

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

## Shipleigh Hall Nursing Home

The Field, Shipleigh, Heanor, DE75 7JH

Tel: 01773764906

Date of Inspection: 08 July 2014

Date of Publication: August 2014

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

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Meeting nutritional needs</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Shipleigh Hall Limited
Registered Manager	Mrs Sheilla Devi Sunley
Overview of the service	Shipleigh Hall nursing home is managed by Shipleigh Hall Limited. The service is in Shipleigh in Derbyshire and provides accommodation for up to 30 older people who require nursing or personal care.
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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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.

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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 8 July 2014, 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 people who use the service, talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We met eight people that lived in the home and two staff as well as six visitors. Some of the people we saw in the home had memory problems or difficulty with communicating their needs. We spoke directly with five people living in the home, they were happy with the care they received and with the staff who cared for them.

If you want to see the evidence supporting our summary please read the full report.

At our inspection we gathered evidence that helped answer our five questions.

Is the service safe?

The people who used the service told us they felt safe in the home and trusted the staff. People told us. "Staff are lovely, really friendly" and "I like all the staff."

Another person said. "Staff listen to me, I am quite happy here and I feel well cared for."

We had received information of concern that people were not receiving the care and support they needed. We looked at support plans and spoke with people who used the service. People told us they were well looked after.

The provider and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Is the service effective?

The people who used the service told us they liked living at Shipley House. One person said "If I don't feel well they call a doctor for me."

We looked at how the staff supported people with diabetes and saw they received suitable

chiropractic treatment as well as a suitable diet. Staff also contacted the necessary healthcare professionals for advice when they needed to.

Is the service caring?

People told us they were pleased with the staff at Shipley Hall. One person said. "They treat me like a queen; I couldn't be better looked after." We observed staff throughout the day. They did not rush people and took their time when providing support, which was done with dignity and respect.

Is the service responsive?

We had received information of concern saying the home had had an infestation of cockroaches. We looked at records and saw that as soon as this was identified the provider brought in a specialist pest control company to deal with the problem. They also had retained the company to carry out three monthly checks to ensure they remained free from infestation.

Is the service well-led?

The registered manager has been in post for just over a year and is slowly making changes to the support plans and improving the environment. Staff spoke positively about the registered manager and were able to tell us what improvements the registered manager had made.

We discussed how people who used the service and their relatives were involved in the running of the home. We were shown a quality questionnaire but there was no response recorded as to actions taken. The registered manager told us they had carried out improvements as a result of comments and would record these in future.

We had received information of concern saying that people were frightened to complain to the provider. We spoke with people who used the service and they told us they felt confident to speak to the registered manager. One person told us. "Staff listen to me, I am quite happy here and I feel well cared for." However when we spoke with visitors three out of the six visitors said they did not feel able to raise any concerns with the provider due to their previous negative experience.

We looked at the audits of the building and associated activities, we found they had not been recorded since April 2014, however the registered manager was able to send us evidence following the inspection to show they had been carried out but recorded separately. We also asked the registered manager if they had an annual routine maintenance plan for the service. We were told that they did not have but refurbished rooms as and when they thought they needed to do it. The provider sent us evidence following the inspection to show that they visited the service regularly and carried out audits from which repairs and maintenance actions were carried out.

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

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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We looked at four support plans. We did this to help us to understand people's care. People who used the service understood the care and treatment choices available to them. We saw that they and their relatives were involved in the assessments of their needs as well as reviews of their support plans. Support plans included information about people's lives, their likes and dislikes and how they wanted to be supported. This meant that each person's support plan was individual to their needs. The support plans had detailed information so staff had the information they needed about how to support people.

We observed staff throughout the day and saw that they responded to people's need promptly and supported people with dignity and respect. We observed staff supporting people in a manner that suited the individual and we did not see staff rushing people. We spoke with five people who used the service and they told us that staff were kind and treated them with respect. One person told us. "They treat me like a queen, I couldn't be better looked after."

People told us that they liked the staff and the home. One person said, "Staff are lovely, really friendly" and "I like all the staff." People who used the service told us that they choose how they spent their day such as when they got up and when they went to bed. One person told us, "I wanted to stay in bed this morning and it wasn't a problem, they just came back later to ask if I wanted to get up then, and I did."

People expressed their views and were involved in making decisions about their care and treatment. The registered manager told us that they routinely carried out daily conversations with people and, when they visited, their relatives. These conversations are not recorded nor any outcome from actions that may have arisen. We discussed this with the registered manager who said they would record them in the future to identify how they

listened to people and improved the service as a result.

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

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**Our judgement**

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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**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual support plan. We looked at four support plans and found they had information for care staff about how to support people and how they liked to receive their care. Care staff we spoke with told us that they had regular access to support plans and people's changing needs were discussed in handover at the start of each new shift. We saw that support plans had been reviewed monthly or more frequently if their needs changed. This meant that care staff had up to date information about people's needs. We did discuss with the registered manager that plans appeared to be duplicated as information about people's care appeared twice. The manager explained that they had introduced a more person centred approach and had attempted to keep the information simple with the more complex nursing tasks in the second document. The manager did agree that this may cause confusion for staff and said that in future they would ensure all the person's care needs appeared in a unified plan.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that each person had their risk assessed and a support plan in place to show how to minimise risk. This meant that people were protected from identified risk.

We saw records of healthcare professional visits and why they had taken place including any action that was needed by staff. We saw that people's weight, body mass index, nutrition were regularly reviewed and where changes were noted referrals were made to appropriate teams for advice. Staff told us what action they would take if they noted any changes. People told us that they were able to see a doctor when they needed to. One person said "If I don't feel well they call a doctor for me." This meant that arrangements were made for people to have their health care needs met.

We had received information of concern that people were not supported to see a chiropodist. We looked at support plans that showed people saw a chiropodist at regular intervals. Where they had diabetes and were eligible to see an NHS chiropodist this was arranged. However we were told that as the NHS chiropodist was only available every six months and people needed their feet checking more regularly, a private chiropodist also

checked people's feet in the intervening time. We spoke with a visitor who confirmed that their relative had seen a chiropodist recently.

Each support plan we looked at had a "do not resuscitate notice (DNAR)" that had been authorised by a doctor and signed by the person concerned or their representative. This information is necessary for healthcare professionals as it informs them about what they should or should not do if the person has a life threatening emergency.

There were arrangements in place to deal with foreseeable emergencies. There was information in people's support plans to show what support people needed should there be an emergency. The provider may wish to note that each person's emergency plan was stored in the individual support plan and staff did not have one file to collect should there be a need to evacuate the service.

The provider had arrangements to ensure that people who used the service were only deprived of their liberty when this had been authorised by the Court of Protection, or by a Supervisory Body under the Deprivation of Liberty Safeguards (DoLS). This is legislation that protects vulnerable people who are or may become deprived of their liberty through the use of restraint, restriction of movement and control. People who lived at the home and their relatives could be confident that the provider would not deprive people of their liberty without taking the appropriate action.

**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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People's food and drink met their religious or cultural needs. We looked at the meal choices for people using the service. The midday meal was served where they wanted to and where people had dietary requirement such as diabetes suitable meals were prepared. The registered manager told us that information about people's dietary needs were passed to the kitchen staff to ensure they supplied people with meals they could eat. Staff told us that if people refused a meal or did not like what was on offer then they would find alternatives for them. One person told us that they liked the meals and were given a choice. "I like the food and I have a choice every day."

People were supported to be able to eat and drink sufficient amounts to meet their needs. We saw that throughout the day both hot and cold drinks were offered to people. Staff told us that when the weather was warmer they assisted people to drink more fluids and regularly asked people if they wanted a drink as well as people being able to ask for a drink whenever they wanted. We observed people asking staff for drinks and staff bringing them as well as the routine afternoon and suppertime drinks trolley.

We observed the midday meal and saw that where people needed support to eat their food they received it in a discreet manner. We asked staff what they would do if a person did not have enough to eat. They said that it would be passed on to the nurse who would contact the dietician and a food and fluid chart would be completed to determine what the person was eating and drinking. We looked at support plans and these showed that where people were identified as at risk of not having their nutritional needs met referrals were made to the dietician and advice was followed. Staff told us that people were offered nutritionally fortified drinks where they were at risk to ensure they received enough calories. We observed people with these drinks during the day. This meant that people had sufficient food and drink to meet their needs. We spoke with three visitors who said that they thought the food was good; one visitor told us that they visit daily to help their relative eat their meal.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

People were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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We had received information of concern regarding the cleanliness of the building, including there had been a cockroach infestation. We looked at records and it showed there had been an infestation in 2012. This was dealt with appropriately by the registered manager and provider at the time. They contacted a pest control company to eradicate the infestation. We saw documentation from the local environmental health officer that confirmed they were free of the infestation. We also saw that the provider had made arrangements for the pest control company to visit every three months to ensure any risk of a reoccurrence was minimised.

We looked around the home and noted that the home was clean and tidy. We spoke with five people using the service and three visitors about the cleanliness of the home. Most passed no opinion about the cleanliness of the home, but one person said, "I think it is clean, my room is cleaned daily." Another person said. "My bedroom is nice and clean."

We saw that some of the furniture looked, shabby and in some areas torn. We also looked around the toilets, shower and noted that two were out of use. The manager told us that one shower room was due to be changed to a spa bath, however she had no time scale as to when this was likely to happen. The other out of order toilet was as a result of a water leak and they were waiting for the builder to come and mend the ceiling during the week.

We saw a supply of liquid soap and paper hand towels in all the toilets and shower rooms. We also saw a supply of alcohol hand rubs around the service and staff using them. Hand gel is used to keep people's hands free from contamination, which reduced the possibility of cross contamination by the staff. That assisted the staff group to reduce the risk of spreading an infection.

The members of staff who we spoke with demonstrated an understanding of infection control. Staff told us they were either about to attend training or had attended training. We observed staff during the day and we saw that they applied their training and knowledge to ensure people were protected appropriately.

We saw that there was a good supply of personal protective equipment such as disposable aprons and gloves, and we saw staff used these throughout our visit. Each member of staff wore a uniform.

We saw cleaning schedules that showed bedrooms had their carpets deep cleaned on a regular basis to ensure any odours were minimised. We also saw cleaners throughout the day carrying out their duties.

## 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 received information of concern that the home had a high turnover of staff and they operated using agency staff.

We discussed this with the registered manager who told us that they had recently gone through a lot of staff changes but now had a more stable staff group and there were less reliant on agency staff. The registered manager confirmed where they needed agency staff they ensured the same people came to maintain continuity. We looked at staff records and these showed that staffing was less reliant on agency staff this meant people who used the service would be assured of continuity in their care.

We asked people who used the service if they felt there were enough staff to support them. People told us. "I never have to wait long, they come and help me when I need it." We spoke with six visitors about staffing arrangements and three people felt there were enough staff and three people felt there were not enough. One person said "I do feel staff are very rushed in the afternoons." We asked staff about the mix of staff on each shift and whether there were enough staff to ensure people who used the service had their needs met in a timely manner. Staff told us that there was a good mix of new staff with experienced staff and that there was enough staff to ensure people had their needs met.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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.

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### Reasons for our judgement

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People who used the service and relatives were asked for their views about their care, support and treatment through a satisfaction survey. However we did not see that people's views were acted upon. We discussed this with the registered manager who told us that she did act on suggestions and was able to give examples, such as people being able to access the garden but she had not recorded what action she had taken. The provider may wish to note that where people have mentioned improvements are needed and action had been taken this should be recorded.

We had received information of concern that people did not feel able to complain to the provider as they were frightened. People who used the service told us they felt confident in giving their opinion about the service. One person told us. "I am able to make my views known to the manager, if I have a problem she listens." Another person told us. "Staff listen to me, I am quite happy here and I feel well cared for."

We spoke with six visitors about their views on raising concerns with the provider. Three people said they did not experience any problems. They told us. "There are always a few niggles but if I say anything it is always sorted out, most of all my relative loves it here." However three people told us they did not feel able to raise concerns as when they had done so in the past the provider had responded very negatively. People did tell us that they felt more confidence in the registered manager as she listened to their concerns. This meant that not everyone felt confident to raise concerns with the provider and have their concerns listened to and dealt with appropriately.

Decisions about care and treatment were made by the appropriate staff. We looked at people's support plans and these showed that where people had particular needs such as concerns related to their skin integrity the district nurse was called to assess. Staff told us that if they have any concerns about people's welfare they report it to the nurse on duty,

who they felt confident, would take the necessary action.

There was evidence that learning from incidents and accidents. We saw that the registered manager audited accidents that occurred in the service and had made changes where needed to reduce risk.

The registered manager had carried out checks of support plans to ensure they were up to date and staff spoken with knew their responsibility in maintaining support plans. We looked at audits for the building and activities associated with people's care. We saw that audits should take place monthly but for medication and monies belonging to people who used the service we saw that the last entry was for April 2014. Following the inspection the registered manager sent us information showing that the audits had taken place but the records were stored separately. The provider may wish to note that records should be stored together to minimise the risk of errors occurring.

We saw that there was a maintenance log that showed that staff were able to report any problems and they were repaired promptly. In discussion with the registered manager they told us that new flooring along the corridor was being laid on the day of the inspection. We saw this took place in the evening to minimise the disruption to people who used the service. We asked if the service had a routine annual maintenance plan and were told they did not. The registered manager told us that as they identified areas that needed refurbishing they did what was needed. This meant that there was no routine maintenance of the service to ensure that it remained in a suitable and safe condition. Following the inspection the provider sent us copies of audits that were carried out on the building each month that ensured the building was maintained safely for people who used the service. This meant that although there was no maintenance plan for the service the provider had a system in place to ensure the safety and upkeep of the building.

## 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

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### Essential standard

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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)

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### Regulated activity

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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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