for all medicines, as nurses had not always accurately recorded when medicines had been administered. We looked at the stock of Paracetamol for two people and both did not correspond with the amount of medicines that had been signed for on the medication administration records (MARs). Staff had not always recorded the quantity of medicines received into the home. For example, one person had returned from hospital with a stock of medicines but these were not recorded on the stock balance sheet. The health of people living in the home was placed at unnecessary risk of harm when medicines records were inaccurate.

Some people were not given their medicines correctly. We saw one person's MAR had a warning note which stated one medicine must not be stopped unless told to so by a doctor. The MAR showed they had refused the medicine for 10 days but no contact had been made with the doctor for advice. Another person had been prescribed a topical gel to be applied once daily; this was noted as 'potent'. However, the MAR had been signed twice each day and the nurse in charge confirmed the gel was being applied twice daily, which did not match the prescriber's instruction.

We found there was very little information to guide staff as to how to give people their medicines. A unit manager said they did not have specific medication care plans but said some people had care plans for specific illnesses, for example angina and epilepsy. However, when we reviewed files we found care plans did not contain sufficient guidance about management of medicines. One person was prescribed medicine for psoriasis but there was no information about this in their care records. Another person was prescribed medicine for indigestion but there was no information in their care plan. The unit manager said they had information leaflets for each medicine administered, which would give details of medication side effects. However, when we looked at the medication information file we found a number of leaflets were not available.

Some people living in the home were prescribed medicines to be taken only 'when required', for example, painkillers, laxatives and medicines for anxiety that needed to be given with regard to the individual needs and preferences of the person. Information was not always available for staff to follow to allow them to support people to take these

medicines correctly and consistently. For example, one person was prescribed codeine tablets that could be taken four times a day when required. The nurse in charge said this was for shoulder pain but there was no information to help staff know why and when to give the medicine. Another person was prescribed pain relief but they did not have an associated care plan. Their MAR showed they were often not given pain relief at night because they were asleep. In August 2014 increased pain was reported and a health professional had questioned whether an alternative pain relief should be considered but this was not followed up. Failing to administer medicines safely and in a way that meets individual needs placed the health and wellbeing of people living in the home at serious risk of harm. This is a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see the action we have told the provider to take at the end of this report.

People and their relatives told us they or their family member felt safe at Donisthorpe Hall. Staff members we spoke with also told us people were safe and protected from abuse. Staff told us they had received safeguarding training which provided them with enough information to understand the safeguarding processes that were relevant to them. Staff could describe the types of abuse people may experience in residential care settings and understood how to report a concern about abuse.

The service had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff. Staff said they always reported concerns to the management team and were confident concerns would be dealt with appropriately. Members of the management team fully understood the process for making referrals to the local safeguarding authority and obtaining advice. This helped ensure people were protected from abuse.

We looked at a safeguarding report which showed potential safeguarding incidents had been reported to the local safeguarding authority. Action was taken when incidents occurred in order to protect people and minimise the risk of repeat events.

The service had a number of systems in place to manage risk. This included health and safety auditing and inspections. The provider had a comprehensive risk register. We looked at a range of assessments which showed that overall risks to people were identified and

## Is the service safe?

managed. However, we found the emergency plans in the event of a fire were not fully operational. The home was introducing a traffic light system to indicate the level of support people needed in the event of an emergency evacuation, which involved using colour indicators on people's bedroom doors. Some doors did not have colour indicators and some staff were not familiar with the new system. The management team said they anticipated the system would be fully operational very shortly.

We observed staff responding to an emergency when a person became unwell; staff responded swiftly and the incident was well managed. Staff we spoke with said good systems were in place for dealing with emergencies and support was always provided whenever they requested urgent assistance. People's care records showed risks to individuals were being monitored. This included nutrition and hydration, continence, falls and pressure area care.

When we looked around the home equipment was seen in working order and the premises were well maintained. People told us any issues with the building were attended to promptly. One person said, "They look after the home and repair things straightaway. It's very well maintained." In people's rooms we noted some call bell leads had been removed because they had been identified as a risk. However, when we looked in people's en-suite the leads were in situ. The home manager said they would review these assessments to ensure measures in place were appropriate.

Closed Circuit Television (CCTV) had been installed in communal areas throughout the home to help provide a safe environment. Next to the entrance to each of the units there was a small CCTV sign which the provider said met their legal requirements to inform everyone they were entering an area covered by CCTV. However, we noted that signs were not clearly displayed in the vicinity of the cameras as stated in their CCTV policy. The Chief Executive Officer (CEO) said they would review signage around the home.

The manager told us that staffing ratios and skill mix were determined by a monthly review of 'resident dependencies' and daily senior handovers. The service also had volunteers who provided assistance and support and members of the management team were available at busy times. The management team were confident they had adequate staffing to meet people's needs.

Some people we spoke with said there were enough staff whereas others said there were not. One person said, "I've never worried about getting help because someone's always around." Another person said, "There's a shortage of staff; that's the main drawback." People who didn't think there enough staff said they had not waited long periods when they had called for assistance.

Staff were visible and present in all areas of the service during the inspection and regularly checked to make sure people were safe. Staff were sometimes busy but people did not have to wait long if they wanted help from a member of staff. Staff responded to call bells promptly. We observed meal times on six of the seven units and found there was enough staff to support people to eat and drink.

We looked at staffing rotas. These showed staffing levels were managed and additional cover was provided to cover sickness and annual leave. We spoke with 33 members of staff and on the whole, we received positive feedback about the number and skill mix of staff. One member of staff told us it was sometimes hard and occasionally people had to wait to go to the toilet. In between the two inspection days we received information of concern about staffing levels. Overall we concluded there were sufficient numbers of appropriate staff to meet people's health and welfare needs.

The registered manager told us the recruitment process was rigorous. We spoke with five people who had started work within the last 12 months. They said they had gone through a thorough recruitment process before starting work at the home. As part of their recruitment they had been interviewed and had to provide information so all the necessary checks could be completed.



# Is the service effective?

## Our findings

Staff we spoke said they felt well supported by the management team. However, some said they had not received regular supervision or an annual appraisal which provided them with opportunity to discuss their role and development needs. We asked eight care staff if they had received an annual appraisal and they all said they had not. A unit manager said they had attended an appraisal session but had not received documentation that identified areas for development. We asked to look at evidence that supervision and appraisal sessions had been carried out but found in some of the units these were not available. In one unit we were told by the unit manager that only one out of 17 staff who worked in the unit had received an annual appraisal in the last 12 months. Supervision records were not available for all staff and where supervision records were available these indicated the sessions were not regular. In another unit supervision records showed staff had received regular supervision.

We also got a mixed response when we spoke with staff about training. Some staff said they received regular training and their mandatory training requirements were up to date; others said they had not completed all the necessary training. We looked at the central computerised training matrix but found this was incomplete. The home manager said they believed the training had taken place but it had not been recorded on the central system. We also found some of the unit training records were incomplete. One unit's record indicated that staff had received initial training but there were no records to show if training had lapsed or when refresher training was due. In three of the units training matrixes were not available. In one of the units we looked at individual training records for five staff and saw that two out of five staff had not updated their fire training in line with the provider's policy. The unit manager said the required number of dates for staff to attend had not been available. We concluded that the provider did not have suitable arrangements in place to ensure staff were appropriately supported in relation to their responsibilities, to enable them to deliver care to people safely and to an appropriate standard. This is a breach of Regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see the action we have told the provider to take at the end of this report.

Staff told us that following appointment they underwent an induction at the home. The induction period involved training, working with an experienced member of staff, observing procedures and gaining knowledge of people who used the service and their individual needs. One member of staff said, "I did lots of shadowing which was really good. Another member of staff said, "When I started I read everyone's care plan on the unit."

We received mixed feedback from people about the quality of staff. Comments included: "They're marvellous." "The staff are at different stages. Some are more experienced than others." "Some of the staff could do with retraining. Some are alright but others have no respect."

In one unit we noted bedroom doors were locked and people could not access their rooms unless they asked a member of staff. We were told this was because there had been a problem with two people entering and taking things from other people's rooms. The unit manager said agreements to restrict access to bedrooms had not been carried out.

We saw there was a lack of consistency in how people's capacity to make decisions about different aspects of their care and treatment was assessed. Some care records showed that when people needed support to make specific decisions their capacity had been assessed accordingly. However, there were examples where people were unable to make decisions and relevant documentation was not completed. For example, in one person's care record it stated they did not have capacity to make a decision about their care but there was no capacity assessment. Another person's care file had a Deprivation of Liberty Safeguards (DoLS) assessment but there was no capacity assessment. Another person's file had a DoLS assessment that stated they were not deprived of their liberty but it was evident from their care records they had a room and bed sensor so when in their room they were under constant supervision. There was no information to show this had been considered for a DoLS authorisation. The provider stated in their PIR that 57 bedrooms were equipped with telecare sensors but only one person was subject to authorisation under DoLS. A unit manager told us that following a recent court ruling on the interpretation of the Mental Capacity Act 2005 people who used the service were being reviewed to assess whether they were subject to restrictions on their liberty.



## Is the service effective?

One person's care record contained official information and dates when a Lasting Power of Attorney (LPA) was approved, which demonstrated this was done through the required legal process. Another person's advanced care plan stated there was a LPA in place but there was no official paperwork to support this. In another part of the person's care plan different information was provided about the LPA so we could not establish who could lawfully consent on the person's behalf. We saw other records to indicate family members had LPA but there was no other evidence to support this was lawful.

The PIR stated annual Mental Capacity Act 2005 and DoLS training was provided. Some staff told us they had received the training whereas others said they were unsure. Some staff we spoke with were aware of their responsibilities under the Mental Capacity Act 2005, however, some were unclear. Staff we spoke could tell us how they supported people to make decisions. The management team agreed to work alongside the staff team to ensure Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity act 2005 were fully understood.

People told us staff sought their consent before providing care and support. They said staff asked before undertaking personal care tasks. One person said, "Living here is ideal for me. The staff are marvellous. I used to feel embarrassed about being bathed but not now." Another person said, "Oh they always check that I'm happy for them to help me. They are very courteous."

People told us they enjoyed the food and there was always plenty to eat and drink. One person said, "The food is really good, I like it." Another person said, "The menu's very nice." One person said, "The food is good but there is not enough variety. If you don't like the main meal then sandwiches are usually the other option." We looked at the menu which was varied and at least two choices were offered. On the day of the inspection people could choose from grilled sea bass or vegetable lasagne. We also looked at a recent food survey which showed people had provided positive feedback about the choice of food items and being offered alternatives if there were items on the menu they did not want.

We spoke with a member of the catering team who told us they monitored people's satisfaction with the catering arrangements. They attended 'resident's meetings' and said they responded to people's likes and dislikes. They had systems in place to ensure people's dietary

requirements were catered for. The member of staff said, "We're proud of the food we prepare. I feel really lucky that the home doesn't scrimp on food; I'm able to use good quality ingredients. It's important that the residents get good nutrition and enjoy their meal and the restaurant experience. It's their home after all."

We observed lunch in six of the seven units and found people received good support. Staff encouraged people to eat and drink, and offered support where people needed assistance. Staff asked people if they were ok throughout the meal and offered additional portions.

Lunch was well organised. Designated staff were responsible for making sure food was ready to be served in each of the units. People were offered a choice of a hot meal with a selection of vegetables and pudding. The food looked appetising and portions were generous. The atmosphere was relaxed and people enjoyed their meal experience. During the day we observed people being offered drinks and snacks on a regular basis. Tea and coffee were available, as were coolers with fruit juice and water.

Although we saw people enjoyed their meal experience we saw there were different meal arrangements in each of the units. For example in one unit, tables were set with tablecloths, cutlery, salt and pepper condiments, paper napkins, and flower arrangements. Whereas in another unit people were given hot drinks in plastic cups and there was no explanation for this. Tables were not set prior to the meal and people did not have access to condiments or napkins. We also noted in some units people were asked what they wanted to eat but in other units meals were placed in front of people without any explanation of what they were eating. The registered manager had identified in the PIR that they were planning to introduce improvements to make the service more responsive. They said they were planning to create a 5 star dining experience for people similar to those provided by hotels and restaurants. This included providing silver service training.

People we spoke with said they had good access to healthcare services. One person said, "They always check I'm ok but if I'm ever unwell they sort out a visit from the GP." People could access on site resources which included physiotherapy, dentistry and chiropody. Staff told us they were confident that people's healthcare needs were met and any healthcare concerns were reported and dealt with promptly.

## Is the service effective?

Care records showed that people who lived at the home had access to doctors, dentists and chiropodists to manage on-going healthcare needs. The home used an IT system which helped improve communication between healthcare professionals and the patient.

# Is the service caring?

## Our findings

People we spoke with said they were happy with the care they received. One person said, "It's a lovely home, everyone is extremely kind. The staff are very good and we all get along. I can always make my own choices." People told us that they had been involved in making decisions and planning their own care and preferences when they first arrived at Donisthorpe Hall. One person who had recently moved into the home said, "I'm really happy with how kind and attentive they've been. I have already been given a named nurse, and the chef has been to talk to me about my dietary requirements. I feel respected. They've been just lovely. I also had a visit from a lady from Age UK who's involved with this place to talk about how they can help too." Another person said, "They spoke to me about how I like things to be and how I want to be looked after. I have my own nurse. We're like sisters. Some of the others can be a bit off hand, but most are very good." Relatives told us people received good care. One relative said, "I feel like my relative is well looked after."

During the inspection we saw staff were caring when they provided assistance and demonstrated a kind and compassionate approach. Staff knew the people they were supporting. Staff used people's names when they spoke and frequently checked people were ok. Staff provided reassurance and good support when moving and transferring people. On the first day of the inspection, during lunch, we observed an occasion where the care being provided to one person was not appropriate. We shared our concerns with the management team and they took immediate action to ensure a similar situation did not recur.

People looked well cared for. They were tidy and clean in their appearance which is achieved through good

standards of care. There was an on-site hairdressing salon and we observed rails of clean laundry being delivered to people's rooms. This smelt clean and fresh and was well ironed. People told us that they had opportunities to regularly bath or shower. One person said, "I have a shower every morning and always have a care worker to help."

Staff we spoke with were confident that people received good care. They talked to us about the importance of supporting people to make their own choices and gave examples of how they maintained people's privacy and dignity when assisting with intimate care. One member of staff said, "When I first started one of the nicest experiences was seeing that staff were always very respectful." Staff told us they were provided with enough information so they understood how to deliver personalised care.

The service had information displayed around the home that informed people about their care and support and where they could go if they needed any additional help. We saw details of advocacy and other support services. Information about dignity champions was displayed in the home; these are staff who have done additional training and help promote dignity within the service so people have a positive caring experience.

Staff we spoke with felt people received good compassionate care when they neared the end of their life. Members of the management team discussed in detail arrangements that ensured people received appropriate medical assistance and were also supported by palliative care specialists. We looked at a number of advanced care plans that clearly identified people's preferences for end of life care. End of life training helps staff understand how to provide supportive care when a person approaches the end of their life. Training was provided but not all the care and nursing staff we spoke with had received this.

# Is the service responsive?

## Our findings

We reviewed care records from each unit and found there was a lack of consistency in how well people's needs were assessed and their care and support was planned. Some care plans were written in a person centred way; they contained good information about how care should be delivered and daily records showed people's needs were being appropriately met. There was good information about people's preferences, likes and dislikes, and specialist health conditions.

However, we also found care plans that were not up to date which put people at risk of not receiving the care they needed. For example, a physiotherapist had assessed one person who was at risk of falls and made some recommendations to help keep the person safe but this information had not been added to the person's care plan. Four sections in another person's care plan had not been reviewed since 2012. Another person's care records showed that a health professional had been unable to review the person's health care needs and make medication changes because the person's diary had not been completed by staff.

Staff were aware of people's preferences and were confident people's care and support needs were met. Some staff said they referred to the care plans and these provided them with enough information about people who used the service whereas others said they had not spent much time looking at care records but felt they knew how to support people based on information they received from other staff. One member of staff who had worked at the home on a regular basis for two months had not read any care plans.

Staff and management we spoke with said people had life story books in their room which were used to inform staff and stimulate conversation. However, when we asked to look at some of the books we found a number of people did not have these. In one unit, we asked to look at four people's life story books but none of these were available. In another unit we asked to look at some of the life story books and these were available.

We spoke with staff about incidents that occurred between people who used the service. Staff told us sometimes there were tensions, usually disagreements between people but nothing serious. They said they dealt with situations well.

On the first day of the inspection, we observed one person shouting and getting angry with others they lived with. The staff on duty told us this was usual. When we looked at the person's daily records we found there were a number of entries which described them as 'getting agitated with others'. One member of staff said they sometimes took the person to their room when they got angry, however, this was not an agreed approach and it was not recorded in the person's care plan. The person's care plan stated they could 'become verbally and physically aggressive' but there was no guidance for managing this.

Another person's care plan stated they displayed 'bad behaviour problems and can be very aggressive. Violent and verbally abusive. Behaviour charts in place'. The daily records contained details of events that had occurred during September and October 2014 but the last entry on the behaviour chart was dated March 2014. The care plan did not contain any guidance for staff about how to support the person.

The provider told us in their PIR they were planning to introduce improvements which included 'ensuring the service provided is appropriate and meeting the expectation of each individual resident and family member above and beyond current systems'. They also said they were planning to hold annual case conferences to discuss how well they were meeting people's needs to further personalise what they do. At the inspection the management team told us that the care planning system would be monitored more closely and care planning audits would be introduced more consistently throughout the service in order to enable this improvement.

During the inspection we noted people spent time in their room, in communal areas and walked around the unit and other areas of the home. We saw people watching TV or listening to music. Many people sat in the main foyer, where there was a cafe and shop and different areas with easy chairs. A relative said, "When I come and visit I often take Dad down to the café. He really enjoys it." We observed two sessions where people enjoyed entertainment. During one session a musician played the piano and people joined in with a sing-a-long.

People told us they enjoyed outings which were offered twice a week but that you had to wait because there were so many people wanting to go. The home had a programme of activity which included flower arranging, keep moving, music time, bridge, choir, bingo and art class.

## Is the service responsive?

Although there were activities available we noted there was limited participation with some of the activities, for example at the flower arranging session only three people joined in.

In addition to the staff team, the home had a team of volunteers. People told us this worked well. The volunteers spent time with people and offered a range of support. Many of the activities were arranged by the volunteers. Some people who used the service told us they had a long association with the home and had previously been volunteers at Donisthorpe Hall.

The home had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. We noted there was a comments and suggestions book near to the reception. The registered manager told us the home had received nine compliments and 15 complaints within the

last 12 months. We looked at the complaint's record which showed complaints were taken seriously and explored thoroughly. In order to make the service more responsive the management team said they were going to include people who used the service and their relatives more actively in the resolution of complaints and suggestions so that developments were more likely to be 'resident focused and appropriate'.

People we spoke with said they would raise concerns with members of staff or the management team. Staff told us they were confident any concerns or complaints were taken seriously and dealt with appropriately. One member of staff said, "We are all aware that we must report any concerns." Another member of staff said, "The manager would take action if there were any concerns and if they didn't I would take it higher."

# Is the service well-led?

## Our findings

During the inspection we spent time in each of the seven units and overall we found there was a lack of consistency in service provision. We found inconsistencies in how well people's needs were assessed and their care and support was planned and how well people were protected when they lacked capacity. In two of the units we found staff training, supervision and appraisals were not being appropriately monitored. Whereas in another unit the unit manager had a matrix which showed staff development was being monitored.

We also found inconsistencies when we looked at how risk and quality was being assessed and monitored. In some units quality assurance systems were robust and processes were in place to enable the team to drive improvement. However, in other units, quality assurance systems were disorganised and the provider's guidance for monitoring quality and safety was not being followed. For example, in one of the units, we asked to look at audits and were told there were no medication audits, and only one person's care plan audit had been completed which was in December 2013. An infection prevention and control audit stated that areas of non-compliance would be revisited in April 2014 but there was no evidence this had been completed and the last documentation audit was done in May 2014. The unit had a recent 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) audit and a number of mattress audits. In another unit we found there were no care plan audits. And in another unit we saw a range of audits were being completed on a regular basis. We concluded that leadership at unit level was inconsistent and some of the first tier of management did not understand the principles of good quality assurance, and this resulted in a lack of gathering, recording and evaluating information about the quality and safety of the service. This is a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see the action we have told the provider to take at the end of this report.

Although we found there were inconsistencies in how individual units were being managed there were sound overarching management arrangements in place. In the PIR the management team had stated they were reviewing the role of the unit managers to ensure staff were supported

with issues and developments were directly acted upon. They were planning on introducing supernumerary days for the unit managers so they could concentrate on documentation and management issues.

At the time of the inspection the home manager was not registered but had submitted a registered manager's application. Soon after the inspection the registration application was processed. The home manager and chief executive officer had only been in post for a few months. We received positive feedback about the new management team and their approach. Staff told us the new management team were visible and spent more time talking to people. One member of staff said, "The new managers are empowering and senior managers hold drop in sessions." Within the PIR which was sent to us before the inspection, they told us they were integrating senior members of the management team to further enable a more open and approachable relationship with the people who used the service and staff. It was evident from our findings at the inspection this was being achieved.

During the inspection it was clear that the management team were introducing positive improvements to the service. The organisation had a business plan and strategy for 2014 which outlined their vision, aims and goals. However, we did not see how they were monitoring progress to achieve these. They had comprehensive policies and procedures in place which had recently been reviewed by the chief executive officer. There were a wide range of policies and systems to manage risk. Incidents were reported and there were processes in place for the investigation of incidents. However, we found that there was not always real learning from incidents.

People told us they could share their views and were involved in developing the service. One person told us they sat on the committee as a resident representative and said, "A number of other residents asked me to say that the evening meal was too early and that they'd like the serving to go on later. I brought it up at the next meeting and they changed it. They listen to what people want."

The provider held 'relatives and resident' meetings where they discussed the home and gave people an opportunity to provide feedback and ask questions. The minutes from meetings in June and July 2014 showed the provider had

## Is the service well-led?

talked about future plans and improvements. Staff we spoke with said they attended daily handovers and staff meetings which helped ensure important information was shared.

We looked at a range of the provider's surveys which showed people were encouraged to share their views and comment on the quality of the service. We looked at the results of a 2014 'resident' satisfaction survey which showed positive responses outweighed negative responses. Where negative responses were received the

provider had identified further actions. We also saw minutes from 'meet the chef's forum' where people had chance to discuss specific catering issues and suggest improvements. Questionnaires were sent to relatives of people who had been cared for at the end of their life; these provided very positive feedback about the quality of care people experienced.

The provider worked in partnership with other organisations and had accreditation with schemes which helped ensure they were following current practice.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers  <b>The registered person did not have effective systems in place to monitor the quality of the service delivery.</b>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines  <b>The registered person did not protect service users and others against the risks associated with unsafe use and management of medicines.</b>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff  <b>The registered person did not have suitable arrangements in place to ensure persons employed for the purposes of carrying out the regulated activities receive appropriate training, supervision and appraisal.</b>