



Making Social Care Better for People

Inspecting for better lives

# Key inspection report

## Care homes for older people

<b>Name:</b>	Donisthorpe Hall
<b>Address:</b>	Shadwell Lane Leeds Yorkshire LS17 6AW

<b>The quality rating for this care home is:</b>	two star good service
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A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

<b>Lead inspector:</b>	<b>Date:</b>
Catherine Paling	0 7 0 4 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

**Outcome area (for example Choice of home)**

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

**This is what people staying in this care home experience:**

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Older People can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

## Reader Information

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## Information about the care home

Name of care home:	Donisthorpe Hall
Address:	Shadwell Lane Leeds Yorkshire LS17 6AW
Telephone number:	01132684248
Fax number:	01132686079
Email address:	marialyn@donisthorpehall.org
Provider web address:	

Name of registered provider(s):	Donisthorpe Hall Company Limited
Type of registration:	care home
Number of places registered:	189

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	189	0
old age, not falling within any other category	0	189

### Additional conditions:

1. The registered person may provide the following category of service only: Care home with nursing: Code N, to service users of the following gender: Either, whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category: Code OP, Dementia: Code DE.

2. The maximum number of service users who can be accommodated is 189.

Date of last inspection								
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### Brief description of the care home

Donisthorpe Hall is a large care home situated in extensive private grounds in a residential area of Leeds. The home provides residential and nursing care, primarily for Jewish people, but also accommodating the needs of people from a range of cultural and religious backgrounds.

The original house was converted in 1956 and extended over time to become what it is today. There has been major development of the site over the years wll of which has been done to a high standard.

### Brief description of the care home

Communal areas include a Synagogue, cinema, coffee shop and gift shop, reception, physiotherapy area, sensory room and a range of sitting rooms. Two passenger lifts give people access all areas of the home.

The area is well served by public transport and there is ample parking for staff and visitors.

The home should be contacted directly for up to date information about current charges. Information about the service is provided in a Statement of purpose and service user guide, available at the home.

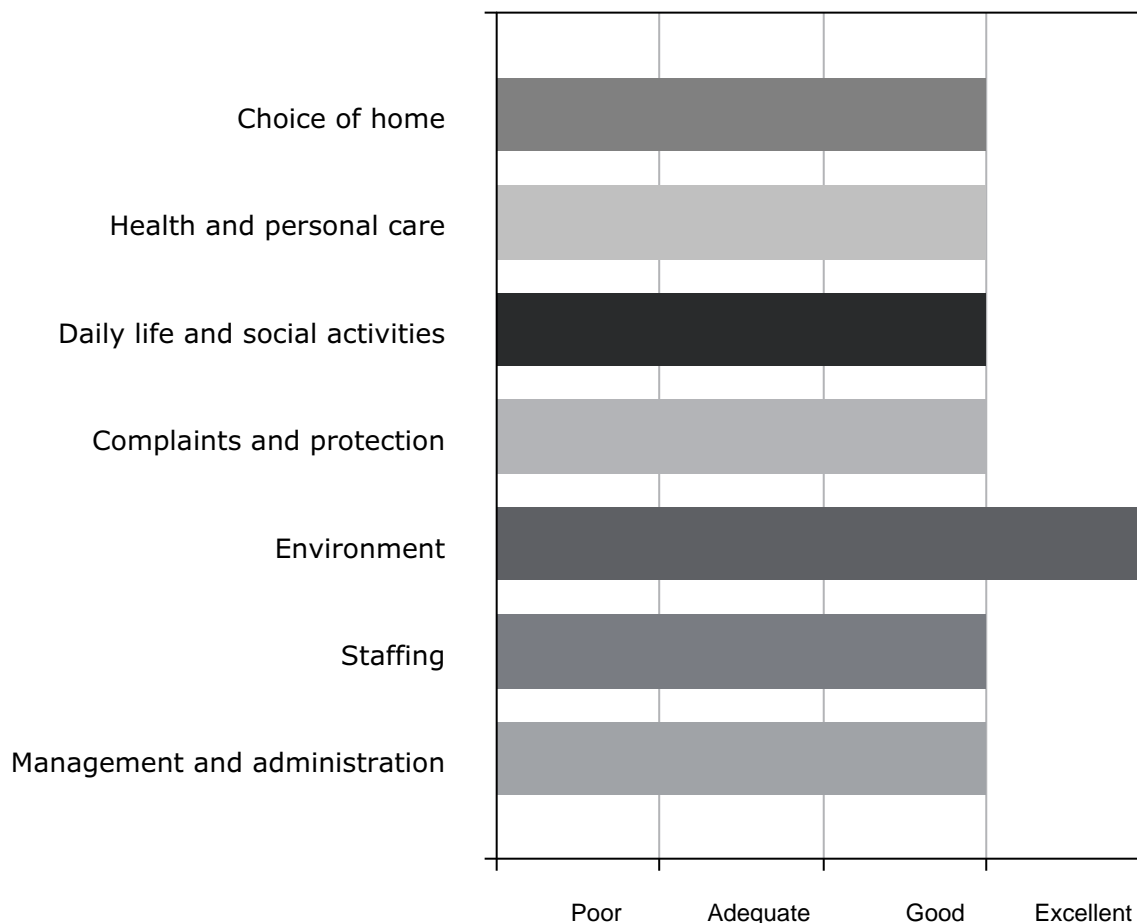
## Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

### Our judgement for each outcome:



### How we did our inspection:

The quality rating for this service is 2 stars. This means the people who use this service experience good quality outcomes.

This was an unannounced visit by two inspectors who were at the home from 09:20 until 17:15 on 6th April 2009 and from 09:00 until 13:15 on 7th April 2009.

The purpose of the inspection was to make sure the home was operating and being managed for the benefit and well being of the people who live there and in accordance with requirements. Before the inspection accumulated evidence about the home was reviewed. This included looking at any reported incidents, accidents and complaints.

A number of documents were looked at during the visit and most of the areas of the home used by the people who lived there were visited. A good proportion of time was spent talking with the people who live at the home, as well as with the staff and the manager.

An Annual Quality Assurance Assessment (AQAA) had been completed by the home before the visit to provide additional information. This is a self-assessment of the service provided. Survey forms were sent out to the home before the inspection providing the opportunity for people at the home, visitors and healthcare professionals who visit, to comment, if they wish. Information provided in this way may be shared with the provider but the source will not be identified.

A number of surveys were returned by the time of this visit. Comments received appear in the body of the report.

The last visit to this service was 7th April 2008.

### **What the care home does well:**

The manager wrote in the AQAA: "Continual Quality review and improvement. The management teams immediate response to shortfalls. The Home undertake external assessments from quality initiatives. Provide excellent ongoing training for all levels of staff."

People said: "I visited several homes before deciding that Donisthorpe would be the best for my mother. We were shown round before making our decision and felt that the care being given to other residents appeared superior to the others." "I do remember getting all the information I needed"

People have their needs assessed before they are admitted to the home and people are encouraged to visit the home to see if they like it before they move in.

Staff feel well supported by the senior management and have lots of opportunity to attend training to help them understand how to look after people properly.

People live in very comfortable surroundings. Refurbishment and development of the service is being completed to a high standard.

There is a stable management team who work hard to make sure that they monitor the effectiveness of the service. They identify and act on any shortfalls identified to make sure that people are well looked after.

### **What has improved since the last inspection?**

The manager wrote in the AQAA: "Continually assessing services and inviting reputable external auditors from various organisations to assess our service delivery in all areas. Changing a staff team and improve documentation. Completion of a new 21 bedded Dementia residential unit. Ongoing refurbishment. Continuous audit and review of all our services. Ongoing Training and Development of all our staff. Continuing health promotion to all our residents. Continuing development of our Dementia Unit. To provide an information friendly area for relatives on the Dementia unit."

People said: "I am quite satisfied with the care that she receives" "The doctor has been called whenever there has been a problem" "I have spoken and received information from the doctor on many occasions" Healthcare professionals said: "Things have greatly improved" "Improved communication"

Following the previous inspection the home produced an action plan to address the identified shortfalls and the overall service has improved with the vast majority of people being satisfied with the service they receive.

### **What they could do better:**

The manager wrote in the AQAA: "As an organisation we are continually looking to improve all our services, we are proactive in responding to any shortfall. One of the areas from the last inspection was to review

Silver Lodge First floor. This we have done and are continuing to maintain improvements made. We have involved external consultants and agents to act on our and the residents behalf. We had lots of initial problems with the equipment and



processes in Laundry which we have resolved and continue to monitor the area. A recent relatives and residents meeting confirmed that we are doing things right and that the problems are much better. Outdoor stimulus is difficult to achieve all the time for our residents with dementia. We have some trips out but a secure outdoor area with sensory gardens and features that promote wildlife would be beneficial for this group of people. We are looking into creating a wildlife haven in the adjacent woodland which will be visible from a new lounge area. This would also be accessible with a path to stroll around and benches to sit on. We also have commissioned two sensory gardens in a secure area which residents can have free access to garden areas. Also we have identified that dementia awareness and visual awareness needs to be extended to non clinical staff. This will be incorporated into the training plan."

The manager now needs to make sure that the improvements in the service are sustained. One area they need to continue to be vigilant in, is the effective monitoring of all aspects of medication administration. This is to make sure that people living at the home are protected by safe administration of medicines.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line -0870 240 7535.

## Details of our findings

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## Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are provided with information to help them make up their mind about moving into the home. The admission process is good and includes introductory visits where possible.

Evidence:

The manager wrote in the AQAA: "Review of the Statement of Purpose and Service Users Guide Own Nurse Liaison Manager and nurse assessor who visits all prospective SU and assesses them prior to admission. Also liaise with the appropriate professionals and representatives. Obtain a written assessment and a copy of the Care Plan assessment forms. For self funding residents a recognised assessment tool is used. Involvement of appropriate professionals where deficits or specific needs have been identified."

People said: "I visited several homes before deciding that Donisthorpe would be the

## Evidence:

best for my mother. We were shown round before making our decision and felt that the care being given to other residents appeared superior to the others." "I do remember getting all the information I needed" "Visited Donsithorpe Hall on more than one occasion and was given a grand tour" "We have lots of foreign staff, Polish, English, African and there is a lovely atmosphere right through the building. Everyone seems happy here"

We saw that the home has a range of information for people to help them decide about moving into the home. Each unit has specific information available about the different services they provide. We saw that pre admission visits are made to everyone before they are admitted to the home to make sure that their care needs can be met. People also told us that they had been able to visit the home before moving in, we saw records of these visits. We saw assessments were generally completed to a good standard although sometimes rather brief. Another one we looked at did not include information about who had been present at the assessment to provide the information.

## Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Care plans contain enough information for staff to know how to look after people properly. People living at the home seem to get the care they need and are treated with respect.

Evidence:

The manager wrote in the AQAA: "Policies that are reviewed annually or when changes occur. Review of Clinical care and Dementia strategies. Very low number of residents with pressure ulcers: majority developed prior to admission or during a hospital admission. Excellent care and treatment of pressure ulcers. We have managed to heal grade 4 ulcers that even the TVN and GP have discussed amputation (toe ulcer). Assessment tools used to back up identified problems. Provision of profiling beds for all our residents. Provision of specialist equipment to the more complex nursing residents such as low air loss mattresses, syringe drivers and sub cutaneous hydration. Robust medication management which covers staff training and annual assessment of competencies, administration, ordering, destruction, storage, Controlled drugs, self medication, monitoring and auditing the systems, reporting of any errors. Provision of

## Evidence:

a high standard of Privacy and Dignity to all SU. Provision of an excellent GP service. Care of our residents at the End of Life. Completion of the CHESSE programme by the Nurse Manager, who was also involved in the PCT strategy meetings regarding end of life care."

People said: "I am quite satisfied with the care that she receives" "The doctor has been called whenever there has been a problem" "I have spoken and received information from the doctor on many occasions" "she has been kept comfortable when unwell" "The staff are very kind and caring" "We discuss my mothers care and if I was not happy with some aspect of it they always listen" "If my mother needs a doctor she gets one" "I always get any information I need about care - which I believe is excellent" "Nothing is too much trouble, all the staff are very helpful" "Superb!!" "If I am ill I do not get the attention that I need or would expect to receive" I am well enough to look after myself, I take my own pills and they trust me because they know I am capable"

Healthcare professionals said: "Things have greatly improved" "Improved communication"

Since our last visit the management team have worked hard to address the shortfalls identified at that time. They have reviewed staffing arrangements and made changes where they felt it necessary. They have also involved an independent nurse practitioner to help them review some care practices.

During this visit we spent time on Silver Lodge, both the residential and the nursing unit, Unit 1, 2 and 3. We also had a brief tour of Unit 4.

We looked at care plans for a number of people over the units we visited and overall we

found that there was enough information for staff to know how to look after people properly. We saw that the first forty eight hours after admission further assessment of care needs is completed. This information is used to develop an initial care plan with the involvement of the person where possible or their relatives. we saw that care plans were not always person centred and concentrated on nursing needs, although we did see some good personal detail in other plans. For example, that one person did not like bubble bath because it made her skin dry. We saw clear evidence that care plans are reviewed and updated when things change.

There is a range of risk assessments completed for people including manual handling risk, the risk of skin damage and nutritional risk. Although we saw that staff were vigilant in making sure people had enough to eat we found misleading information recorded on some nutritional risk assessments. For example, two people with dementia had been recorded as being at low nutritional risk. Both needed significant

## Evidence:

support from staff to make sure that they had enough to eat. Another person had a very low weight recorded but records said this person was not at nutritional risk. A different weight was recorded elsewhere in the records and the error had not been spotted.

We saw information in records which appeared to be a guide to acceptable weight ranges. This information had not been sourced and senior members of staff were not able to tell us where it came from. The list of weights in isolation could lead staff to a misguided understanding of what is acceptable, without taking other factors into account.

We saw clear and informative wound care plans for people with skin damage and specialist advice had been sought.

We found that although turning charts and fluid intake charts were being completed for people they were not always up to date. We discussed this with the manager of one unit and it is apparent that people are being turned to prevent skin damage and are being given fluids without reference to the charts. Written evidence is needed of care given and the manager confirmed that she would take immediate action to resolve this matter.

All care records are kept on the computer and hard copies of essential information are printed off so that staff have access to up to date information about care needs.

There is a detailed medication audit in place at the home to assist the manager in the monitoring of safe medication practices. The CHKS Healthcare and Quality report 2008 identified some concerns around the recording of medication:

"Some concerns were identified in relation to the administration of medication in the residential unit where there were several examples of medication not being signed for and no evidence as to why this had been missed".

These observations reflect some made by us at the visit.

There are systems in place for training for all staff involved in the administration of medication. We found some issues with the administration and storage of medication on one unit. These were shared with the manager at feedback and she undertook to look into and resolve the issues promptly.

We saw some very good interaction between people living at the home and the staff. Staff were patient and worked at the pace of the person they were with. However, we witnessed a member of staff talking to one person in an undignified manner. The registered manager was made aware of this. We also saw that one unit was being run in such a way that led to some undignified terminology being used. For example, a list of the work staff were expected to do was displayed on the unit with one member of staff to attend to 'feeders in rooms'. This is undignified and disrespectful. Again, this observation was shared with the manager.

There have been improvements and we received positive comments in our surveys. Staff were professional and had a clear commitment to providing good care and were receptive to acting promptly on the shortfalls we identified.





## Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are supported in maintaining contact with family and friends and to make choices about how they spend their time. People are provided with a good and varied diet.

Evidence:

The manager wrote in the AQAA: "Individual care plans which identify social needs etc. Two activities co-ordinators who are employed full time. External activities and special events such as bonfire night etc. Very varied activities plan including cinema, art and computer classes, reminiscence etc. Large home, therefore provides an interesting and stimulating environment. Good community and family involvement. Excellent volunteers who assist in co-ordinating and supporting activities within the home. Good community spirit within the home. All service users are encouraged to exercise their own choices and control over their lives. Varied diet with input from residents. Snacks available 24hrs. Diets appropriate to the residents needs and medical conditions, ranging from normal diets to Soft to liquidised to finger foods, to snacks."

People said: "It is a beautiful Hotel everyone should know about it and come visiting" "I take her down to the coffee lounge when she is well enough" "There always seems

## Evidence:

to be regular activities for the residents" "There are regular concerts and a keyboard player on a regular basis" "there are visits to various places of interest" "I take advantage of all the activities. We have a cinema and 6 films a week, art class, bingo, discussion group, shopping and outings" "Food excellent" "My mother has blended food (soft) food but they always give plenty of variation" "Always two choices at lunchtime" "The food is excellent"

During the course of the visit we spoke to several care staff who confirmed that the daily routines were flexible and based around the needs of the people living at the home.

Staff confirmed that there were no set times for people to get up or go to bed although they said that some people preferred to retire early or spend time in their room after the

evening meal. We spoke with one person who had moved into the home for convalescence after a stay in hospital. This person said that they were able to spend their time in the way they wanted going out of the home to attend meetings, for example. They said that the staff were attentive and if she woke in the night staff brought her a hot drink of her choice to help her settle.

The home currently employs one activities co-ordinator but is in the process of recruiting two other people. They will be in post within a month.

The activities co-ordinator has attended dementia awareness training and other courses relevant to the post she holds. She is also currently studying for a NVQ at level 3.

A list of daily activities is on display on each unit and includes such things as trips out to places of interest, flower arranging, film shows and the usual bingo, board games etc.

People living at the home also have access to computers and one person emails their family on a regular basis. Another told us that she was back in touch with friends from all over the world via email.

The activities co-ordinator keeps a record of all activities that take place on a daily basis (on the computer) and evaluates how successful/enjoyable the activity has been for the individuals taking part.

The home has a mini bus on site, which is used for trips out. They currently rely on volunteer drivers.

A day trip to Scarborough has been arranged for July 2009.

During the course of the visit we had the opportunity to have a lengthy discussion with the activities co-ordinator and it is apparent that she get a great deal of job satisfaction from assisting the people living at the home to lead a full and active life. People we spoke with were generally pleased with the level of activities available

## Evidence:

although two people said they would like to go out on more trips. One lady said a home the size of Donisthorpe should have a coach parked outside not a mini-bus, 'no wonder we get out on so few trips'.

We spent some time sitting with people in the main dining room at lunchtime and without exception they all said the food was excellent both in quality and presentation.

### Comments

included "It is like eating in a five star hotel with excellent food and waiter service" and "I have been at the home now for over two years and never had a bad meal, the food is

always well cooked and there is plenty of choice at every mealtime".

We visited the dementia unit and there was a great deal of laughter as people enjoyed karioke with staff. We spent time on this unit over two mealtimes and these were generally well managed. Staff gave people food as soon as they sat down and although there was a lot of movement and activity staff made sure people had enough food to eat. We saw staff offer people choice by showing them two meals.

## Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There is a robust complaints procedure and people are listened to and issues acted upon. People are protected by safeguarding procedures.

Evidence:

The manager wrote in the AQAA about what the home does well regarding complaints and protection: "Policy and procedures. Complaints booklets on display. All complainants are responded to within the recommended timeframe. 100per cent compliance is achieved. The relatives, residents are invited to attend a meeting with the Chief Executive Officer and the Nurse Manager to discuss all serious complaints regarding care. All complaints are recorded and investigated, ensuring that appropriate actions are taken where necessary. All complaints are used for staff training purposes. Robust abuse policies. Staff training on abuse also included on induction. Abuse questions are part of the interview process."

People said: "always had their cooperation with any problems" "I have spoken with (management) who has always resolved any issues" "its not often that is any problems as I am always kept informed" "There are written procedures in each room telling you what to do if you need to complain" "I make my views known but it doesn't make any difference" "I am expert at making complaints but I have no complaints"

We saw that there is a clear complaints procedure that is freely available within the

Evidence:

home. Clear records are kept of any complaints or concerns received and showed that these are taken seriously. The provider has demonstrated that they are keen to resolve issues. Where agreement could not be reached following one complaint the provider sought advice from an independent practitioner. Comments we received indicated that people knew how to complain and felt able to do so.

The training officer confirmed that safeguarding training is done as part of the induction training completed by all new staff. The training programme for 2009-10 shows that

additional training is also planned for all care staff later this year.

Qualified staff and senior care staff attend the local authority Social Services Adult protection course and some care staff have already received in house training facilitated by the training officer.

Staff spoken with during the course of the inspection confirmed that they were aware of the homes policy on "whistle blowing" and had received training on the recognition and reporting of abuse.

## Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The ongoing refurbishment and development of the service and facilities is being completed to a very high standard meaning that that people live in very comfortable surroundings.

Evidence:

The manager wrote in the AQAA: "Provision of a large home with appropriate facilities. Large gardens tended by a contract gardening company. Garden areas are suitable and accessible for all our residents. Provision of High, Low Baths on each unit. Robust housekeeping and laundry facilities which conform to NMS 26. The home is undergoing a complete refurbishment to bring the whole home to an even higher standard and functionality. Good practice is undertaken in terms of creating sustainable energy efficient buildings and we are working closely with carbon trust in these matters. Buildings are designed with input from a team of design specialists, senior management along with views from residents and relatives. New builds and or refurbishments include safe garden environments. CSCI guidelines are followed along with best practice principles from other homes and advice from PAMS. We have a comprehensive PPM which is audited monthly and reviewed annually. We have a proactive building committee. Highly recommended for good practice by the Fire Officer for our risk assessments and fire management." Future plans include: "Ongoing refurbishment of the home especially units 2 and 5. Further improvement and planting

Evidence:

schemes to the gardens and grounds to ensure easier access for all SU and visitors."

People said: "You have to see how clean it is (spotless)" "Very clean and fresh" "room is always spotless and bright" "The staff are always cleaning and checks are made regularly" "clothes are only worn once and then go to the laundry"

All the areas we visited over the course of the two days were clean and tidy. The environment is maintained to a high standard with the major refurbishment and development of the building and facilities well underway. This work is being completed to a high standard meaning that people live in a comfortable and well equipped environment. People were being moved onto the newly completed Unit 4 at the time of our visit.

The staff have a good understanding of infection control practices and procedures. Visitors are also encouraged to follow good hand hygiene with hand gel available to use on

entering and leaving the building.

Laundry is completed to a very high standard and we saw people wearing well laundered clothes. All the laundry is done on site and there are six laundry staff providing seven day cover in the laundry.

## Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Overall, people are cared for by trained and competent staff. There were enough staff to look after people properly.

Evidence:

The manager wrote in the AQAA: "Monitor staffing numbers against resident dependancies and checked against Residential Formula. A registered Nurse on each nursing unit 24hrs a day, with a designated senior nurse in charge out of office hours. A on call system to ensure staff have access to a Clinical Senior Manager out of hours. Separate departmental staff ie housekeeping staff, catering staff, maintenance staff etc. Appropriate levels of NVQ qualification and a rolling programme. Career development. Training development plan for all staff. All staff have a training record. Provision of academic books, library journals and internet access for staff to use. Involvement of other academics to assist in improving service delivery. Appraisal system. CRB checks performed at Enhanced level for all staff and two references obtained prior to employment. Robust induction program initiated and monitored by the T and D Manager. Staff competencies performed. Head of Department meetings. Departmental meetings. Specific committees chaired by a member of the board, such as Medical Care committee, Clinical Services committee, Quality committee, Building committee. Involvement in projects and review of Policies, Philosophy, strategies etc." Plans for the future: "Continue with our training plan especially dementia awareness



Evidence:

training."

People said: "Staff are magnificent" "Staff have always been willing to help whenever I have asked. Nothing is too much trouble." "The staff are amazing very kind and very helpful, I can't praise them enough."

Staff said: "lots of training" "regular talks and meetings about our work and how we are doing" "We have a good unit manager who we can discuss any difficulties we come across" "We all communicate well as a team. We want to provide the best care and work hard to achieve this." "I love working here" "We usually have full complement of staff. however sickness absent could be a problem sometimes" "Staff ratios are adjusted according to the needs of the service users and the home has a pool of bank staff to cover for staff absences"

The home employs a full time training and development officer.

There is a training programme in place for 2009-10 and the training officer told us that additional courses are added to the programme as the year progresses.

All staff receive induction training in line with the Skills For Care Induction Standards. New staff do not attend external courses until they have completed the induction training

which usually takes 3 months to complete.

Many of the staff are not Jewish and therefore a lot of time is spent making sure they are aware of the religious and cultural needs of the majority of people in their care. Dementia training is done as part of the induction but not all staff have completed additional dementia awareness training. Some staff start their NVQ training before attending a dementia awareness course.

The training officer told us that all the staff on the new dementia care unit had received in-house training on dementia awareness.

The Dementia Care Manager is a Registered General Nurse and as attended a four-day course on Person Centred Care. He is also looking to start a degree course in Dementia Care at Bradford University in the near future.

We were also told that it is anticipated that the dining room staff and housekeeping staff will attend a basic dementia care course later this year.

The training officer told us that about half of care staff have achieved a National Vocational Qualification (NVQ) in care at level 2. Only senior staff are given the opportunity to study for a NVQ at level 3.

Equality and diversity training is done by care staff as part of the induction training and some senior staff received additional training in 2008. The training programme for 2009-10 shows that more equality and diversity training is planned for care staff later this year.

We were told that training on the Mental Capacity Act was completed by senior staff

Evidence:

last year. Training is planned for the care staff later this year.

A number of volunteers visit the home and receive induction training, which includes fire training, safeguarding, infection control and moving and handling, but only in relation to

how to push and handle a wheelchair.

The manager told us that agency nurses and care staff are only used in an emergency.

There is a CHKS report dated 2008 which is a Healthcare Accreditation and Quality Audit. Part of the audit is to look at staffing and comments were positive:

"All staff are friendly and professional. They are appropriately trained, skilled and committed to the delivery of high quality patient care"

"Teamwork is excellent"

Recruitment is carried out by the Human Resources (HR) department. We looked at a small sample of staff recruitment files and all the required checks are completed for staff

before they are employed at the home.

## Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is well managed and is run in the best interests of the people who live there.

Evidence:

The manager wrote in the AQAA: "Proactive, robust, forward thinking senior managers. Registered Manager has over 35 years nursing and clinical experience, proactive in developing new initiatives and introducing new development to continually improve clinical care within the home. Networking with other care homes. The management at all levels promotes an open and positive approach. The home has a proactive approach to Quality Assurance and achieving accreditation for CHKS and Hospitality Assured. Planned Internal Auditing in all areas throughout the year, covering H and S, Clinical, and documentation. A dedicated Finance department who maintains strict records and transactions in all areas including Service users money. The finance department have separate meeting with residents and relatives when dealing with private financial matters. at any time the residents and relatives can meet

## Evidence:

with a member of the finance team. Residents have access to view their financial records during office hours. Robust financial strategy, which ensures that the charity continues to be financially viable. The delivery of the strategy allows the charity to achieve significant service provision objectives ensuring value for money for service users. Risk management is also supported by this strategy. The charity never compromises on its level of insurance, which is significant. Robust training Calendar that includes compulsory training for all staff. Compliance with all statutory regulations. Staffing levels for the units supported by the Residential formula and all units and departments are staffed to a higher level. Continuing development within our senior management team."

Staff said: "We are supported a lot by the Unit manager and the Nurse Manager" "An excellent senior management team" "The nurse manager has an open door policy. She is always willing to give support and recommend appropriate training after discussions" "Donisthorpe is led by a nurse manager who is resilient and strives for continuous improvement of quality care in the home as evidenced by her keenness in involving the home in quality initiatives done in care homes"

There is an experienced and stable management team at the home providing clear direction and leadership for staff. Following the 2008 inspection when a number of shortfalls were identified, the management of the home produced a detailed action plan. This has been implemented effectively.

We were provided with detailed documents that evidenced the commitment to the ongoing review and improvement of the service and facilities at the home. The Annual Quality Improvement Plan 2009 gives a priority to training and good clinical practice. There is also a range of audits used to help in the ongoing monitoring of the service provided at the home. These include the audit of pre-admission assessment of care, dignity and privacy as well as medication. The service has been included in the Privacy and Dignity Audit carried out by Age Concern in March 2009.

People and their relatives are surveyed annually to gauge their opinions of the service and to identify any areas for improvement.

Unit managers told us that they talk to individual members of staff on a regular basis. However, this is not recorded as formal supervision. There are supervision forms available

showing what should be discussed at supervision but they are not being completed.

We discussed supervision with a number of care staff and although they said they felt well

supported by the unit managers and qualified nurses they struggled to understand the benefits of one-to-one supervision.

Managers told us that staff meetings are held on a regular basis. The units hold a separate meeting for qualified nursing staff and then have a full staff meeting. Some

Evidence:

minutes were available to evidence this.

Donisthorpe Hall has achieved the coveted Health Quality Service accreditation awarded after rigorous audit by an independent team of senior healthcare professionals. The Chief Executive of the home told us that Donisthorpe Hall is the only independent home of its kind to have achieved this award.

Are there any outstanding requirements from the last inspection?

Yes

No

## Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
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## Requirements and recommendations from this inspection:

### Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action
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### Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
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### Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No.	Refer to Standard	Good Practice Recommendations
1	8	Care should be taken to make sure that information in nutritional risk assessments is accurate. This is to make sure that any nutritional risks are not overlooked.

## Helpline:

**Telephone:** 03000 616161 or

**Textphone:** or

**Email:** [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

**Web:** [www.cqc.org.uk](http://www.cqc.org.uk)

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

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