Care Quality Commission

Inspection Report

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: 28 May 2013

Date of Publication: June 2013

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

Standard	Outcome
Respecting and involving people who use services	✓ Met this standard
Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✗ Action needed
Supporting workers	✓ Met this standard
Complaints	✓ 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 carried out a visit on 28 May 2013, checked how people were cared for at each stage of their treatment and care, talked with people who use the service and talked with carers and / or family members. We talked with staff.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

People who used the service were given information about their care and treatment. They had help to understand the information given to them and had choices about their care and treatment. They could choose what they had to eat and when they got up and went to bed. One person said, "If I sleep in they bring my food to my room." The provider had appropriate arrangements to record people's consent to treatment. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

People had individual care plans. Their needs were assessed before they moved into the home and reviewed as their needs changed. The staff were aware of the needs of the people they cared for and knew where to obtain advice. People told us the staff helped them to be independent. One person said, "I like my independence (but) if I need help they give it."

The provider had supported staff to identify the possibility of abuse and prevent abuse from happening. However the provider had not always followed locally agreed procedures or regulatory requirements regarding the reporting of abuse.

Staff received appropriate professional development. They had regular supervision and were able to obtain further relevant qualifications.

People were made aware of the complaints system and were given support by the provider to make a comment or complaint where they needed assistance.

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 03 July 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

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

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People's privacy, dignity and independence were respected.

Reasons for our judgement

People who used the service understood the care and treatment choices available to them. We looked at copies of the provider's service user guide and an information pack for people considering using the service. We saw there was a range of information, including material on, consent, activities, special diets, falls prevention and the provider's complaints procedure. The provider told us the information was also available in large print and different languages.

One of the members of staff told us people were shown around the unit before they made any decision about moving into the home. They said sometimes a member of staff had helped people by reading the service user guide and information pack to them. They also told us people could choose if they wanted a telephone in their room and had a choice of daily papers.

We spoke with four people who used the service and one relative who was visiting the home. They told us before they chose to move into the home they either, already knew something about the home, they or a relative had visited to look round or they had asked for and been given information about the home. Some people told us the information they received was easy to understand and they had been able to ask questions. Others said they had help to understand the information.

People were given appropriate information and support regarding their care or treatment. They told us they or a relative acting on their behalf had met with a member of staff to complete a preadmission assessment. This had identified their specific needs, for example, problems with mobility and how the home would manage any risks of falls.

People were given choices about their care and treatment. For example, they could choose what they had to eat and when they got up and went to bed. One person said, "If I sleep in they bring my food to my room." People expressed their views and were involved in making decisions about their care and treatment. They told us they were given the

opportunity to say what was important to them and the staff took time to discuss any risks associated with their care and treatment. One person we spoke with told us how the staff talked to them about their care. They said, "I am happy with everything they do for me."

People were supported in promoting their independence and community involvement. One person said, "The staff are helpful and encourage us to do things, I like to be independent." Another said, "I like my independence (but) if I need help they give it." People also had opportunities to be involved in activities in the home and in the local community. One person said, "I try to do what I can as best I can. I go to the movies or a concert weekly." Others said, "I am an active person and the staff try to encourage us to do things. I enjoy going out on the minibus and "I try to keep active, taking part in competitions, go to the music room and go on trips out."

People's diversity, values and human rights were respected. The provider told us they had appointed some members of staff to act as dignity champions. Their role was to observe how other members of staff engaged with people and promote good practice. We asked members of staff to describe how they ensured that people were cared for in a dignified way and their privacy was maintained. They said they made sure curtains were drawn and doors were closed whilst personal care was being provided. People who used the service confirmed that the staff worked in ways to maintain their dignity and respected their privacy. They told us the staff spoke to them politely and respectfully. One person said the staff, "Always knock on the door and ask before coming in."

Consent to care and treatment ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. When we inspected the home in December 2012 we found that some documentation relating to the provision of emergency resuscitation was not always completed correctly. On this inspection we found that the provider had addressed our concerns, reviewed consent procedures and specifically the arrangements for the completion of DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) forms. We looked at 12 care plans and checked the DNACPR forms. The forms identified who had given consent and were signed and dated by a doctor. Where people who used the service we unable to give their consent the forms indicated the decision had been discussed with their next of kin.

Where people did not have the capacity to consent to their care and treatment, the provider had acted in accordance with legal requirements. We looked at the provider's training records and saw staff had received training in the requirements of the Mental Capacity Act. The care plans we looked at included assessments of people's capacity to make decisions about their care and treatment. The provider told us they would not provide care and treatment if the person who used the service indicated in any way it was against their wishes. The provider explained that in such circumstances the staff would seek to understand the person's concerns and if necessary delay their care and treatment and return at a later time.

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

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. People's needs were assessed before they moved into the home and reviewed as their needs changed. People who used the service told us that someone from the home visited them to discuss their needs. One said a member of staff had, "Visited me in hospital to discuss my care." Others told us they were visited whilst they were living at another home or that the provider's staff had also talked to one of their relatives and/or someone at the hospital where they were staying.

We spoke with five members of the care staff. They explained how they were the named "key worker" for two or three people and assigned others to look after each day. They said this helped them to get to know the needs of all the people in the unit. They were kept up to date with each person's particular needs through reviews of individual care plans and briefings from the nursing staff during daily handover meetings.

People who used the service felt their care plans had been updated as their needs had changed and where they had needed to they had been able to discuss the care and treatment with a their named key worker or other member of staff. They said their key worker came to see them every day. One person told us that they, "Chat about anything that is important to me." A relative we spoke with said the staff talked about, "Anything and everything" and then said "They seem to care."

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The provider told us some of the nursing staff had undergone additional training in end of life care. These members of staff had been involved in reviewing people's end of life plans and developing good practice by all the staff.

There were arrangements in place to deal with emergencies. The staff we spoke with told us they had received first aid training. They knew what to do in an emergency, where to check whether a person had a valid DNACPR and how to summon assistance.

The provider told us they had reviewed emergency procedures with the staff and were aware that on at least one occasion there had been a problem maintaining telephone contact with the emergency services. The provider told us the need to upgrade the home's

telephone system had been included in the 2012-13 action plan but the identified improvements had not yet been completed. As a result there remained a risk that people who used the service may not be able to access timely assistance from the emergency services. The provider should, as soon as possible, ensure the communication systems and procedures in the home are adequate to deal with emergencies.

The Deprivation of Liberty Safeguards were only used when it was considered to be in the person's best interest. One of the care plans we looked at included an application for a Deprivation of Liberty. The Deprivation of Liberty Safeguards (DoLS), which were introduced in 2009, provide a legal framework to ensure that people are deprived of their liberty only when there is no other way to care for them or safely provide treatment and ensure, when this is necessary, people's human rights are protected. The provider had followed the appropriate procedure and the application had been approved by the Supervisory Body (the local authority responsible for determining DoLS applications).

Safeguarding people who use services from abuse ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People who use the service were not adequately protected from the risk of abuse, because the provider had not followed local guidance or national regulatory requirements on reporting allegations of abuse.

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 had established an induction and on-going training programme for staff which included identifying the signs of abuse and how to report concerns. A senior member of staff had been given responsibility to oversee safeguarding arrangements within the home and ensure, where appropriate, referrals were made to external organisations. Staff dignity champions had been appointed to promote good practice. The provider carried out routine checks to share learning and confirm the staff understood their responsibilities in terms of identifying and reporting concerns about abuse.

When we visited the home in December 2012 we did not identify any concerns in relation to the provider's safeguarding arrangements. At that time we had not been informed that earlier in the year a member of staff had reported concerns to the provider about the care of a person who used the service. The provider had immediately suspended three members of staff and carried out an internal investigation. After completing their internal investigation the provider had dismissed all three members of staff. The provider had taken immediate action to protect the person. However, the provider had not then followed local guidance or regulatory requirements and informed other organisations which have an interest in protecting people from abuse.

During this visit we asked the provider and five members of staff about the home's safeguarding arrangements. The provider told us they expected staff to intervene if they saw that a person was being abused and report any safeguarding concerns to a senior member of staff. The staff we spoke with were able to give some examples of the different types of abuse and some signs of potential abuse, such as changes in behaviour or unexplained bruising. Four of the members of staff said they would report their concerns to a senior member of staff. However, staff were less clear about whistleblowing procedures. One member of staff said, "I'm not sure about whistleblowing. I don't think I would go to anyone else, it would be sorted at unit level. I would never report it outside the building."

After our inspection we met with the provider to check their understanding of local safeguarding procedures and national regulatory requirements. The provider assured us they had sought to put in place measures to protect people from abuse but on this one occasion accepted they had mistakenly failed to follow proper procedures and report the abuse. We have asked the provider, as a priority, to review safeguarding arrangements in the home and ensure managers and staff are fully aware of their responsibilities in terms of identifying and reporting abuse.

Supporting workers ✔ Met this standard

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

Our judgement

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.

Reasons for our judgement

Staff received appropriate professional development. The staff told us they were supported to carry out their role and had access to training. One said, "I feel very supported, we have a good team and a good unit manager, we are a good and happy team." Another said they felt, "Supported to carry out (my) role by the unit manager and other staff."

Staff told us they had monthly supervision sessions with a senior member of staff and underwent an annual programme of competency assessments. We looked at the supervision records for two members of staff. We saw they included checks on their competency in relation to; care planning, dealing with emergencies, safeguarding and handling complaints.

Staff were able, from time to time, to obtain further relevant qualifications. The provider had appointed a training and development manager to oversee and coordinate staff training needs. Staff told us they were supported to undertake further study and gain relevant qualifications. They said their training and development needs were discussed as part of their annual appraisal. One member of staff we spoke with said, "We have lots of ongoing training, dementia, PEG feeding, end of life care. This is done through college and e-learning."

Professional qualified staff were able to undertake Continuing Professional Development (CPD) in order to provide sufficient evidence to maintain their registration.

People who used the service thought the staff who cared for them were suitably experienced and always able to meet all their needs. One said, "I think the staff are very patient, I've seen other people being treated and it's always with dignity and respect."

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People were made aware of the complaints system. Information about the complaints procedure was included in a welcome pack and was in a format that met their needs. People told us that they found the provider's information easy to understand.

People were given support by the provider to make a comment or complaint where they needed assistance. They said they would know who to speak to if they needed help to make a complaint. Two people said they would speak with their relatives or a member of staff. One person said, "I would go straight to the top." The provider also told us the home had a number of independent visitors who people could speak to if they wished.

We asked for and received a summary of complaints people had made and the provider's response. The provider kept a record of all complaints made about the service. The provider also told us all complaints were read and signed off by the Chair of Trustees. They also said complaints were reviewed by sub-committees of the Board of Trustees. We checked the minutes of the sub-committee meetings held in February and April 2013 which confirmed they had reviewed the complaints received.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010** **Safeguarding people who use services from abuse**
	How the regulation was not being met: The provider had not responded appropriately to allegations of abuse. The provider had not notified other agencies. Reg.11(1)(b)

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 03 July 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

Contact us

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