

Donisthorpe Hall

# Donisthorpe Hall

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Donisthorpe Hall provides accommodation and nursing for up to 189 people in one adapted building. The home is split into units, Willow, Maple, Silver Lodge ground and Silver Lodge first floor. At the time of inspection 59 people were living in the home.

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

The registered manager was responsive to any concerns we raised during the inspection; implementing corrective actions where this was apparent and discussing plans where further improvements were required.

Checks and audits had been completed to identify any areas the service needed to improve. However, even though files had been audited capacity assessments had not been picked up by the deputy manager. We did not see people had an input in relation to mental capacity and best interest decisions. We found evidence throughout care plans where not all decisions had been recorded, what had was completed by one senior staff member. Consent to bed rails had not always been looked at.

As a result, people were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible.

We have made a recommendation in the 'effective' section of the full report about some areas of people's care plans and the care planning process.

There were enough staff on duty to meet people's needs in a calm and unrushed manner, but further recruitment was required to minimise the use of agency staff. However, the provider made every effort to use the same agency staff, thereby giving people consistent care. We spoke to the registered manager about the deployment of staff.

Recruitment procedures continued to make sure staff employed were suitable to work with vulnerable people.

Staff supported people in a compassionate, caring, responsive and friendly manner. They encouraged them to be as independent as possible, while taking into consideration their abilities and any risks associated with their care. Overall, people we spoke with made positive comments about how staff delivered care. They told us they were happy with the general environment and how the home had improved.

People received safe care and treatment. Assessments had been completed to help make sure risks associated with people's care were identified and managed in a way which respected their freedoms and choices. People were safeguarded from the risk of abuse. Accidents and incidents were monitored to identify and address any patterns or trends. People's medicines were on the whole managed in a safe way.

Staff had received the training they needed to develop and update their skills and knowledge. Support and supervision sessions had been provided.

There was a range of social activities and events available for people to take part in if they wished to.

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

The last rating for this service was Requires Improvement (published October 2018).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-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?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

# Donisthorpe Hall

## 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

On the first day of our inspection, the inspection team consisted of three inspectors, three specialist advisors, one in governance, one in medicines and one in nursing. We had two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our Experts by Experience had knowledge about people living in a residential environment. One inspector carried out the second day of inspection.

#### Service and service type

Donisthorpe Hall provides accommodation and nursing for up to 189 people in one adapted building. Donisthorpe Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a manager registered with the Care Quality Commission. This meant they and the provider were legally responsible for how the service was run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced on day one.

#### What we did before the inspection

Before the inspection, we reviewed the information we held about the service, including statutory notifications. Notifications are used to inform CQC about certain changes, events or incidents that occur. We requested feedback from stakeholders. These included the local authority safeguarding and commissioning team and Healthwatch England. Healthwatch England is an independent consumer champion that gathers

and represents the views of the public about health and social care services in England. The provider had completed a Provider Information Return (PIR). The PIR is a form provider are required to send us which contains key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 20 people who used the service and seven relatives, about their experience of the care provided. We spoke with the registered manager, project manager, deputy manager, two senior care staff, seven care staff and the chef.

We reviewed documents and records that related to the management of the service, including a range of policies, procedures and guidance used by staff in their role, records of safeguarding and complaints, audits and quality assurance reports. We reviewed four staff member's files and records associated with the management and administration of people's medicines. We looked at 20 people's care plans in detail.

#### After the inspection

After the inspection, additional evidence was sent to us about people's capacity and this information was used as part of our inspection.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- On the whole medicines were managed, administered and stored safely.
- We spoke to the registered manager to ensure a record was completed when medicines had been removed from the home and to ensure a tamper proof container was in place to contain these.
- Medication records had been completed accurately and clearly showed people had received their medicines as prescribed.
- Medicines prescribed on an 'as and when required' basis (PRN), had protocols in place which informed staff of when the medicines were required.

### Systems and processes to safeguard people from the risk of abuse

- The home had robust policies in place and staff had a good understanding of safeguarding processes.
- People told us they felt very safe living at the home. Relatives also spoke positively about the way staff supported their family members safely. One relative told us, "Yes, [family member] is safe, sometimes they get out of bed, so a sensor mat has been put in place [to alert staff and minimise possible falls]."

### Assessing risk, safety monitoring and management

- Risks associated with people's care and support had been identified and risk management plans were in place to minimise hazards.
- Staff were aware of risks to people and knew how to support them in a safe way, while maintaining their freedom and promoting their independence.
- Regular fire drills and tests had taken place to ensure people could be safely evacuated from the service.
- People had personal evacuation plans in place, so staff could support people in a fire.

### Staffing and recruitment

- The provider continued to recruit safely. This included obtaining pre-employment checks prior to people commencing employment.
- Our observations and discussions with people who used the service, relatives and staff indicated there were enough staff on duty to make sure people's needs were met in a timely manner. The service relied greatly on using agency staff. However, further recruitment was under way and the provider had made every effort to use the same agency staff, thereby giving people consistent care.
- Overall people spoke positively about staff and confirmed agency staff knew them well. A relative told us they felt the staffing levels were 'ok'. They added, "The agency staff are familiar with the people and their routines, no issues." One person said, "The staff are good really." Another person said, "All the [permanent] staff are really good, better than the agency."

### Preventing and controlling infection

- A tour of the home showed the environment was clean and fresh, and relevant equipment and products were available to promote good infection control practices.

### Learning lessons when things go wrong

- The management team responded to accidents and incidents in a timely way, and measures were put in place to help minimise them reoccurring.
- The registered manager discussed these in supervisions and team meetings.



# 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 remained the same, requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- Appropriate mental capacity assessments and best interest decisions had not always been recorded for some people.
- On day two of the inspection the registered manager had completed an action plan and had already sought meetings with people, their relatives and outside providers to ensure the people identified had appropriate assessments in place.
- The registered manager had submitted a number of notifications to make sure people were not unlawfully deprived of their liberty.

We recommend the provider review people's care plans to ensure they fully reflect people's capacity in line with their internal policies and procedures.

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

- Care plans on the whole had been developed with each person, which ensured their preferences and diverse needs were met in all areas of their care. This included protected characteristics under the Equalities Act 2010, such as age, culture, religion and disability.
- People told us they felt they were treated fairly.

Staff support: induction, training, skills and experience

- People received care and support from skilled and knowledgeable staff.

- People and relatives said staff had the skills and knowledge to meet their needs. One person said, "They [staff] are good carers and know what they are doing." Another person said, "On the whole the staff are nice, some better than others."
- Staff completed training in a range of different topics and they [staff] said they were happy with the training they completed. One staff member said, "Good training; have learnt a lot in the past few months." We saw staff training was ongoing at the time of inspection due to a new learning platform- Virtual College.
- New staff completed an induction programme. A staff member said, "I feel confident after my induction." Staff new to care completed the Care Certificate. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of job roles in health and social care.
- Staff received regular supervision. Supervision meetings provided staff with the opportunity to discuss any training and development they wished to undertake.

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

- People's nutritional and hydration needs were met. However, people had mixed views in relation to the food. One person said, "It has been cold before." Another person said, "The food is getting better." A third person said, "The food is lovely, we always have a choice."
- All meals were home cooked, of good quality and were well presented.
- People had access to food and drink throughout the day. However, we spoke to the registered manager in relation to one water canister which was empty all day.
- The chef was clear about people's dietary needs and how to meet these.
- People were protected from the risk of weight loss and records supported this.

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

- Staff worked well together, and handovers were effective in ensuring staff had the information they needed to provide consistent and timely support.
- Where people required access to healthcare services, this was organised, and staff followed guidance provided.
- People said they were supported to access healthcare professionals when needed. One person said, "I didn't feel very well so they called the Doctor."
- An oral health assessment had been completed for each person. We saw detailed information in people's care plans. For example, 'Clean twice a day, leave dentures overnight in Corsodyl'.
- Staff felt people's health needs were managed well and were aware of signs of deteriorating health.

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

- The environment had been developed in line with requirements to assist people living with dementia, which maximised people's independence. The provider was in the process of implementing a new dementia strategy. This included staff completing further training in dementia awareness and a review and updating of the environment.
- Communal areas were light and spacious. A relative said, "Plenty of quiet lounges where you can sit and talk."
- People's bedrooms were nicely decorated with photographs and pictures which reflected their personal preferences.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff communicated with people effectively, and when necessary spoke with them by bending down to their eye level. They displayed a genuine affection and caring nature for the people they supported, and everyone seemed at ease with each other.
- People's privacy and dignity was respected. This was confirmed by people's comments and our observations. People told us staff knocked on bedroom doors before entering and spoke with people discreetly to maintain confidentiality.
- We observed one person had been incontinent and was very distressed. The staff member reassured the person and took them away from the communal area where people were. The staff member was very calming and spoke to the person in a helpful, pleasant manner.
- People were encouraged and enabled to be independent. We saw people accessed snacks and water throughout the day.

Ensuring people are well treated and supported; respecting equality and diversity

- People received care and support from staff who were caring. Interactions between staff and people showed positive relationships had been developed and staff spoke with genuine warmth about people.
- People were supported to access religious services of their choice, both in the home and to visit places of worship.
- Staff had completed training in equality and diversity.
- People said they were treated with kindness. One person said, "Staff are very good." Another person said, "All lovely girls, they try help you as much as they can. A third person said, "Most [of the staff] are very good and definitely respect my dignity and privacy."

Supporting people to express their views and be involved in making decisions about their care

- Staff encouraged people to make choices in the way they received their care and people's choices were respected. People told us they could make choices to live their life as they preferred.
- People told us they chose to have a wash, shower or bath. One person said, "I can get a bath when I want." Another person said, "I didn't like having a bath or shower, so the staff support me to have a strip wash. That suits me." However, we did not always see this recorded in the care plans. We spoke to the registered manager to ensure this was recorded.

# 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 now 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

- Care plans would benefit from further detail or an update. For example, in some of the care plans we looked at there were spelling mistakes throughout and we saw not everything was recorded in regard to how people's preferred personal care needs had been completed. We spoke to the registered manager who told us these issues would be addressed straight away.
- Staff showed a good awareness of people's needs, could describe in detail personal care routines, people's likes, dislikes and risks. Life histories were recorded in detail to support staff to provide personalised care and support to people.
- People's diverse needs were detailed in their care plans and met in practice. This included cultural needs and religious requirements.

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

- We observed people and their relatives having a religious new year celebration. This involved a banquet for people and all their relatives to enjoy. We saw evidence of many celebrations for people on their birthdays and also anniversary's. We observed people were encouraged to take part in activities and celebrations which were socially and culturally relevant.
- People told us they enjoyed the activities on offer. One person said, "I go to the Jewish day centre, Roundhay Park, we go by mini bus and it's a one to one. I also enjoy all the singing." Another person said, "There are activities and entertainment during the week, and concerts on a Tuesday and Wednesday."

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.

- Staff knew how to communicate with people and care plans contained information about people's communication needs and any sensory support or adaptations they required.
- Documents could be produced in any format or language that was required.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint. One person said, "Any problems I would talk to the manager." A relative said, "Yes, I know how to complain. I would speak with the manager. I have complained

before and this has been dealt with."

- The registered manager acted upon complaints in an open and transparent way and used them as an opportunity to improve the service.
- Where complaints had been made, they were responded to in line with the provider's policy.

End of life care and support

- Where people wished to discuss their end of life care preferences, these were recorded in their care plan.
- Staff understood people's needs, were aware of good practice and guidance about end of life care, and respected people's religious beliefs and preferences.
- Staff told us they had training in end of life and support was provided from the palliative care team when required.

# 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 remained the same, requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Audits had been carried out to check how the service was operating and we noted improvements to this process. However, evidence seen did not always demonstrate a consistent approach had been taken. For example, shortfalls in care plans around people's capacity and the recording of people's personal care had not been identified and addressed. The registered manager acted in relation to this at the time of inspection.
- The management team and staff understood their roles and responsibilities.
- Notifications had been submitted to us as required by law and the rating of the last inspection was on display within the home and on the provider's website.

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

- The registered manager was found to be very open and honest in relation to where the home was and where it was going in the future. They had a clear vision for the future of the home.
- Management and staff understood their individual and collective legal responsibilities to act in an open, honest and transparent way when things went wrong.
- Where a significant event had occurred, appropriate records had been maintained and onward referrals/alerts had been raised with external agencies.
- People and relatives were mostly positive about living in the home. One person said, "The manager is very approachable." A second person said, "She [manager] gets on well with people, she makes herself known and sorts it out." A relative said, "[Manager] is very approachable."

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

- The management team were committed to providing good quality care to people and promoted a positive person-centred culture.
- The managements team had a visible presence in the home and knew people, their needs and their relatives well.
- The management team interacted in a relaxed and caring way with people and relatives and they provided support and assistance when required.
- Overall, people provided positive feedback about the management of the home. One person said, "It's

improving all the time. I have no issues at the moment." A relative said, "The home is far better, people are being accountable for what they are doing."

- Staff on the whole spoke highly of the registered manager and they felt supported. One staff member said, "The registered manager is very supportive, we are seeing a difference. Everyone is working together most of the time."

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

- The provider had sought feedback to help maintain and improve standards at the home.
- There was a range of ways for people, relatives and staff to be able to provide feedback to the management team. These included residents and relative's meetings, staff team meetings, satisfaction surveys and a complaints procedure. A relative said, "If I had an issue I would speak to the manager."
- Staff meetings were held on a regular basis. Staff said they felt supported to contribute to meetings and to suggest ways in which improvements could be made.

Continuous learning and improving care

- The service was continuously looking to make improvements. The provider had employed a consultant to work alongside them to support this process.
- Staff had received periodic one to one support sessions and an annual appraisal of their work, which they found beneficial.
- The management team positively encouraged feedback and staff felt involved in how the home operated.

Working in partnership with others

- The service had built up relationships and worked in partnership with health and social care professionals to make sure people received person-centred care.
- The service had built up relationships with the wider community, inviting people to access the home to practice their faith.