

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Donisthorpe Hall Company Limited by Guarantee

Donisthorpe Hall, Shadwell Lane, Leeds, LS17
6AW

Tel: 01132684248

Date of Inspection: 21 December 2012

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✘	Action needed
Care and welfare of people who use services	✔	Met this standard
Safeguarding people who use services from abuse	✔	Met this standard
Requirements relating to workers	✔	Met this standard
Assessing and monitoring the quality of service provision	✔	Met this standard

Details about this location

Registered Provider	Donisthorpe Hall Management Committee
Registered Manager	Mrs. Maria Holdsworth
Overview of the service	Donisthorpe Hall provides residential, nursing and dementia care for a maximum of 189 residents. Care is provided in seven specialist units. The home has a longstanding association with the Jewish community in Leeds but also offers care to people of other faiths or beliefs.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 21 December 2012, observed how people were being cared for and talked with carers and / or family members. We talked with staff.

What people told us and what we found

Donisthorpe Hall is a large residential and nursing home which is divided into seven separate units. We visited one of the units caring for people with dementia. The unit was clean and pleasantly decorated. We saw that some people were visiting relatives who were living at the home. We spoke with three of the visitors and asked them about the care their relatives received. One of the people visiting the home told us that "The staff are very good, they tell me if they have any concerns." Another we asked about the home said "Its brilliant, it's a good warm environment, (people) are well cared for."

The people we spoke with said that they were kept informed about the care their relatives received and were involved in decisions about them. However we found that the provider's records were not always kept up to date and there was a risk that some urgent care could be delayed.

We found that care plans were detailed and included appropriate risk assessments. The staff we spoke with knew about the needs of the people they cared for and could describe how they kept them safe from abuse.

We saw that the provider had effective arrangements for the recruitment, induction and training of staff.

The provider had effective systems to monitor and assess the quality of the service provided. We saw how the provider sought the views of residents and relatives and acted on the findings.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 31 January 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✘ Action needed

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was not meeting this standard.

Before people received any care or treatment they were asked for their consent. The provider acted in accordance with their wishes or those of their next of kin but key documentation regarding emergency resuscitation was not always accessible or correctly completed.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The provider told us that consent to care and treatment was discussed as part of each resident's pre-admission assessment. The provider told us that family members were included in pre-admission assessments, decisions regarding resuscitation and end of life care.

We spoke with three people who were visiting residents at Donisthorpe Hall. They all told us that the care and treatment of their relatives had been discussed with them. One of the visitors we spoke with told us that "The staff are very good, they tell me if they have any concerns." However the visitors we spoke with could not recall being asked to sign documentation relating to consent.

We looked at six care plans and saw that each care plan included a summary sheet which had been signed by a member of staff. We saw that there were spaces for the person using the service and their next of kin to sign but these were blank. The provider told us that relatives were encouraged to sign care plans but did not always do so.

Five of the six care plans we looked at had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms attached to the front cover. Two of the forms had not been signed by a healthcare professional (General Practitioner). Four of the forms had not been dated. Two of the forms did not include a record to show that the decision not to attempt resuscitation had been discussed with the person using the service or someone relevant to them.

Cardiopulmonary resuscitation is the attempt to revive a person when their heart has stopped beating and they have stopped breathing. CPR is carried out, unless the person

has previously stated that they do not wish to receive such treatment. A completed DNACPR form tells the staff caring for the person not to perform CPR on them.

We asked the staff on duty to explain how, in an emergency, they would confirm that a valid DNACPR was in place. They told us that they would check the list of names which was attached to the side of a filing cabinet in the unit manager's office. We looked at the list and saw that it included the names of all the residents staying on the unit and whether or not a DNACPR instruction had been given.

We showed the staff the incomplete DNACPR forms and asked them how they ensured that they were valid. They looked through the care plans and found a note signed by a relative to confirm that they had been involved in a discussion about resuscitation. However, in one of the care plans we looked at the member of staff was unable to find any record of a DNACPR discussion with relatives.

We found that the provider's procedures and records regarding DNACPR were unclear and had the potential to lead to confusion regarding whether or not to attempt resuscitation in an emergency.

The provider must ensure that when a do not attempt resuscitation decision has been made a complete and accurate record, including where appropriate a record of the involvement of a "relevant person" e.g. someone who knows the person using the service, is placed in the care plan and is easily accessible to staff and the emergency services.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. The staff we spoke with understood the requirements of the Mental Capacity Act 2005. They told us that where people who used the service did not have capacity their care was discussed with their next of kin or other family members. The provider told us that decisions which needed to be made in a person's best interests (Best Interests Decisions) were taken by a multi-disciplinary team. This usually included the person's general practitioner, social worker, family members and if appropriate a specialist dementia nurse.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. When we arrived at the unit we saw some residents were sat in the lounge area, some were talking with relatives, others were watching television. The residents we saw were appropriately dressed and looked well cared for. One group of residents were sat around a table in the dining area taking part in a planned creative activity. There were two members of staff supporting them with the activity. We could see that they were engaging positively with the residents.

We observed people in the lounge after lunch. We saw some members of staff supporting people to sit comfortably in front of the television. We saw one member of staff moving around the lounge spending time sitting and talking to residents. Later in the afternoon some of the staff lead a singing session in the lounge. Whilst some residents appeared to be listening to the singing others left the lounge or appeared to be trying to sleep.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that each resident had an individual care plan. Each care plan included a life pen picture, information on the person's personal preferences and care needs. We saw that appropriate risk assessments had also been completed. We were told that care plans were routinely reviewed each month and more frequently where there was a concern about changes in a person's condition.

We spoke with three members of staff who worked on the unit. They knew the needs of the residents they cared for and gave examples of how they met the particular needs of individuals. We saw an example where changes in a resident's behaviour had been noted by the staff and a specialist health professional had been asked to carry out an assessment and advise. The staff we spoke with could describe the actions they used to manage challenging behaviour and keep residents safe from harm.

The provider told us that significant changes to care and treatment were discussed with family members. One of the visitors we spoke with told us that they had been involved in their relative's care needs and did not have any concerns about the care and support provided. They said "Its brilliant, it's a good warm environment, (people) are well cared for."

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. Donisthorpe Hall has strong links with the local Jewish community. There is a wheelchair accessible synagogue on the site and services are held every week. We saw that the provider had also considered and made arrangements to meet the needs of people of other beliefs and faiths. Care plans included information on each person's spiritual needs. Residents were able to attend religious services with others of the same faith or to have private communion in their own rooms.

One of the visitors told us that the provider supported people to celebrate religious festivals at the home. They also said that the "Food was of a high standard and there was plenty of choice, including vegetarian options."

There were arrangements in place to deal with emergencies. We spoke with three members of staff who worked on the unit. They were clear about their roles in the event of an emergency. We saw that there was a defibrillator which was charged and ready for use in the adjoining unit. We were told that the nursing staff had been trained in its use.

The Deprivation of Liberty Safeguards were only used when it was considered to be in the person's best interest. We saw that residents were routinely assessed to check whether there was a risk that they were being illegally deprived of their liberty.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We saw that the provider had a written safeguarding policy and procedures for staff to refer to. The policy and procedures had been written with reference to the Leeds Safeguarding Adults Partnership Multi-Agency Policy and Procedures. In 2011 the provider had commissioned an independent review of safeguarding arrangements at Donisthorpe Hall. We saw that the review had examined training and support for staff and the involvement of residents and relatives. We noted that the review had not identified any significant concerns.

We looked at staff training records and saw that seven members of staff on the unit we visited had attended safeguarding training in the last two years. We saw that new members of staff underwent an induction period which included assessments of competency in safeguarding.

We spoke with four members of staff who were working on the unit about their understanding of adult protection. They described the signs of abuse and knew how to report a concern about abuse. We asked one member of staff how they managed people who exhibited challenging behaviour towards other residents. They were able to describe recent changes they had made to reduce the impact of one of the people using the service on other residents.

The provider responded appropriately to any allegation of abuse. We looked at the provider's arrangements for reporting incidents. We saw that the provider had taken appropriate steps and notified the local authority's safeguarding unit and Care Quality Commission where required by the regulations.

People who used the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. We asked the provider to explain how staff managed altercations between residents. They told us that the staff had received specialist training in dementia care which included the use of de-escalation techniques.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work. We looked at the personal records for the three most recently appointed members of staff. We saw that the records included photographic identification, a criminal records bureau check and where appropriate documentation to prove entitlement to work in the UK.

We saw that the provider checked and kept a record of the registration of nursing staff with their professional body, their registration numbers and date of renewal. The provider told us that checks were made to ensure that students employed at Donisthorpe Hall did not work over their permitted number of hours.

The provider had made arrangements to ensure a supply of experienced temporary staff to cover for absences. Regular checks were made to ensure that temporary staff had attended appropriate training and had worked sufficient hours to maintain their skills. Temporary staff who had not worked in a care setting in the previous twelve months were required to complete an induction period.

There were effective recruitment and selection processes in place. We looked at the provider's recruitment records. We saw that staff were interviewed before being appointed. The provider's records included a copy of an interview record, references, job description, person specification and induction checklist. The provider's induction programme included assessments of competency in safeguarding, infection control, equality and diversity and mental capacity.

We saw the providers' staff training and development plan for 2012. We note that the staff were issued with a competency pack which they discussed with their manager during supervision. Staff also underwent annual appraisals.

We spoke with a member of staff who had recently been appointed. They explained how they worked under supervision whilst they completed a training log to evidence what they had learnt during their probationary period.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The provider had established effective systems to assess the quality of the service provided. We saw that the provider carried out an annual satisfaction survey and produced a detailed analysis of the responses. The provider showed us the findings from the surveys completed in 2011 and 2012. We noted that the majority of the responses were positive. The provider had detailed the findings from each of the home's seven units and noted any specific actions required to maintain or improve the quality of the service.

The findings from the satisfaction surveys and audits were reported to a monthly quality committee, which included three residents and two volunteers who worked at Donisthorpe Hall. A record of the meetings was kept and issues requiring action were recorded. We saw that the provider had produced annual improvement plans for 2011 and 2012.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We saw that the provider kept a record of significant events and a note of any actions that were required. The provider had undertaken a programme of internal and independent external audits. The audits included reviews of medication, nutrition, dignity, infection control and safeguarding.

The provider took account of complaints and comments to improve the service. The provider had produced a complaints leaflet for residents and families. The leaflet explained the provider's policy, and encouraged people to suggest ways to improve the service. The leaflet explained how to make a complaint, how complaints were managed and what to do and who to contact if a resident or relative was dissatisfied with the way the home had dealt with their complaint.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment
Diagnostic and screening procedures	How the regulation was not being met: The provider did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them Regulation 18.
Treatment of disease, disorder or injury	

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 31 January 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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