

## Shaftesbury Care GRP Limited

# Donwell House

### 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Donwell House is a residential care home providing personal and nursing care to 46 people aged 65 and over. The service can support up to 63 people.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, MCA assessments and best interests decisions had not been made for all restrictions placed on people.

Care plans were not written in a person-centred way; they lacked sufficient detail to guide staff about the care people needed.

People and relatives gave mixed feedback about the meals provided. The new manager took decisive action to address people's concerns and to address other issues, including the quality of meals and poor kitchen hygiene.

We received very positive feedback about the new management team; they had been proactive in assessing the current position of the home and identifying the actions required to drive further improvement. The new manager was developing a structured approach to quality assurance.

People and relatives told us the home was safe. Staff knew about the procedures to keep people safe, such as safeguarding and whistle blowing. Previous safeguarding concerns were dealt with appropriately.

There were enough staff to keep people safe. People said staff responded quickly if they needed help. People were supported to access external health services.

People received their medicines when they were due.

The new manager had improved the systems for analysing incidents and accidents. Checks and risk assessments were completed to help keep people and the environment safe.

New staff were recruited safely, and all staff were well supported and received the training they needed.

People's needs had been assessed to identify their care needs. This was used to develop care plans.

People told us they were well cared for. They also said staff were kind and caring.

People could participate in a range of activities. The manager was reviewing the programme to ensure it

met people's needs and interests.

Complaints were fully investigated; action was taken to address concerns.

There were opportunities for people and staff to provide feedback.

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 7 November 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We have identified breaches in relation to person-centred care and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### 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 not always responsive.

Details are in our responsive findings below.

Requires Improvement 

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

# 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 and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Donwell House 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 service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The previous registered manager had recently left their employment. A new manager had been employed and was intending to submit an application to become the registered manager.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, the clinical commissioning group 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. We used the information the provider sent us in the provider information return. 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. This information helps support our inspections. We used all of this

information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the manager, deputy manager, a senior care worker, care workers and the chef. 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 reviewed a range of records. This included three people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines were managed safely.
- People received the medicines they needed when they were due; medicines were stored correctly so they remained safe to use. One person said, "I take tablets on a morning, mid-day and at night time. They are always on time."
- Checks were completed to help ensure staff followed the provider's medicines management procedures.

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

- People and relatives told us the home was safe. One relative commented, "Yes [family member] is safe. I've never seen her in an unsafe environment."
- Safeguarding concerns had been fully investigated; action was taken to keep people safe.
- Staff knew about the safeguarding and whistle blowing procedures; they said they would not hesitate to raise concerns if needed. One staff member said, "I haven't needed to up to now [use the whistle blowing procedure]. If need be I wouldn't hesitate, the residents come first."

### Assessing risk, safety monitoring and management; Preventing and controlling infection

- Health and safety checks and risk assessments were completed to help keep people, the environment and equipment safe.
- The provider had policies for dealing with unforeseen emergency situations, this included personalised plans to support people in an emergency.
- The home was clean and well maintained; staff followed the provider's infection control practices.

### Staffing and recruitment

- There were sufficient staff deployed to meet people's needs quickly. One person told us, "If anything went wrong with me, staff would come straight away."
- The manager monitored staffing levels to help ensure they remained appropriate.
- The provider followed effective recruitment practices; pre-employment checks were completed to ensure new staff were suitable to work at the home.

### Learning lessons when things go wrong

- Action was taken following accidents and incidents to keep people safe and help prevent a future occurrence.
- The manager had improved the systems for monitoring and analysing accidents and incidents; more detailed information was collected to enable trends to be identified.

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

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

- People were not always supported well with their eating and drinking needs. The manager told us when they started their employment the quality of meals and kitchen hygiene were unacceptable.
- The manager had implemented an emergency action plan to ensure decisive action was taken to improve kitchen hygiene and the quality of meals provided. This included a deep clean of the kitchen area.
- People and relatives gave mixed feedback about meals. Comments included; "Food has been a big problem in the past" and "I like the food."
- During lunch people were served with a meal which consisted of processed food with no fresh vegetables. This consisted of a pre-made omelette, hash browns and tinned tomatoes. People were also not offered a choice. The manager took decisive action on the day of inspection to address this including recruitment of a new chef.
- Where people required practical support with eating and drinking, this was provided patiently.

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 approved where needed; MCA assessments had been carried out to support the DoLS authorisation.
- Staff were not consistently following the requirements of the MCA; assessments and best interests decisions had not always been recorded for other restrictions placed on people. For example, where people could not give consent to the use of bedrails.



- Staff had completed MCA training; they also knew how to support people with making daily living choices and decisions. This included using visual strategies, such as showing people items of clothing to choose from.

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.

Staff support: induction, training, skills and experience

- Staff were well supported and had the training they needed. Staff told us support had improved with the appointment of the new manager. One staff member said, "I do now [feel supported] but I didn't before. It is now a pleasure to come to work."
- Essential training included moving and handling, safeguarding and dementia awareness.

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

- Care records included a summary of important information to be shared about people when they accessed other services. This included information about people's medical history, dietary requirements and communication needs.
- People had regular input from health care professionals; this included GPs, community nurses and specialist nurses. One person said, "Staff would listen to me if I felt poorly and see if I needed a doctor."

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.

## 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. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received good care from kind and caring staff. People and relatives commented, "Staff are very caring. Always asking if I need anything. It's never a bother" and "The carers are very good. Anything we want, we get."
- Staff responded quickly to ensure people's needs were met. For example, staff continually checked people were comfortable and had everything they needed.
- Staff had completed specific training in relation to equality and diversity. They confirmed people did not currently have needs in these areas.
- Staff knew people's needs particularly well; they used this to engage in meaningful conversations with people.

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

- Staff understood people's communication needs; this knowledge was used to support people to make choices and decisions. For example, one person struggled to articulate their needs to the manager; they helped the person write down what they wanted to communicate.
- Positive relationships between people and staff were evident; interactions were friendly and polite.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect; this was reflected in their feedback. One person said, "From what I've seen, staff do treat [family member] with dignity and respect."
- Staff described how they adapted their practice to ensure dignity was maintained. This included talking to people about what was happening and offering reassurance.
- People were supported to remain as independent as possible. One staff member said, "We try to help people do things for themselves."

## 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 remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People had care plans which aimed to meet their physical and emotional needs.
- Care plans needed improving to ensure they were sufficiently detailed and reflected the person-centred care which was provided. For example, they did not describe the most effective strategies to support people when they were distressed.
- Care plans were reviewed regularly; the record of the outcome of the review lacked detail to confirm the plan was still appropriate to meet people's needs.
- The manager was upfront and transparent about the need to improve the quality of care plans.
- People could discuss any wishes they had for their future care needs; these were written in an advanced care plan.

We found no evidence that people had been harmed however, care plans lack personalised information to guide staff about how people should be cared for. This placed people at risk of harm. This was a breach of regulation 9 (Person-centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

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

- There were opportunities for people to participate in activities; people chose whether to take part and staff respected their decision.
- People and relatives gave positive feedback about activities; this included supporting people to access activities in the local community. Relatives were welcomed into the home and some helped to support their family member. One person commented, "Activities are really good here. We sing-songs, play bingo, do crafts or gardening."

Improving care quality in response to complaints or concerns

- The provider had a structured approach to dealing with complaints; previous complaints had been fully investigated and resolved.
- People and relatives knew who to speak with if they had concerns. They said, "I would go to see the Manager if I had a problem. My [family member] has complained before and the problems were resolved satisfactorily."

# 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. 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.

Continuous learning and improving care; Working in partnership with others

- Governance continued to be ineffective; this was the third occasion the home had been rated as requires improvement.
- Lack of consistent leadership had contributed to this lack of progress. The home had been without a registered manager for an extended period of time. The new manager was also the third manager employed in the last two years.
- Quality assurance systems had not been robust in order to drive through sustained improvement in quality and safety.
- The manager was improving the quality assurance systems to ensure they were effective to check on the quality of care and safety of the home. Specific meetings had been set up with key staff to review quality and health and safety issues such as falls in the home. These were not yet fully embedded with the day to day running of the home.
- The manager had an initial action outlining their immediate priority actions; this was to be developed into a comprehensive improvement plan for the home.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 home had a welcoming atmosphere; staff morale and teamwork were improving. One staff member commented, "Staff morale is starting to lift, starting to pick up."
- The manager was proactive in submitting the required notifications of significant events that occurred in the home.

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

- The manager was open and transparent about the improvements the home needed to make to provide good quality care. This included recruiting new staff, improving care plans and improving the quality of

meals.

- The manager had previous experience of managing a high-quality care service; they had a clear vision for the future direction of the home. One person said, "The new manager and deputy are good. They've only been here five weeks. They know there are problems that have to be sorted out and they know what they need to do to put them right." One staff member said, "With the new manager everything is calming down, we are going in the right direction."
- The manager was supportive and approachable; people and staff confirmed this. One person said, "She [the manager] is lovely from what I have seen of her." One staff member commented, "[The manager] is approachable, I can talk to them. They are always on the floor, walking round checking everything is okay."

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

- People, relatives and staff had opportunities to share their views about the home; regular residents' and staff meetings took place. One relative said, "There are meetings where we can come in and discuss what's going on generally. We were asked to come in and meet the new manager and deputy, that was good."
- Minutes showed staff had discussed their concerns about staff morale, teamwork and kitchen standards. Staff told us the manager was proactive in addressing these issues.
- People, relatives and staff had been sent questionnaires; these were in the process of being completed and returned.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	Care plans did not reflect people's needs and preferences and did not provide the information staff required to provide the care people wanted.
Treatment of disease, disorder or injury	
	Regulation 9(1)(3)(b).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Quality assurance systems were not effective in monitoring the service and promoting sustained improvement in the quality and safety of people's care.
Treatment of disease, disorder or injury	
	Regulation 17(1) and 17(2)(b).