Inspection Report

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: 21 May 2013

Date of Publication: June 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Safety, availability and suitability of equipment	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ 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 a mental health or general nursing care needs. It is registered with the Care Quality Commission (CQC) and the home is located in the Washington district of Sunderland, close to local shops and public transport links.
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

Contents

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

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 looked at the personal care or treatment records of people who use the service, carried out a visit on 21 May 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

People's assessed needs were addressed and incorporated along with an individual's wishes and preferences about how their care should be given. Risks to people who used the service, and risks to staff, were being assessed and appropriate actions taken to reduce possible harm. A resident we spoke with confirmed he was satisfied with the care he received and had no concerns. A visiting relative we spoke with said she liked the care staff and how they made her mother feel at ease. No one we spoke with had needed to use the complaint process. Care records were up to date and showed people and their families had been involved in their development. People told us; "everything is provided for" and "the staff are good and friendly".

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

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

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 and 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. We saw examples in the care plans we looked at where consent and agreements from the resident of family member had been agreed prior to any actions or interventions taking place. We saw in peoples care records that information about peoples lifestyle choices such as what time they liked to go to bed and particular likes and dislikes were recorded. This meant that there was information for staff about how people liked their care to be delivered. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.
People who used the service told us the staff were good and always asked them for their permission before delivering care. This meant that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Staff we spoke with recognised peoples' rights to make their own decisions, including their right to refuse support. Staff gave examples of how they involved people in making every day decisions and encouraged people to make choices, such as helping them to choose what clothes they wanted to wear. Staff said that if a person refused care they would respect their decision and then ask them again later. They also said they would record this decision in the person's care records.

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

The registered manager for Donwell House told us about the procedure she and other staff members go through when assessing the care needs of people prior to their admission. We looked at four care files. Every person had a front sheet giving basic information along with a photograph. Every file we saw gave information about how someone should be supported by carers who did not know them and included information about peoples likes and dislikes. Assessments were undertaken prior to admission. People's needs were assessed and care and treatment planned and delivered along with the details in each of the individual care plans. A range of assessments were completed to identify each person's health, personal and social care needs. For example one person particularly liked the company of other people and wanted opportunities to mix with others. Each section of the assessment was scored and these were used to calculate an overall dependency score for each person and were evaluated each month thereafter. This meant care was planned and delivered in a way that was intended to ensure people's safety and welfare.

We saw examples of action taken where people's needs had changed, such as when one person's dependency levels had increased significantly. We saw staff had responded to this change and the person was re-assessed as requiring nursing care. This meant staff were able to measure and monitor changes in people's needs over time to ensure that appropriate and safe care was being provided. People had been regularly weighed, and where staff had identified concerns about someone's weight loss, referrals had been made to other care professionals, such as the person's general practitioner or dietician. The records we checked confirmed people's weight was being regularly monitored. 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. We saw the medical intervention notes recorded when the doctor or healthcare practitioner had visited. We noted in the care records of the support offered after these visits and the outcome of the visit.

The manager told us people or their relatives were involved in planning their care and how the staff members updated the care plan regularly. Staff members when asked could describe how they were aware of peoples' needs and would follow information held within the care plan. We saw how staff supported and enabled people to make informed choices

and decisions about the care they receive.

The notice board in the main corridor of the building contained a comprehensive range of information for people and their relatives. We saw a list of dates for 2013 where family members had the opportunity to attend residents' meetings. This meant that relatives had opportunities to express their views about their relative's care. We spoke with a family member who told us about two occasions when staff had not kept her up to date about her mother's wellbeing. We discussed these concerns with the manager who told us she would have a conversation with the relative about her concerns.

We also saw information in relation to the activities and events organised for people. These included shopping trips, movement to music, baking sessions, bingo and tea dances at the local community hall. A copy of the home's newsletter was also available. This provided information about forthcoming events and recent past events at the home, as well as details of fund raising activities and people's birthday dates. This meant people were provided with information that supported them, or people acting on their behalf, to make decisions about their care, treatment and support.

Safety and suitability of premises ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

During our walk around the home with the manager we saw equipment such as an armchair, linen trolleys, resident weighing machines, and foam cushions stored in the communal bathroom areas. This restricted the use of these areas for people in the home. We discussed our concerns with the manager. It was acknowledged these areas should be accessible to people living at Donwell House and free from obstructions. Combustible materials such as foam cushions and lounge chairs also represent a potential fire risk. The manager immediately instructed staff to remove all such items away from these areas.
The decoration and paintwork in the corridor areas and some bedroom areas were seen to be chipped and worn in appearance and in need of updating. We saw where dark skirting boards had been chipped exposing a different colour of paint underneath, and similar damage to the doors in bedrooms and corridors. The surface veneer on some of the bedside cabinets had become worn, exposing the porous material underneath. The manager confirmed at our visit how she had been granted approval from the provider to commence improvement works at Donwell House to improve the quality of the environment. We saw details of the proposed refurbishment and when this would be completed by. The improvement works included the installation of a new central heating system, decoration of the corridor areas, the upgrading of communal toilets and bathrooms and extending the outside patio area.
We asked to see the records kept for the maintenance of the home and certificates that were required to comply with relevant safety regulations. The manager supplied us with records of external people coming in to check appliances for example fire extinguishers, resident lifting equipment and portable appliance testing.

Safety, availability and suitability of equipment ✓ Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

During our inspection we spoke with the manager and two members of staff about equipment used within the service. The manager told us that they had a good relationship with NHS healthcare staff who carried out the required assessments when people needed equipment. The provider had appropriate policies and procedures in place regarding the types of medical equipment including medical devices in use at Donwell House Care Home. (A medical device is any product used in the diagnosis, prevention, monitoring and treatment of disease or disability). Staff told us that the service had the equipment it needed to make sure people were kept safe. We saw evidence within the care plans that people had access to equipment such as hoists, stand aids, pressure mats and bed rails when they needed them. We also saw that when people needed specialist equipment to help them with their eating, such as plate guards, these were made available. Where people needed specialist equipment care plans had been written to inform staff about how they should be used safely.
There were two people who recently required the use of bedrails and the manager had a system in place to ensure this equipment was checked regularly to make sure they were still set at a safe height. We saw records that wheelchairs were regularly cleaned and checked to make sure they were still safe for use. We were also told of the procedures staff follow if equipment was considered faulty. The procedures meant faulty equipment was dealt with quickly. Where repairs were needed, we saw that these had been requested from the organisation responsible for wheelchair maintenance. People were protected from unsafe or unsuitable equipment because the provider made sure that regular maintenance took place. The provider may wish to note the guidance made available from the Medicines and Healthcare products Regulatory Agency (MHRA) titled "Devices in practice a guide for professionals in health and social care". The booklet provides a practical guide for people working in the social care sector. We looked at records to make sure that maintenance checks had been carried out on lifting equipment used within the service. Other lifting equipment had been serviced in line with requirements and all electrical equipment had been tested to make sure it was safe for use.

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

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. People spoke positively about the staff that worked with them. One person told us, "I think the staff are brilliant," and another person said, "The staff are very nice." A visitor commented, "The staff are really nice with my mother." Staff were able, from time to time, to obtain further relevant qualifications. We reviewed the provider's training records and staff files, which showed that training arrangements were in place to support staff in their role and development. Staff said they received an induction which included shadowing an experienced colleague, supervised practice and essential training before they worked with people on their own. The local authority commissioner's service action plan for 2013 confirmed care staff receive up to six supervision sessions each year and the manager had implemented a training file. We saw this included a record of the training requirements of care staff and indicated when this fell due. Staff we spoke with confirmed that their training arrangements were in place. People were supported by adequately trained staff.
Staff received appropriate professional development. Staff were supported to undertake the diploma in health and social care (previously national vocational qualification) to a level appropriate to their role, and additional subjects to support their role and development. People who used the service received care and support from motivated and competent staff.

Assessing and monitoring the quality of service provision ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

The manager told us that systems were in place for auditing and monitoring the quality of services provided. We saw the provider had auditing systems to assess and monitor the quality of the service being provided. The staff carried out risk assessments and produced risk management plans relating to the people who lived there and the environment. These plans identified the potential risks and actions taken to ensure the needs of people who use the service have been met.
The manager told us staff were trained to have a thorough knowledge of good care practices and delivery. We found the level of staff training and support ensured people living in the home to have a say and make choices and their rights were promoted. There were systems for gathering and recording information about the quality and safety of care, treatment and support in the home. Audits had been undertaken by the regional manager on areas such as care plans, health and safety, fire safety, medication, cleanliness, and hygiene. Where issues were identified these had been followed through to ensure action plans were implemented and completed. Donwell House was also subject to quality monitoring audits by other agencies which were used to check the service. For example, contract monitoring visits by the local council and food safety inspections by the food safety agency. Staff we spoke with said they were encouraged to comment and felt any ideas on continued improvements in the service were well received. We saw the registered manager and the regional manager undertook regular care plan audits to ensure they were accurate and fit for purpose. We saw these audits were effective in identifying issues and ensuring action was taken to resolve them. For example we saw one care plan audit had identified that a care plan agreement required a person's signature.
People who used the service and their families told us they were aware of the complaints process. They said they knew how to complain and would feel comfortable raising any concerns they had. People who used the service or their relative's did not raise any specific complaints with us during the inspection. This meant that learning from incidents, complaints and investigations took place and changes made to improve the service.

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.

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