

***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: 13 November 2013

Date of Publication:  
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We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

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

**Staffing** ✓ 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

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*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'.*

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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 in response to concerns that one or more of the essential standards of quality and safety were not being met.

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 13 November 2013, observed how people were being cared for and talked with staff. We reviewed information given to us by the provider.

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### What people told us and what we found

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We carried out an early morning visit following concerns made known to the Care Quality Commission (CQC) about shortage of staff at night and how staff were getting people dressed and out of bed early in the morning. We arrived on site at 7.10am and saw seven people out of a total of 48 were up out of bed. We spoke with some people and one person told us "How she always gets up at 6.30am in the morning". Staff members were seen to interact well with people and knew them by their first name. We observed care interventions being carried out for those people who were more dependent and heard how staff spoke to people in a pleasant and respected manner. We saw on the morning of our visit, there were sufficient qualified, skilled and experienced staff to meet people's needs.

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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### Reasons for our judgement

We spoke with the person in charge about how people's needs were assessed and care and treatment planned and how this was delivered in line with their individual care plan. We observed how those people who were up and out of bed were dressed appropriately, and they had suitable foot wear on. We discussed with staff one person who was sleeping in an arm chair. We were told how the person had woken early that morning and was unable to settle in her bed. Staff members had made her a cup of tea and made her comfortable in the lounge. We observed care delivered in a way that supported people's care needs, welfare and safety. We saw how staff were making beverages for those people who were up and dressed and we observed a calm atmosphere in the home.

Staff were not hurried and there was a good interaction between people and staff. Staff were seen to be attending to people's individual needs and we saw they were chatting with them about relevant things they could relate to, such as their families and current news items. One person who used the service told us "I like the staff and they help me wash my clothes and then put them away." We spoke with three care staff who told us how information was shared between shifts and they told us they had good verbal handovers. They told us they were under obligation to get people out of bed and how people who used the service received good care and support.

## Staffing

✓ Met this standard

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 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 carried out an early morning visit following concerns made known to the Care Quality Commission (CQC) about staff shortages at night. Accommodation at Donwell House care home was arranged over two upper floors. The home is registered to accommodate up to 63 people.

On the morning of our visit there was one nurse and four care workers to care for 48 people. We looked at the staff rotas for the previous three weeks. We saw for the week ending 17 November 2013 how on some nights there was only one nurse and three care staff on duty. We discussed the reduction of care staff at night with the registered manager. The manager told us how there had been an outbreak of diarrhoea and vomiting in the home affecting both residents and staff. On those occasions when staff numbers were below the allocated number she and her senior team were unable to allocate a replacement carer. This meant there were occasions at Donwell House when there were insufficient staff on duty but the service had taken appropriate measures to ensure the care being provided was safe, effective and met people's needs.

The manager told us there were processes in place to provide cover for any staff absences. The home did not rely on agency staff and whenever possible staff who worked at the home would cover additional shifts to ensure the home was fully staffed. The manager also told us how she uses her staff flexibly. For example we were told how staff would stay on duty until 10.00pm and how others would commence duty at 6.00am to provide additional support to the night care team. Staff members we spoke with told us that sickness or absence was covered by asking other colleagues to cover or using bank workers and they thought there were sufficient staff on duty to meet the care needs of the people at the home.

## 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.

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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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