

# 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>	July 2012
<b>Overview of the service:</b>	Donwell House provides care for up to sixty-three people some of whom have nursing care needs. It is registered with the Care Quality Commission (CQC) to provide the following regulated activities: Accommodation for persons who require nursing or personal care, treatment of disease, disorder or injury and diagnostic and screening procedures.

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

## Our current overall judgement

**Donwell House was not meeting one or more essential standards.  
Action is needed.**

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 because concerns were identified in relation to:

Outcome 01 - Respecting and involving people who use services  
Outcome 04 - Care and welfare of people who use services  
Outcome 05 - Meeting nutritional needs  
Outcome 07 - Safeguarding people who use services from abuse  
Outcome 10 - Safety and suitability of premises  
Outcome 14 - Supporting staff  
Outcome 16 - Assessing and monitoring the quality of service provision  
Outcome 21 - Records

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 4 July 2012, 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

People we spoke with told us they were happy with the care they received and liked living at Donwell House. A visitor we spoke with confirmed they were satisfied with the care their relative received and had no concerns. One person who lived at Donwell House told us, "I love it here. They're all very friendly". A relative said she was very happy with the home and she was always made to feel very welcome. A visitor we spoke with confirmed they were satisfied with the care their relative received and had no concerns. Another visitor, when asked about the care being given to their relative, said "The staff asked about my relatives likes and dislikes and how she likes her tea". We spoke with a small group of people who were sitting in the lounge. They told us they were very happy with the service and told us about how much they appreciated the staff and the manager. They told us the food was nice and they served generous portions.

### 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**

The provider was meeting this standard. People who use the service were given appropriate information and support regarding their care or treatment.

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

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

**Outcome 05: Food and drink should meet people's individual dietary needs**

We found the service was compliant with this outcome. People were protected from the risks of inadequate nutrition and dehydration and provided with a choice of suitable and nutritious food and drink.

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

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.

**Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare**

The provider has not met this standard. People who use the service, staff and visitors were not being protected against the risks of unsafe or unsuitable premises. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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.

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

The provider was meeting this standard because they had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

**Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential**

The provider has not met this standard. People's care records were not being kept

securely and we judged this had a minor impact on people using the service and action was needed for this essential standard.

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

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take. We will check to make sure that this action has been taken.

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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

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

All of the people living at Donwell House who we spoke with said they were happy with the service provided by the home. During the visit staff members were observed talking to people and asking them what they would like to drink or if they needed anything. People were relaxed and comfortable with the staff. On a few occasions staff were chatting with the people living in the service and their visitors. During the meal time people were being asked about their choices of the meal and an options of drinks. A visitor, when asked about the care being given to their relative, said "The staff asked about my relatives likes and dislikes and have remembered things like how she likes her tea". Both relatives had been involved in contributing to the care plan and were happy with the content of the document. One visitor said that they regularly saw how asked about their day to day care and support including at meal times and how they wanted to spend their time.

##### Other evidence

We looked at the care records for four of the people who lived at the home. We saw these records were focused on people as individuals. We saw how part of the records were all about the life and choices of the individual, and included a brief life history supported with pictures and significant events. The records showed how people and their families had been consulted and encouraged to think about the things and people

who were important to them. People we saw and spoke with were seen to be comfortable, and appropriately dressed. Staff members we spoke with confirmed house meetings had taken place where staff and the people meet together to discuss future plans for the home.

**Our judgement**

The provider was meeting this standard. People who use the service were given appropriate information and support regarding their care or treatment.

## 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

Due to the physical and mental health needs of the people living at Donwell House it was not possible to get some peoples views. Visitors commented positively about the staff who work at the home. One person said, "The staff are very good they are all very caring in looking after people."

##### Other evidence

We spoke with the registered manager about the care needs of people living in the home. We observed the care people received and specifically the care that four people received. This is called pathway tracking. People's needs were assessed and care and treatment were planned and delivered in line with the individual care plan. A range of assessments had been completed to identify each person's health, personal and social care needs. The care plans incorporated how risks to a person's health and well being were managed and minimised to ensure they were cared for safely. The manager told us, when ever possible people were involved in planning their care and they had a key worker. This means each person has a lead staff member who is responsible for their care needs and the recording of all relevant information in the person's care plan. This also includes regular monitoring and updates to the care plan. The care plans were being evaluated at least every month to show they were accurate and up to date. Some of the evaluation dates were not being adhered to. For example where the update stated monthly evaluations we noted the scheduled date was not always being adhered to. We discussed our concerns with the registered manager who explained staff were currently transferring information from the previous owner onto the current provider. (The owners of Donwell House transferred from Southern Cross to

Bondcare Shaftesbury Limited in October 2011). The manager told us staff have been allocated additional hours to enable them to complete the transfer of documentation. Personal preferences and choices of how people were cared for were clearly documented. Staff members we spoke with could describe how they were aware of people's needs and would refer to information held within the care plan.

**Our judgement**

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

## Outcome 05: Meeting nutritional needs

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are supported to have adequate nutrition and hydration.

### What we found

#### Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

#### Our findings

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

We spoke to three people about the food served at Donwell House. Comments included "Plenty to eat", and "The food is very tasty".

##### Other evidence

We decided to undertake a Short Observational Framework for Inspection (SOFI) exercise during the lunchtime serving of meals because some of the people we saw living at Donwell House could not give their verbal opinions on the services they received.

The serving of the lunchtime meal was observed in the ground floor dining area. Ten people were seated around four dining tables. All of the dining tables were fitted with table linen and table settings. Some of the people were offered serviettes to prevent food spillage on their clothing. The care plans we looked at showed staff had identified people living in the home who were at risk of poor food and fluid intake. There was evidence of risk assessments such as the Malnutrition Universal Screening Tool (MUST) being implemented should people living in the home have swallowing difficulties, low body weight or needed support to eat and drink. People had been weighed regularly and the records we checked confirmed people's weight was stable, or had increased. Where staff had identified concerns about weight loss, referrals had been made to other care professionals, such as the person's GP or dietician. We also saw some people had been prescribed dietary supplements, and advice had been sought for other people about how their diets could be fortified to help improve their nutritional health.

A choice of cordial juice, tea and coffee were offered prior to the serving of the main meal. Covered terrines containing carrots, sprouts, and mashed potatoes were placed

on each table. Staff assisted and prompted people to take what vegetables they wanted from the terrines. Plates were then served from the kitchen with the choice of meat people preferred. The majority of the people in the dining room ate their meal independently. Two people required either one-to-one assistance with feeding or prompting. There were a minimum of three and on occasions four care staff in attendance. They were seen to be attentive and supportive to people during their meal. Those people who needed help to eat were assisted by staff in a timely manner. Staff members were heard describing to people the type of food being eaten such as which type of vegetable and what the choice of meat was. We saw one person who found it difficult to chew the steak on her plate resulting in her at one point choking. Staff responded promptly to the person's aid. The manager told us later she had forwarded a referral form onto the speech and language therapist for further assessment of the individual needs. Throughout the meal staff people were supported to be able to eat and drink sufficient amounts to meet their needs and occasionally prompting in a non-intrusive way.

**Our judgement**

We found the service was compliant with this outcome. People were protected from the risks of inadequate nutrition and dehydration and provided with a choice of suitable and nutritious food and drink.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

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

A visiting relative told us they felt confident in the staff working in the home and how they could talk to staff if she had any concerns.

##### Other evidence

The home had written policies about safeguarding vulnerable adults which reflected the local authority safeguarding strategy and a whistle blowing (this means staff reporting poor inappropriate care practices). We saw staff had access to the policies and the telephone details of who to contact if they needed to report any concerns. In this way, staff understood their duty of care to safeguard the people who lived at the home. The manager told us about a recent safeguarding notification she made to the local authority safeguarding team and the subsequent outcome. Staff we spoke with were familiar with the procedures for raising concerns about the welfare of people they cared for and told us they had received training in safeguarding people from abuse. Staff were being supported and offered training to make sure they had the skills and competencies to prepare them for the role they were employed to carry out. Staff training programmes informed staff what they could and what they could not do in relation to how they responded to behaviour that may be challenging.

##### 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.

## Outcome 10: Safety and suitability of premises

### What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

\* Are in safe, accessible surroundings that promote their wellbeing.

### What we found

#### Our judgement

The provider is non-compliant with Outcome 10: Safety and suitability of premises. We have judged that this has a minor impact on people who use the service.

#### Our findings

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

We did not speak directly with users of the service on this occasion.

##### Other evidence

During our visit to Donwell House we identified the following concerns.

The temperatures in the communal and living areas of the home were judged to be in excess of 25oC. We discussed the warm stuffy temperatures in the home with the manager and she agreed to ask the handyman to check the thermostat setting of the boiler. We also suggested for the manager to install thermometers in the communal and lounge areas and monitor the temperature over a period of time.

We saw throughout the home a number of the bedrooms had mobile electric heaters.

We were told by one of the care staff this was because previously the radiators in some of the bedrooms were not working correctly and the mobile heaters had been purchased. We were concerned about the use of mobile electric heaters in these areas as this represented a risk of scalding to people living, and working in the home.

Adequate environmental risk assessments had not been completed.

##### Our judgement

The provider has not met this standard. People who use the service, staff and visitors were not being protected against the risks of unsafe or unsuitable premises. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

## Outcome 14: Supporting staff

### 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 competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

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

We did not speak directly with users of the service on this occasion.

##### Other evidence

Information made available by the manager showed arrangements were in place for staff training and supervision. The manager told us all staff received regular supervision and an annual appraisal. We spoke with staff members about the level of support they received from the manager. They said they were pleased with the support they received. Staff confirmed they felt they could approach their manager anytime if they had any concerns and those concerns would be addressed. We looked at a selection of staff supervision files. It was clear staff had received regular supervision and this was done in a consistent format for each member of staff. They had also received an annual appraisal, again in a format that was consistent for each staff member.

Staff told us there were regular staff meetings where they were able to put forward their views. Records of staff meetings were provided. The minutes of these meetings showed the topics discussed along with actions agreed. Individual training records were kept and showed training opportunities were provided. Training reflected vocational studies as well as basic training. The manager provided a copy of the training matrix and showed how staff were given training in health and safety, moving and handling, fire safety, control of infection, nutrition and safeguarding people. Additional training was provided for staff to attend on the effects of dementia and end of life care. We saw staff giving people support throughout the visit. They did this in a calm unhurried manner and responded to requests for assistance promptly.

#### 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.

## 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

We spoke with people who lived at Donwell House and visitors about whether they felt the provider sought their views. They told us they had been involved in a relative/residents' meetings held on the 8th March 2012. Visitors told us these meetings gave them the chance to comment on how the home could be improved. People and their visitors told us they had information provided about how to make a complaint if necessary.

##### Other evidence

The provider had systems in place for regular monitoring of the service. The manager told us how she completes weekly and monthly audit checks of the communal areas and bedrooms at Donwell house. The manager carried out risk assessments and produced risk management plans relating to the people who lived at Donwell House and the environment. These plans identified the potential risks and actions taken to ensure the needs of people who use the service had been met. We looked at the audit records for accidents and incidents, care plans and environmental risk management. These showed the service was managing risk through effective procedures. We saw examples of quality audits relating to health and safety, food quality survey and staff training. We saw in the audit report shortfalls had been identified and action plans put in place, including timescales within which the actions were to be completed. This demonstrates people living at Donwell House benefit from regular quality monitoring of the services people received. Staff we spoke with said they were encouraged by the manager to make comments and felt any ideas on continued improvements in the service were well received. The minutes of the staff meeting held on the 8th March

2012 were made available and included contributions from staff about the care and support provided at Donwell House.

**Our judgement**

The provider was meeting this standard because they had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

## Outcome 21: Records

### What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

\* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

\* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

### What we found

#### Our judgement

The provider is non-compliant with Outcome 21: Records. We have judged that this has a minor impact on people who use the service.

#### Our findings

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

We did not speak directly with users of the service on this occasion

##### Other evidence

Clinical notes and care plans were being held securely in the manager's office unless they were being used by care staff or another healthcare professional.

On our visit on July 4th 2012 we saw clinical notes and care plans left lying on the floor in the upstairs lounge. One of the records had been left open with details of a "do not resuscitate order" clearly shown. We were concerned as this compromised someone's privacy and confidentiality. We provided feedback to the manager about our concerns regarding the security and safe storage of records. The manager informed us the records should not have been left out and she intended to investigate why people's clinical records were left in the lounge area.

##### Our judgement

The provider has not met this standard. People's care records were not being kept securely and we judged this had a minor impact on people using the service and action was needed for this essential standard.

## Action we have asked the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	<b>How the regulation is not being met:</b> People who use the service, staff and visitors were not being protected against the risks of unsafe or unsuitable premises.	
Diagnostic and screening procedures	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	<b>How the regulation is not being met:</b> People who use the service, staff and visitors were not being protected against the risks of unsafe or unsuitable premises.	
Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	<b>How the regulation is not being met:</b> People who use the service, staff and visitors were not being protected against the risks of unsafe or unsuitable premises.	
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities)	Outcome 21: Records

	Regulations 2010	
	<b>How the regulation is not being met:</b> People's care records were not being kept securely.	
Diagnostic and screening procedures	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<b>How the regulation is not being met:</b> People's care records were not being kept securely.	
Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<b>How the regulation is not being met:</b> People's care records were not being kept securely.	

The provider must send CQC a report that says what action they are going to take to achieve 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 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance 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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. 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

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