

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

## Donness Nursing Home

42 Atlantic Way, Westward Ho, Bideford, EX39  
1JD

Tel: 01237474459

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2012

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

**Respecting and involving people who use services** ✓ Met this standard

**Care and welfare of people who use services** ✓ Met this standard

**Safeguarding people who use services from abuse** ✓ Met this standard

**Supporting workers** ✓ Met this standard

**Complaints** ✓ Met this standard

## Details about this location

Registered Provider	Mr & Mrs P Newton
Registered Manager	Mrs. Yvonne Newton
Overview of the service	Donness Nursing Home provides personal and nursing care for up to 34 older people who may have a dementia, learning disabilities, physical disabilities and sensory impairments.
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

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 27 September 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

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### What people told us and what we found

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We carried out an unannounced inspection on 27 September 2012. On the day of our visit we were told that there were 23 people living at Donness Nursing Home. We spoke with six people who lived at the home, four staff members, and the registered manager and looked at three people's care files.

We saw that staff treated people with consideration and respect. We saw that staff quickly responded to people's care needs to ensure that they were kept comfortable and informed about what was happening, such as discreetly assisting someone to the toilet and informing them about when lunch would be.

Staff had knowledge of privacy, dignity, independence and human rights. For example, how to maintain privacy and dignity when assisting with personal care. They showed an understanding of the need to encourage people to be involved in their care. For example, staff recognised the need to explain tasks to people before assisting them.

Care plans that we saw reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.

We spoke with staff about their understanding of what constituted abuse and how to raise concerns. They demonstrated a good understanding of what kinds of things might constitute abuse, and knew where they should go to report any suspicions they may have.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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On the day of our visit we were told there were 23 people living at Donness Nursing Home. People we spoke with told us that they were very happy with the care and support they received and the staff were polite and easy to communicate with. Comments included: "it's lovely here"; "the staff are helpful"; "I have no concerns. I would speak to staff if I had any concerns"; "I feel involved in my care" and "I spend my time doing crosswords and watching quiz shows. I have always liked doing these."

Everyone said they were satisfied with the care received and the manner in which it was delivered by staff. People commented that they chose their time of rising and retiring with or without assistance.

Staff had knowledge of privacy, dignity, independence and human rights. For example, how to maintain privacy and dignity when assisting with personal care. They showed an understanding of the need to encourage people to be involved in their care. For example, staff recognised the need to explain tasks to people before assisting them.

Staff demonstrated a good understanding of the importance of consent and how to obtain consent from people before assisting with any intervention. For example, how they would ask people how they wanted to be supported before proceeding with personal care activities.

Care plans that we saw reflected people's health and social care needs as identified through assessments carried out by staff at Donness Nursing Home and that of other health and social care professionals. We saw evidence that people living at Donness Nursing Home and family members were involved in the care planning process.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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People we spoke with who lived at the home said that their care and welfare needs were being well met.

On arriving at the home at 9.45am we saw that people were being supported to get up. The staff who were supporting them said that Donness Nursing Home was home for the people who lived there and that this should be respected.

We were told by people living at the home that staff supported them appropriately with daily living tasks, including personal care and meeting nutritional needs. During our visit we observed that staff assisted people to meet their personal needs, such as discreetly asking people and supporting them to access the toilet and meeting people's individual nutritional needs.

We heard from people living at the home that staff spent time with people who used the service and supported them in a way they chose. Interactions between staff and people were respectful, sensitive and professional. We observed that staff took time to listen to people, and established their current needs, to help maintain their independence over the choices being made.

Care plans that we saw reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.

We specifically looked at three people's care files, which gave detailed information about their health and social care needs. Care files were person-centred and reflected Donness Nursing Home's ethos that people living at the home were at the heart of planning their care and support needs.

Files included personal information and identified the relevant people involved in their care. The care files were presented in an orderly, and easy to follow, format which staff could refer to when they provided care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to ongoing reviews of care.

Care plans were up-to-date and were written with clear instructions. They were broken

down into separate sections making it easier to find relevant information, for example, physical health and mental health needs, mobility, personal care, pain management, medication, communication and nutrition. Within daily notes there was written evidence of visits and conversations with health and social care professionals, such as GPs. These records demonstrated how others had been involved in people's care. Additionally, care plans showed that people underwent regular reviews or in response to changing needs.

People's individual risks were identified and the necessary risk assessments were conducted and reviewed on a monthly basis or when there was evidence of changing needs. For example we saw risk assessments for nutrition, falls, skin integrity and mobility. This demonstrated that, when staff were accessing information about a person's needs through their risk assessments, they were able to determine how best to support them in a safe way.

We had received concerning information about the management of pain and end of life care. The information was specifically about the competence of registered nurses use of syringe drivers which are used to manage pain through the administration of analgesic medication. We spoke with the registered manager about the concerns. They explained that qualified nurses are trained in the use of manual syringe drivers but, through medical advancements, these were now digital. The registered manager informed us that staff had completed the e-learning module on digital syringe drivers, but they had not received the face to face session. They added that they had been trying to secure 'hands on' training for staff for 12 months. They had now managed to arrange this for 9 October 2012. The district nursing team had assisted the home recently when a person required a syringe driver to be in situ as the home's nursing team did not have either the competency or confidence in using digitalised syringe drivers.

We saw evidence that the home followed the Gold standards Framework for the management of end of life care. The Gold Standards Framework (GSF) is a systematic evidence based approach to optimising the care for patients nearing the end of life. It is concerned with helping people to live well until the end of life and includes care in the final years of life for people with any end stage illness in any setting. Donness Nursing Home adopted the framework within the overall planning of care for people. We saw evidence that this was implemented through people's management of pain care plans and close liaisons with people's GPs. This demonstrated that the home saw that the comfort of people and close working relationships with GPs were the most important parts of providing end of life nursing care.

During our visit we spoke with a visiting activities organiser. They explained that they visited the home twice a week and supported people either in groups or on a one to one basis with music and movement. The registered manager informed us that the home also benefitted from having outside entertainers who visited on a regular basis. They explained that this was music focused through the use of the keyboard, flute and guitar. This demonstrated that the home recognised how activities aided both physical and mental health well being.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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People we saw and spoke with confirmed that they felt safe and supported by staff at Donness Nursing Home and had no concerns about the ability of staff to respond to safeguarding concerns. They felt that their human rights were upheld and respected by staff.

We observed a relaxed atmosphere, where people said they were happy in their surroundings and with the staff supporting them. The home was welcoming and decorated in a way that reflected the group of people living at the home. For example bedrooms were individually personalised to reflect the characters of the people living there. This demonstrated that care was given to ensure the home was homely and comforting for the people living there and ensured that familiar objects were accessible for them to refer to if needed.

We spoke with staff about their understanding of what constituted abuse and how to raise concerns. They demonstrated a good understanding of what kind of things constituted abuse and knew where they should go to report any suspicions they may have. Staff we spoke with felt confident about responding to changing needs and knew what signs of abuse to look out for during their daily practice. Staff informed us that they had received formal safeguarding training.

We saw the home's safeguarding policy, which was written in line with nationally recognised guidance. The policy included those who should be informed and involved if a safeguarding issue was identified. For example the local authority and Care Quality Commission. Staff we spoke with knew where to locate the policy, had read it and stated that they could access it quickly if needed.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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People we spoke with said that staff were supportive and helpful. Staff knew how to respond to specific health and social care needs and were observed to be competent with such. Staff spoke confidently about the care practices they delivered and understood how they contributed to people's health and wellbeing.

Staff told us they received health and social care needs specific training which they believed helped to equip them to do their job. Staff said they received supervision and appraisals and that the registered manager provided close supervision, advice and support. Staff we spoke with confirmed that they had completed National Vocational Qualifications (NVQs) in health and social care in order for them to provide people with the right care and support. Staff were also completing accredited training, such as end of life care. These then fed into their NVQ courses and optimised the performance and ability of staff within the home.

We saw the home's training schedule for 2012 which outlined the courses planned and completed by staff members. The home's mandatory courses included safeguarding, health and safety, fire safety, moving and handling and first aid. Additional courses completed by staff included end of life care, skin care, dementia care and the Mental Capacity Act (2005). Face to face digital syringe driver training for registered nurses was booked for 9 October 2012.

This demonstrated that Donness Nursing Home recognised the importance of a staff team who were well trained and supported in order to meet the needs of the people living at the home.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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People we spoke with told us that they were confident that their comments and complaints were listened to and dealt with appropriately by the registered manager and their staff team. One person said "I have no concerns. I would speak to staff if I had any concerns."

People were made aware of the complaints system. This was provided in a format that met their needs. We saw information on the resident's notice board which provided people with details about how to make a complaint. It clearly set out the procedure which would be followed by the registered manager. Additionally, as we toured the building and spoke with people living at the home, we saw that they had a service user's guide in their bedrooms. This showed details of the complaints procedure and what people should expect from the home. This demonstrated that the home ensured that people were given enough information in order for them to raise any concerns and valued their comments to improve the quality of care provided and the overall running of the service.

We asked for and received a summary of complaints people had made and the provider's response. We saw that the home had received one complaint in September 2012 from a family member about the care a relative received at Donness Nursing Home. The main concerns were about the registered nurses' competencies in the use of syringe drivers and the management of end of life care. We saw that the registered manager, who was also the provider, had responded in a timely manner and had thoroughly attended to the main points of concern in a sensitive and understanding manner. In practice the registered manager had ensured that staff received increased supervision and training to mitigate the possibility of these events happening again. This demonstrated that the provider was proactive in dealing with issues which impacted on people's care and experience of living at the home. The registered manager told us that this was the only complaint they had currently received.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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