

# Review of compliance

Bondcare Shaftesbury Limited Donwell House	
<b>Region:</b>	North East
<b>Location address:</b>	Wellgarth Road District 2 Washington Tyne and Wear NE37 1EE
<b>Type of service:</b>	Care home service with nursing
<b>Date of Publication:</b>	January 2012
<b>Overview of the service:</b>	Donwell House is a purpose built care home situated in the village of Washington Tyne & Wear. It is registered to accommodate up to 63 people who need nursing, social and personal care, some of whom may also have dementia.

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Donwell House was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 7 December 2011, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

### What people told us

We found that members of staff were kind and patient in their approach. People looked well cared for and at ease with the members of staff caring for them.

Those people who were able to speak with us told us they were happy with the care provided. One person said "the girls are very kind to us." And another said "they look after me really well."

### What we found about the standards we reviewed and how well Donwell House was meeting them

#### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

We found that people were treated kindly, and they were involved in discussions about their care. However improvements were needed to make sure that arrangements promoted people's dignity and respect and to maximise their independence.

Overall we found that Donwell House was meeting this essential standard but, to maintain this, we suggested some improvements were made.

#### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

From the records we checked and from discussions with staff people were receiving safe and appropriate care.

Overall, we found that Donwell House was meeting this essential standard.

**Outcome 12: People should be cared for by staff who are properly qualified and able to do their job**

People were cared for by staff who were qualified and trained to do their job.

Overall, we found that Donwell House was meeting this essential standard.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

Effective management arrangements were in place to safeguard people and promote their wellbeing.

Overall, we found that Donwell House was meeting this essential standard.

**Actions we have asked the service to take**

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

# Outcome 01: Respecting and involving people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

## What we found

### Our judgement

There are minor concerns with Outcome 01: Respecting and involving people who use services

### Our findings

#### What people who use the service experienced and told us

We observed the lunchtime experience on the dementia care unit. We saw that people were dealt with in a kindly manner and members of staff were patient.

#### Other evidence

We found there was a calm, unhurried atmosphere on the dementia care unit and people looked well cared for. We heard one member of staff discreetly talking to a person with sight impairment about their meal so that they could eat independently. However this atmosphere was disturbed as staff vacuumed the sitting area whilst people were sitting at dining tables in the same room. Staff then sprayed air freshener into the room. This was not conducive to a pleasant lunchtime experience.

We observed lots of positive interactions between members of staff and residents throughout lunch. However we saw that meals were plated up in the corridor outside the dining room. And although staff reassured people who didn't want everything on their plate, we thought people could be encouraged to make their own choices. There were pictorial menus available but we didn't see these being used in practice. The members of staff we spoke with were not sure what was on the menu for lunch.

The activities organiser told us about residents meetings that they held to identify

people's views and wishes and we looked at the minutes of the last meeting held on 12/07/2011.

The speech and language therapist had assessed people who had swallowing difficulties. However we saw that these assessments were left out in two dining areas, which compromised people's confidentiality. Whilst it is important that staff have ready access to this information personal and private information should always be kept securely.

**Our judgement**

We found that people were treated kindly, and they were involved in discussions about their care. However improvements were needed to make sure that arrangements promoted people's dignity and respect and to maximise their independence.

Overall we found that Donwell House was meeting this essential standard but, to maintain this, we suggested some improvements were made.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

We spent time on the dementia care unit at lunchtime. We saw that members of staff were kind and patient in their approach. People looked well cared for and at ease with the members of staff caring for them.

One person said "the girls are very kind to us." And another said "they look after me really well."

##### Other evidence

The nurse in charge told us about new paperwork which had been introduced. They told us that this had been completed for new admissions, but they were hopeful some changes might be made before any more were completed. Records for nursing clients were kept downstairs, whilst records for people living on the dementia care unit were kept on the first floor so they were available to staff working in that area.

We looked at five care plans. Care plans included information about people's social history and needs. This helped staff to have meaningful conversations with the people they were caring for. We saw that risk assessments had been developed where risk had been identified. DNAR (do not attempt resuscitation) orders were in place. When we visited a GP was attending the home to update and review the DNAR instruction for one of their patients.

Staff had also completed daily records, record of professional visitors, a night check

record book, and handover information.

**Our judgement**

From the records we checked and from discussions with staff people were receiving safe and appropriate care.

Overall, we found that Donwell House was meeting this essential standard.

## Outcome 12: Requirements relating to workers

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

### What we found

#### Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

#### Our findings

##### What people who use the service experienced and told us

Those people who were able to speak to us said they were happy with the care provided.

One person said "the girls are very kind to us." And another said "they look after me really well."

##### Other evidence

Effective arrangements were in place for staff recruitment. CRB (criminal record bureau checks) were completed through the organisation's human resources department. The administrator told us this department then notified the manager with the details of the dates relating to disclosure. Once checked this information was then stored in individual files.

We looked at four staff files. These showed recruitment checks were being carried out. Files contained a checklist which included application details, completed starter form, references, job description, and contract of employment. An application form was completed before interview and this was returned with evidence of identity and completed CRB form. Applicants also completed a medical form.

From interview notes we could see that gaps in application and development needs were discussed with the candidate.

Newly appointed members of staff completed the common induction standards. A

record of the completed induction programme was kept on file. The service was divided into two wings, with units on each wing supporting people with nursing needs, residential care, and dementia care. A programme of training was in place to make sure staff completed training appropriate to their roles. The training information we saw indicated that staff had completed this training.

**Our judgement**

People were cared for by staff who were qualified and trained to do their job.

Overall, we found that Donwell House was meeting this essential standard.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

People told us they were happy with the care provided. One person said "the girls are very kind to us." And another said "they look after me really well."

##### Other evidence

There were effective management arrangements in place. Bondcare Shaftesbury Limited took over the operation of the service on 31 October 2011. The home's manager was not available when we visited but we spoke to one of the regional managers by telephone on 9/12/2011. They told us about the arrangements which were in place to assess and monitor the quality of the service. This included regional management meetings and monitoring visits to the service. They told us that the quality assurance adviser was due to visit in the near future. The purpose of this visit was to carry out a baseline audit and analysis, and to develop an action plan if needed.

##### Our judgement

Effective management arrangements were in place to safeguard people and promote their wellbeing.

Overall, we found that Donwell House was meeting this essential standard.

## Action we have asked the provider to take

### Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Diagnostic and screening procedures	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p><b>Why we have concerns:</b></p> <p>We found that people were treated kindly, and they were involved in discussions about their care. However improvements were needed to make sure that arrangement promoted people's dignity and respect and to maximise their independence.</p>	
Treatment of disease, disorder or injury	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p><b>Why we have concerns:</b></p> <p>We found that people were treated kindly, and they were involved in discussions about their care. However improvements were needed to make sure that arrangement promoted people's dignity and respect and to maximise their independence.</p>	
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p><b>Why we have concerns:</b></p> <p>We found that people were treated kindly, and they were involved in discussions about their care. However improvements were needed to make sure that arrangement promoted people's dignity and respect and to maximise their independence.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

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 within 28 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

# What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

<b>Document purpose</b>	Review of compliance report
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