

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

## Donwell House

Wellgarth Road, District 2, Washington, NE37  
1EE

Date of Inspection: 11 December 2012

Date of Publication: January  
2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Meeting nutritional needs</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Safety and suitability of premises</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard

## Details about this location

Registered Provider	Bondcare Shaftesbury Limited
Registered Manager	Ms. Tracey Garland
Overview of the service	Donwell House provides care for up to sixty-three people some of whom have nursing care needs.
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

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### Why we carried out this inspection

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We carried out this inspection to check whether Donwell House had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Meeting nutritional needs
- Management of medicines
- Safety and suitability of premises
- Staffing

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 11 December 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 staff.

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### What people told us and what we found

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This review was carried out to check improvements made to the service's procedures about medicines management and we had received some concerning information from two anonymous sources telling us of instances of poor care of people's needs. We did not speak directly with users of the service on this occasion. At both of our previous visits on July 04 and October 05 2012 we spoke to staff and people who use the service. 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."

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

### 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

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### Our judgement

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

We spoke with the registered manager about the care needs of people living in the home. During this inspection we looked at a sample of care records, observed care being delivered and talked to staff about the care, treatment and support provided. This is called pathway tracking. We looked at the care records of three people living at the home. We saw that the staff had recently reviewed and updated people's care plans. People most recently admitted had care records that showed a full assessment had been carried out and care plans were in place for all areas of identified risk, such as nutrition, falls, skin care, and mental health. Arrangements for people who could not give consent to care were clearly recorded as decisions made on behalf of the person, i.e. 'best interest' decisions. We saw that the care needs described by the registered manager and staff we spoke with were reflected in the care records. The care we observed was also consistent with people's care records. For example, we were told following a re-assessment review, one person's needs had recently changed and the person had become less mobile. This was clearly described in the evaluation of the plan of care and an updated care plan was in place for restrictions in a person's mobility. We also saw that action had been taken to address the needs of a person whose behaviour had changed. Specialist advice had been taken and a care plan had been written for staff to follow to ensure that the person was kept safe from harm. When the manager described how they cared for the people concerned, it was also what we found in the care plans. We saw staff providing care and they demonstrated a good knowledge of peoples' care needs and of their preferences. People we spoke and saw were relaxed and cared for in an appropriate manner.

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

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

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**Reasons for our judgement**

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We had received some concerning information from two anonymous sources telling us of concerns about the poor quality of meals being served at Donwell House along with how the crockery was cracked and broken. We asked to see the crockery in current use. The registered manager told us how she had recently replaced some of the crockery. We were shown the recently purchased plates and bowls. With only one exception all of the crockery we saw were seen to intact and clean. We were unable to substantiate the anonymous comments made known to the CQC regarding this matter. We spoke to the registered manager who told us Donwell House had recently been presented with the healthy home award from the environment health department from Sunderland City Council. The award recognises those establishments for the quality of food being served and the rating is determined by combining food safety and robust risk assessments. 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.

**People should be given the medicines they need when they need them, and in a safe way**

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## Our judgement

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## Reasons for our judgement

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We looked at this outcome during our last review of Donwell House Care Home in October 2012. At that time we identified concerns in relation to prescribed medicines and medication records and a warning notice was issued. (A warning notice is served when there is a failure on behalf of the provider to comply with the required regulations under Section 29 of the Health and Social Care Act 2008). This requires compliance with specified regulations within a time limit prescribed by the CQC. At the inspection on 11 December 2012 we found that previous concerns regarding medicines had been acted upon and the provider was now meeting this outcome. As part of our review we looked at medicines records, medicines supplies and care plans.

We looked at the medication administration records and supplies in detail for ten people. Clear records were kept to show when people had their medicines. Together with receipt records these showed that people received their medicines as prescribed. We looked at how medicines for external use such as creams were handled. We found that whilst these records had improved some records were still incomplete. The provider may find it useful to note this example of where the homes arrangements were not adhered to. Records must be accurately recorded and detailed. This makes sure that the person receives their medication as prescribed.

We found that improvements had been made and the home now had appropriate arrangements in relation to obtaining medicines. We found that where medicines were prescribed to be given 'only when needed,' the individual when required protocols, (administration guidance to inform staff about when these medicines should and should not be given), were available for most people. However the provider may find it useful to note that we found that this guidance was not available for a small number of people. This guidance helps to ensure that staff administer these medicines in a safe, consistent and appropriate way.

All medicines were stored securely. Records were kept of room and fridge temperature. Medicines that are liable to misuse, called controlled drugs, were stored appropriately. Additional records were kept of the usage of controlled drugs so as to readily detect any loss. We found that a system was in place to check medicine administration records and to report discrepancies. Daily audits had also been introduced for some medicines. A recent audit of medicines had been carried out and an action plan had been put in place to address the issues identified.

## Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

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### Our judgement

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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### Reasons for our judgement

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We had received some concerning information from two anonymous sources telling us of concerns about the poor fabric of the building, how the bedding was torn and stained, and how the home constantly smells of urine and faeces. We carried out an unannounced visit to the home on December 11 2012 to investigate the concerns made known to us. We spoke with the registered manager and her staff. During this visit we checked on the areas of concern referred to from the two anonymous sources. We were shown around the home by the office administrator. We saw how the home was warm and people were seen to be dressed appropriately. We did not encounter any unpleasant odours and the bed linen we looked at was seen to be clean and intact. Over half of the beds in current use are capable of having their height adjusted to accommodate the specific needs of each individual. The manager told us how she had secured capital funding from the home owners of Donwell House to fund the refurbishment of some of the bedrooms. The refurbishment is scheduled to be completed within the next three months and will include replacing the carpets, bedrooms being decorated and new bedding and curtains provided. We were unable to substantiate the anonymous comments made known to the CQC regarding this matter.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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## **Our judgement**

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The provider was meeting this standard.

There are occasions at Donwell House Care Home when there is a shortfall of staff on duty but the service has taken appropriate measures to ensure there were enough qualified, skilled and experienced staff to meet people's needs.

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## **Reasons for our judgement**

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We had received some concerning information from two anonymous sources telling us of concerns about numbers of staff on duty at Donwell House particularly during the night. We looked at the previous staffing rotas covering a six week period. There were currently 45 people resident in Donwell House. We talked to the manager about the tasks carried out by staff working at night. We were told that these were mostly routine events such as people being unable to sleep, or needing some re assurance if feeling unwell. Staffing levels at night were recorded as 1 trained nurse and 5 care staff. There were two occasions noted when the number of care staff was recorded as 1 trained nurse and 4 care staff. The manager told us that they had advertised for additional bank staff so that additional staff could be called on if dependency levels increased to avoid staff working longer hours than they were contracted for. During our visit to the home the manager had a pre arranged meeting with a qualified nurse from another care home with a view to securing employment at Donwell House. The numbers of staff employed during the day ranged from 2 trained nurses and between 10-12 care staff. The staff team also included catering, domestic, administration, handyman and an activities co-ordinator. From the care records we looked at and observations made as we walked around the home we saw people were physically frail and some needed two staff to help them with personal care. We looked at a range of records which would indicate if staffing levels were sufficient at particular times of day. These included care plans, accident reports, behaviour records, night checks and dependency ratings. This showed us that the home had sufficient and flexible staff cover to ensure the safety and welfare of people using the service, though some staff had been required to work additional hours to cover for sickness. We were unable to substantiate the anonymous comments made known to the CQC regarding this matter.

## 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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