Shipley Hall Limited

Shipley Hall Nursing Home

Inspection report

The Field
Shipley
Heanor
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Tel: 01773764906

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We inspected Shipley Hall Nursing Home on 9 May 2017.This was an unannounced inspection. The service provided accommodation, nursing and personal care for up to 30 older people with a range of age related conditions including frailty and dementia. On the day of our inspection there were 24 people using the service, including one person who was in hospital.

Our last inspection took place on 24 & 27 May 2016. At that time there was no registered manager in place and we identified concerns relating to inadequate levels of infection control. This was a breach of Regulation 12 (Safe Care and Treatment) Health and Social Care Act 2008 (regulated activities) Regulations 2014. Following this inspection we asked the provider to send us an action plan detailing how they would address these issues. Following this the provider sent us their action plan telling us about the improvements they intended to make. During this inspection we looked at whether or not those improvements had been met. We found some improvements had been made regarding infection control procedures and the service was no longer in breach.

However we identified other concerns regarding the culture of the service, which was not always open and inclusive. We also found communication was inconsistent and staff did not always feel valued by the provider.

There was still no registered manager in post on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received care from staff who were appropriately trained and confident to meet their individual needs. They were supported to access health, social and medical care, as required.

People's needs were assessed and their care plans provided staff with guidance about how they wanted their individual needs to be met. Care plans we looked at were centred on the individual and contained the necessary risk assessments. These were regularly reviewed and amended to ensure they reflected people's changing support needs.

Policies and procedures were in place to help ensure people's safety. Staff told us they had completed training in safe working practices. We saw staff supported people with patience, consideration and kindness and their privacy and dignity was respected.

People were protected from the risk of harm or abuse by thorough recruitment procedures. Appropriate pre-employment checks had been made to help protect people and ensure the suitability of staff who was employed.

People received their medicines in a timely way. Medicines were stored, administered safely by staff who had received the necessary training.

People's nutritional needs were assessed and records were accurately maintained to help ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals.

Staff received training to make sure they knew how to protect people's rights. The service acted in people's best interests and maintained regular contact with social workers, health professionals, relatives and advocates.

There was a complaints process in place. People were encouraged and supported to express their views about their care and staff were responsive to their comments.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There was sufficient staff on duty to safely meet people's identified care and support needs. Medicines were stored and administered safely and accurate records were maintained. People were protected by thorough recruitment practices, which helped ensure their safety.

Is the service effective?

Good

The service was effective.

Staff were confident and competent in their roles. They had training in relation to the Mental Capacity Act (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). The service maintained close links to a number of visiting professionals and people were able to access external health care services.

Is the service caring?

Good

The service was caring.

People and their relatives spoke positively about the kind, understanding and compassionate attitude of care staff. Staff treated people with kindness, dignity and respect. People were involved in making decisions about their care; they were asked about their choices and individual preferences and these were reflected in the personalised care and support they received.

Is the service responsive?

Good

The service was responsive.

Staff had a good understanding of people's identified care and support needs. A complaints procedure was in place and people and their relatives felt confident any concerns or issues raised would be addressed.

Is the service well-led?

Requires Improvement

The service was not always well led.

There was no registered manager in post. The quality of service provided was monitored but audits relating to the running of the service were inconsistent. The culture of the service was not always open and inclusive. Staff felt supported, although not always valued by the provider.

Shipley Hall Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 9 & 10 May 2017 and was unannounced. The inspection team consisted of one inspector and an expert by experience, both with specific experience of dementia care services.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report.

We looked at other information we held about the service, including notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

We observed care practice and saw how people using the service were supported. We spoke with three people who used the service, four relatives, a visiting health care professional, four members of staff, the deputy manager and the acting manager, who was the registered provider. We looked at documentation, relating to people's care including three people's care and support plans, their health records, risk assessments and daily notes. We also looked at two staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

Good

Is the service safe?

Our findings

At our previous inspection on 24 & 27 May 2016 we identified concerns relating to inadequate levels of infection control. In the sluice room the sink was dirty and there was no soap for hand washing. This meant staff could not clean their hands effectively after handling soiled items which created a risk of cross infection and put people at risk from infection. We also found certain areas of the service, particularly some toilets, were not clean and consequently people were not protected from the potential risk of infection. This was a breach of Regulation 12 (Safe Care and Treatment) Health and Social Care Act 2008 (regulated activities) Regulations 2014. Following this inspection we asked the provider to send us an action plan detailing how they would address these issues. At this inspection we found some improvements had been made regarding infection control procedures and the service was no longer in breach.

People who used the service spoke positively about the comfortable and homely environment. They told us they felt safe and would be happy to speak with staff or the provider should they have any worries or concerns. One person told us, "I do feel safe here and the staff are lovely." They went on to say, "If I was worried about anything I would say something to the team leader or [Provider]."

Relatives we spoke with thought their family member was safe at Shipley Nursing Home. One relative told us, ""I'm really not worried about [family member] being in danger. There's always someone in the room. They're never left alone with no one overseeing them." Another relative told us, "[Family member] isn't mobile and has a special adapted wheelchair and has to be hoisted, but they (Staff) know what they're doing and we've never had any problems."

Another relative was also confident their family member was safe at the service. However they told us they wouldn't hesitate to raise any concerns they might have. They told us, "Things have changed for the better. But if I've got a problem I will speak to someone, if I think the carer is at fault I will do that. I will speak to [Provider]."

Staff we spoke with were confident people using the service were safe. However one member of staff said they often felt "Under pressure" in the evenings when there were three staff on duty, supporting 21 people on two floors. They told us, "Obviously everyone wants to go to bed in the evening, but we have two residents who need hoisting and six upstairs who require repositioning every two hours." Another member of staff told us, "We could always use another pair of hands, particularly in the evening when it's busy. Residents do have to wait sometimes – but they're definitely safe; we make sure of that."

One senior member of staff told us, "People here are certainly safe here. We all know the residents well – and they know us!" Another member of staff told us, "We have risk assessments in place, which we follow to make sure residents are safe. We've also got PPE (Personal protective equipment) that we use, such as aprons and gloves." During our inspection we observed as staff supported people to move safely, using the hoist when necessary. We saw there were always two staff used the hoist and we heard them speak sensitively to the person, as they explained what was going to happen and gently reassured them.

Staff we spoke with demonstrated a sound understanding of what constituted abuse and were aware of their responsibility to report any related concerns they may have. They were able to explain the action they would take should they suspect abuse. We saw the provider's policies and procedures and individual training records relating to safeguarding. This meant people were protected from possible abuse and harm because staff had the skills, knowledge and awareness needed to act appropriately if a person was potentially at risk.

There were personal and environmental risk assessments in place, which were regularly reviewed. We looked at the records and logs of accidents and incidents in the service for the previous twelve months. The registered manager confirmed that regular analysis of these records took place, which enabled them to monitor people at risk of harm. For example, risks from falls due to reduced mobility. Where risks had been identified, we saw appropriate action had been taken.

People we spoke with were confident they received their medicine safely and at the correct time. We looked at the provider's arrangements for the management of medicines, including their related policies and procedures. We observed medicines being administered. We saw people's medicines administration records (MARs) were completed by staff after they gave each person their medicines. We also saw the MARs had been appropriately completed to show when people had received 'when required' medicines. The deputy manager confirmed that people received an annual review of their medicines. These were carried out in consultation with the local GP and ensured people's prescribed medicines were appropriate for their current condition.

Since the previous inspection, improvements had been implemented to the recruitment procedure. We looked at two staff files, including recruitment records. We found appropriate procedures had been followed, including application forms with full employment history, relevant experience, eligibility to work and reference checks. Before staff were employed, the provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services. This meant people were protected as the provider operated a safe and robust recruitment procedure.

Good

Is the service effective?

Our findings

People we spoke with thought staff knew what they were doing and felt confident they could support them appropriately. One person told us, "When I first came here I couldn't walk or talk, and they (Staff) helped me. I wouldn't be here if it wasn't for them." Relatives we spoke with said they were confident staff had the necessary skills and knowledge to carry out their roles. One relative told us, "I'm happy about how [Family member] is looked after. They (Staff) all seem to know what they're doing."

Staff said they felt confident and well supported in their role, particularly by the deputy manager and received all necessary training. This was supported by training records we saw. They also told us the deputy manager was helpful, approachable and very supportive, although they described formal supervision as "Inconsistent" and "A bit hit and miss." We discussed this with the provider and deputy manager who acknowledged that arrangements for staff supervision had "slipped" in recent months but they had now implemented a structured programme of formal supervision for all staff.

People's Individual care plans we looked at demonstrated that, whenever necessary, referrals had been made to appropriate health professionals. People said they could always see the GP if they needed to. One person told us, "The doctors are here every Tuesday afternoon and if I've ever got any problems or concerns I'll mention it to staff – and they put me on the list to see the doctor." Another person said, "The doctor come round every Tuesday, chiropody every month." This was supported by a relative we spoke with who told us, "A doctor comes round regularly and I'm sure they will come at other times if needed, I've got no concerns about that."

Individual care plans we looked at contained records of all visits made by healthcare professionals. Staff confirmed that, should someone's health condition deteriorate, they would immediately inform the deputy manager or person in charge. As well as the GP's weekly visit to the service, we saw that, where appropriate, people were supported to attend health appointments in the community, such as the local hospital. This meant people had access to healthcare professionals, as necessary and the service responded appropriately to any changes in people's individual health needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The deputy manager told us there were currently two DoLS authorisations in place and following individual risk assessments 14 applications had been submitted and they were awaiting responses.

We saw that where a person lacked the capacity to consent to any specific aspect of their care, assessments were in place in their individual care plans. Staff described how they carefully explained a specific task or

procedure and gained consent from the person before carrying out any personal care. This was confirmed by people we spoke with. Although not all staff had received training on the MCA and DoLS, the staff we spoke with had an understanding of the importance of acting in a person's best interests. They were aware of the need to involve others in decisions when people lacked the capacity to make a decision for themselves. This demonstrated staff understood and adhered to the principles of the MCA and worked in the best interests of people who used the service.

We observed lunchtime in the main dining area. We saw people were offered a selection of drinks before and during the meal. Individual portions were generous and all the meals looked appetising. We saw one person had not eaten much of their meal and staff offered them an alternative option. We observed staff provided discreet support with eating to people, as necessary.

People generally spoke positively about the standard of the meals they received and the choice available. One person told us, ""They know what I like and they cater for me. I don't eat fish and I don't eat bird. They'll do me an egg sandwich instead if there's nothing else." Another person told us about the availability of drinks and snacks throughout the day. They said, "You can have them (snacks and drinks) anytime. They have a trolley at 20 past 10 in the morning and again about half past two. And you have another one about eight o'clock at night." Other people we spoke with said they had, "No complaints" about the food and drink they received. Relatives were also satisfied with the quality of the food provided. One relative told us, "[Family member] eats very well and certainly looks better than when they first came here." This demonstrated that people were supported to have sufficient to eat and drink and maintain a balanced and nutritious diet.

Good

Is the service caring?

Our findings

People and their relatives spoke positively about the kindness and compassion of the care staff and deputy manager, who they described as, "Very approachable" and "Really nice." One person told us, "If I want anything, I just ask. They (care staff) always look after you and I can always have a laugh with them." Another person spoke about the friendly relationship they have with the staff and gave us an example to demonstrate this. They told us, "They (care staff) come in and share photos of their babies, which is lovely." They went on to describe how delighted they had been when one member of staff had bought in their baby and had laid it on the bed beside them.

This view was also shared by relatives we spoke with. One relative told us, "The staff here are just lovely. When I'm here they'll always come and say hello and have a conversation. They interact so well with the residents." They went on to say, "It was [Family member's] birthday last week and they (care staff) made a birthday cake and sang to him. How lovely is that!" Another relative told us, "The staff are absolutely fantastic, I couldn't wish for better people. They're supportive of me as well."
The staff here are all very caring; they couldn't do the job if they weren't. They do everything they can for you." Another person told us, "The staff are very kind and treat me with respect and they are always around and ready to help." We spoke with one person who had been at the service for a number of years. They told us, "It's a wonderful place and the staff are all lovely. They always look out for me and we get on very well and are always having a laugh together." This view was shared by many people we spoke with; one person told us, "I feel like I've developed a good relationship with staff. I didn't know what to expect at first but now the staff are like mates - but they're still staff"

We spoke with people about the level of their involvement in their individual care planning. One person said they were involved in their care plan; they described how they had spent some time talking to the registered manager about their personal care needs before their admission to the service. They told me, "As soon as I came here all my needs were catered for." Another person also recalled talking to staff about their care and support needs, they described the staff as kind and considerate.

Relatives all spoke very positively about the kindness and caring attitude of the staff. One relative said they had been upset their family member needed to come in to a care home but went on to describe how the staff had, "Taken her in and made her comfortable and welcome right from the start." Another relative told us staff were, "Kind, caring and friendly" to her family member "and to me whenever I visit." They said staff treated their family member with dignity and respect and told us, "They're very keen here on privacy; they always knock on the door and make sure the curtains and doors are closed before they attend to [Family member]."

This view was shared by other relatives we spoke with. One relative told us their family member was treated with dignity and compassion and their privacy was always respected. They explained that they had spoken to staff about the need to support their family member while dressing. They went on to say this was now done routinely so their family member always looked clean and appropriately well presented, as they had always done before.

During the day we observed some examples of kind, considerate and respectful care towards people at the service. Staff demonstrated empathy and compassion as they attended to people and ensured they were appropriately covered when being moved by use of hoist equipment, to help protect their dignity. We observed staff moved people, using the hoist, sensitively and safely. We also saw how staff demonstrated patience and consideration, as they took time to reassure the person and explain what they were doing, why and how. They gave people time to understand what was happening and ensured they were comfortable. We saw people were relaxed and comfortable with the staff and responded positively to them and clearly enjoyed friendly and good natured banter. This meant people were supported and treated with kindness and compassion in their day-to-day care and their relationships developed with staff consistently demonstrated dignity and respect.

Good

Is the service responsive?

Our findings

People received individualised care from staff who were aware of and responsive to their individual care and support needs. Before moving to the service, a comprehensive assessment was carried out to establish people's individual care and support needs, to help ensure any such needs could be met in a structured and consistent manner. People we spoke with said they felt the service was responsive to their needs and they were happy with the choices available to them. One person described how they were encouraged and supported to remain as independent as they wanted to be. They told us, "I'm happy with my life here, I have my usual routine and I go out on my buggy three or four times a day, whenever I want to."

Relatives we spoke with also felt the service was responsive to their family member's needs. However we received several comments regarding the limited opportunities people had to go outside and enjoy the "Beautiful grounds." One relative told us, "[Family member] has been here since July last year and I don't think he's been outside in all that time. " Another relative said, "[Family member] has said she wants to go outside – but I haven't seen the staff take her." They went on to say, "Once, when we got here, [Member of staff] came and said, 'Your mother wants to go outside' so we had to take her, but the ground isn't very even and [Family member] felt like she was going to fall out of her wheelchair."

We discussed this issue with the provider who told us that, following discussions with residents and relatives they were hoping to make more use of the grounds and had already plans in place for an accessible walkway and covered seating area.

Staff we spoke with were aware of the importance of knowing and understanding people's individual care and support needs so they could respond appropriately and consistently to meet those needs. One member of staff told us, "I really like just sitting and talking with residents and I know they enjoy it." They went on to say, "Sometimes when we're too busy, there's not always time for that, which is a shame because it shouldn't be about us it's about the residents and what they need."

Individual care plan we looked at had been developed from the assessment of the person's identified needs and .were personalised to reflect people's wishes, preferences, and what was important to them. They contained details of their personal history, interests and guidelines for staff regarding how they wanted their personal care and support provided. This demonstrated the service was responsive and helped ensure people's care and support needs were met in a structured and consistent manner.

Staff said they worked closely with people, and where appropriate their relatives, to help ensure all care and support provided was personalised and reflected individual needs and identified preferences. People told us they were happy and comfortable with their rooms and we saw rooms were personalised with their individual possessions, including small items of furniture, photographs and memorabilia. People told us they felt listened to and spoke of staff knowing them well and being aware of their care preferences and regarding how they liked to spend their day. Throughout the day we observed friendly, good natured conversations between people and individual members of staff.

The provider had systems in place for handling and managing complaints. The complaints records we looked at confirmed that these were investigated and responded to appropriately. Staff we spoke with were aware of the complaints procedure and knew how to respond appropriately to any concerns received. Records we looked at showed that comments, compliments and complaints were monitored and acted upon. Complaints were handled and responded to appropriately and any changes and learning implemented and recorded. For example, we saw that, following a concern raised by a relative, a person had their care plan reviewed and their support guidelines amended to address the issue raised. Staff told us that, where necessary, they supported people to raise and discuss any concerns they might have. People using the service and their relatives we spoke with told us they knew what to do if they had any concerns about people's care. They also felt confident they would be listened to and their concerns taken seriously and acted upon.

The deputy manager showed us the complaints procedure and told us they welcomed people's views about the service. They said any concerns or complaints would be taken seriously and dealt with quickly and efficiently, ensuring wherever possible a satisfactory outcome for the complainant. They told us they also used satisfaction surveys to gather the views of people, their relatives and other stakeholders, regarding the quality of service provision.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection there was no registered manager in post and the quality monitoring systems had failed to identify shortfalls regarding cleanliness and infection control. We asked the provider to tell us what action they intended to take to address these issues. At this inspection we found levels of cleanliness had improved. However there was still no registered manager in post and we identified concerns regarding the culture of the service, which was not always open and inclusive. We also found communication was inconsistent and staff did not always feel valued by the provider.

We received some contradictory comments from people and their relatives regarding the management of Shipley Hall and in particular the provider, whose attitude and approach many felt was not conducive to the smooth running of the service. One person told us, "'I don't see her (Provider) very often but she seems okay." Another person said, "[Provider] says you can come to me with anything but it only gets dismissed – so what's the point. If I want anything, I'll go to [Deputy Manager], she's a godsend." We asked people if they would feel confident to approach the provider with any issues or concerns. One person told us, "Yeah but she can be a bit funny. This is her place. It's her way or no way. It's how she treats the staff, it's just her way, but I get on with her alright."

A relative we spoke with told us, "I don't like the woman who runs it, she's not very sociable. I find her patronizing but she's nice to you when people are here." Another relative said, "My [relative] popped down here just before [Family member] moved in, with a few questions. [Provider] told him off for coming unannounced, even though she had told us previously to just visit anytime we wanted. She's not very easy to speak to."' However during the inspection we saw no restrictions regarding relatives visiting the service. Another relative spoke positively about how the provider had responded to concerns they had raised: They told us, "I will say that everything I've spoken to [Provider] about has been sorted." This view was partially shared by another relative who told us, "You could probably talk to her (Provider) but she has a way with her – and it's her way or no way. She's not the easiest person to deal with but if you had a problem she'll deal with it." This range of views demonstrated people and their relatives who raised issues or concerns did not always feel listened to or appropriately supported.

Relatives also spoke about the culture of the service and the impact the provider had on care staff. One relative told us, "'I've seen so many people come and go. One or two who have left because of [Provider], who's in charge." Another relative told us, "Staff don't seem to stay long, mainly because of her (Provider) and how she treats them." They went on to say, "One carer wanted set hours because she had a baby, but [Provider] wouldn't let her so she left. Another left because she was fed up with how she was being treated." This demonstrated issues regarding staff retention and inconsistencies with how well the service was managed.

Staff, including the deputy manager, were not always aware of their roles and responsibilities. They spoke of a culture within the service which was not always open and inclusive and where they were not routinely encouraged to raise issues and question practice. They told us that although they generally felt supported by the provider they did not always feel valued by them. A senior member of staff described the atmosphere

when the provider was on the premises as, "Very pressurised – and that is when mistakes can happen" They went on to say, "She (Provider) doesn't seem to appreciate the effect she has when she's here, she's always undermining people and it's her way or nothing - and the trouble is, she thinks she is never wrong.". One member of staff said there was, "A lack of communication and consultation." Another member of staff told us, "The communication between the team on all levels – apart from one – is very good."

Through our discussions it was apparent the provider did not fully acknowledge the importance of ensuring the staff team was consulted and actively involved in contributing towards the development of the service. Communication, including regular staff meetings and formal supervision was found to be inconsistent. They understood their responsibilities in relation to their registration with the Care Quality Commission (CQC) and had submitted notifications to us, regarding any significant events or incidents, in a timely manner, as they are legally required to do. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. The provider confirmed they took part in reviews and best interest meetings with the local authority and health care professionals, as necessary.

Arrangements were in place to formally assess, review and monitor the quality of care. These included regular audits of the environment, health and safety, medicines management and care records. However we found gaps in the frequency of audits and little evidence of 'lessons learned'.to help identify action required and help drive through improvements. This meant quality assurance systems in place were inconsistently applied.