ADULT COMMISSIONING BRIEFING NOTE

**Date:** 9th February 2017

**Subject:** Donisthorpe Hall Nursing Home

**PURPOSE:** To provide an update to the Scrutiny Board on Donisthorpe Hall Nursing Home following their CQC rating of Inadequate

**BACKGROUND INFORMATION:**

Donisthorpe Hall is a residential and nursing home run by the charity Donisthorpe Hall Management Committee through a Board of Trustees. The home is based in Moortown, has 189 beds and mainly caters for the Jewish community in the city. Donisthorpe Hall has been part of the Council’s residential and nursing framework contract since 2012 and for the first few years of the contract was an ‘Enhanced Home’ (as defined by the LCC Quality Framework), providing very good quality care. ASC Contracts team first started to notice problems in the quality of care being provided early in 2015, this was following the departure of most of the senior management team at the home. In March 2015, ASC withdrew the enhanced status of the home. Following further contract visits and a CQC inspection, ASC suspended further admissions to the home in August 2015.

CQC published their inspection report in November 2015 and rated the Home Inadequate. In May 2016, the CQC published their report following a further inspection in March which again found Donisthorpe Hall to be Inadequate. Since this time, the home has attempted to address the issues, recognising the need for additional support and, in April 16, selected a national provider, BAM Healthcare, to provide Management support. In July 2016, the CQC served a Notice of Proposal to the home: this was not made public and was open to review if the home made adequate progress. The home submitted representations in response to the Notice and the CQC re-inspected the home at the end of August 2016, publishing their report in October 2016 which again rated the home as Inadequate. The Care Quality Commission have proceeded to serve a Notice of Decision to the Home on 10th January 2017.

ASC Commissioning has been working closely with Donisthorpe Hall, meeting with the home’s management team on a monthly basis to support the home to make the improvements required and, since early 2015, carrying out regular contract monitoring visits at the home to identify gaps and outline actions for improvement.

**MAIN ISSUES:**

It was reported to the Scrutiny Board in June 2016 that the Trustees of Donisthorpe Hall Management Board recognised the need for additional support to address issues at the home and appointed BAM Healthcare, who took over management support at the home in April 2016. However, in August 2016, BAM Healthcare ceased to provide this support at the home. The Council was informed by both BAM and Donisthorpe Hall that BAM’s engagement at the home had ended. Two consultants who were with BAM have remained at the home providing compliance and clinical management support whilst permanent management was recruited, they are due to leave Donisthorpe in February 2017. The current General Manager has been in post since summer 2016, supported by a Home Manager whose registration with the CQC is underway.
Donisthorpe Hall has experienced ongoing difficulties with nursing shortages, resulting in high use of agency staff, despite offering enhanced packages and block booking agency staff where possible to ensure consistency. The home is submitting weekly staffing pro-formas to the Council to enable close monitoring of staffing levels.

Both the Adult Social Care and CCG suspension of funded placements remains in place to allow the home to make required improvements. In addition, the home has placed a voluntary suspension on admitting privately funded residents. Adult Social Care lifted the suspension on Beech Unit, a Unit for Residential Dementia, in December 2016. This followed a positive monitoring visit undertaken in December by ASC Contracts.

Since December 2016, regular quality review meetings have been chaired by NHS England and have been attended by Adult Social Care, the Director of Nursing & Quality for the CCGs and the CQC. Also regular meetings have been held with the management and Trustees of Donisthorpe Hall attended by the CCGs and ASC.

In January 2017 the Home made a decision to close a unit called Silver Lodges, with a closure date of 27th February 2017. The unit mainly caters for residents with Nursing needs and the decision has been driven by the shortage of permanent nursing staff available. This decision was taken by the trustees to ensure the safety and quality of care to residents in the home could be maintained. The unit has 30 residents with a mixture of Health (Continuing Healthcare), Local Authority and privately funded residents. The Home is working with commissioners from ASC and the CCG following a managed Home Closure process. The Home have issued letters to the residents and families and held a meeting in January also attended by Care Management to discuss timescale for reviews and options available. Reviews have taken place and it is anticipated that some residents will continue to be cared for in other units at Donisthorpe Hall, dependent on the reviews and their wishes. However, there are potentially 13 nursing residents which Care Management are assisting to find alternative homes.

The Care Quality Commission have proceeded to serve the Notice of Decision to the Home, which is the next stage in a legal closure process. The Home have sought legal advice and lodged an appeal against the Notice of Decision to the First-Tier Tribunal within the 28 day timescale. This organisation is independent of the CQC and oversees these matters. The service can continue to operate until the Tribunal makes its decision. The Tribunal can, among other options, dismiss the appeal, in which case the Notice of Decision is confirmed and takes immediate effect, or uphold the appeal. The registered persons can appeal against a Tribunal’s decision within the Tribunal service and through the Court of Appeal. The CQC have advised they expect to undertake a further inspection prior to the Tribunal hearing in order to present up to date information at the hearing.

ASC Contracts and ASC Safeguarding officers, together with colleagues from the CCG continue to meet with Donisthorpe Hall on a monthly basis to discuss progress against the home’s action plan, which picks up priorities from ASC/CCG monitoring visits and CQC inspections, including staffing, safeguarding, medication, care planning, training and care delivery. This has included visits to the home by contracts and quality officers of ASC and the CCG to ensure residents are remain safe. Officers have also supported the Home by seeking input from other organisations including the ASC’s Organisational Development Unit which has organised bespoke training for the Home’s staff and prioritised their access to existing free training provision as well as supporting them to develop their workforce strategy. They have also supported the Home to access the Level 5 Higher apprenticeship in Care Leadership and Management award. Public Health has provided training and advice on Falls prevention. Leeds Community Healthcare have provided support with further training around the Mental Capacity Act and undertaken a peer review. Officers from ASC Contracting and the CCG have continued with a programme of joint monitoring visits to offer feedback to the Home against an agreed action plan.
The home has reported the following progress against their plan:

- The home is being reconfigured into 2 distinct areas (one is for residents with dementia with three separate Units: two of which have nursing dementia provision and one for Residential dementia only) and the other area is for Residential clients), with the home relocating residents who had been inappropriately placed into units that will best meet their needs, following resident/relative consultation. This will also allow the home to make best use of carer and nursing resources.
- The home’s management structure has been reviewed, deputy managers are being appointed to support each of the unit care manager posts, addressing concerns around unit leadership. These posts have one vacancy currently. The care managers are supported by the senior leadership team and a rolling induction training programme has been devised to support the new management team.
- The home has reintroduced paper medication records to replace its electronic system to address the high number of medication errors. Robust medication audits, staff competency assessments, training and Pharmacy support have also been introduced. A clinical sub-committee is in place which includes two GPs and a pharmacist. The Home has seen a reduction in medication errors.
- Further training and improved processes around Accident reporting to include lessons learned
- Care plan documentation has been reviewed and the home has returned to paper based care planning to ensure it is fit for purpose and accessible
- Quality assurance has been improved through monthly and weekly unit and management audits, along with weekly KPI reporting in key areas (pressure care, weights, falls, medication). Processes are in place to ensure individual needs are being monitored and risk assessed particularly around nutrition. The Home’s management team are validating audits and ensuring processes are embedded.
- The home has brought in a dementia specialist to develop a dementia strategy and embed improved dementia care, particularly around interaction, stimulation, the dining experience and training.
- An external company is being used as a mental capacity consultant to improve documentation and staff understanding.
- A revised activity programme, based on resident interests, has been developed, with dedicated provision on the EMI units to improve interaction and stimulation for residents.
- The home has been working closely with ASC Safeguarding to identify key themes, screen potential concerns and set out clear action plans for active safeguarding cases and improve reporting.

The home feels that it has become more responsive to service user needs. ASC contract officers, the CCG and ASC Safeguarding officers will be working with the home to further develop its action plan and ensure all service priorities are incorporated.

The home has confirmed it is their intention to not take any new residents until they are fully sure improvements at the home have been embedded and are being maintained. ASC and the CCG will continue to closely monitor progress and provide support to the home.

**CONCLUSIONS AND RECOMMENDATIONS:**
Scrubtiny members are asked to note the content of this briefing.