

*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: 26 October 2012

Date of Publication:  
November 2012

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

|  |                     |
|--|---------------------|
| <b>Consent to care and treatment</b>                   | ✓ Met this standard |
| <b>Care and welfare of people who use services</b>     | ✓ Met this standard |
| <b>Safeguarding people who use services from abuse</b> | ✓ Met this standard |
| <b>Staffing</b>  | ✓ Met this standard |
| <b>Complaints</b>                                      | ✓ Met this standard |
| <b>Notification of other incidents</b>                 | ✓ Met this standard |

## Details about this location

|                         |  |
|-------------------------|--|
| Registered Provider     | Shipleigh Hall Limited   |
| 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<br>Diagnostic and screening procedures<br>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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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 reviewed all the information we have gathered about Shipley Hall Nursing Home, looked at the personal care or treatment records of people who use the service, carried out a visit on 26 October 2012 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, 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 spoke with nine people using the service, three relatives and a close friend.

People able to express their views told us they were happy with the care and service they received, and felt that their needs were being met. People had agreed to their care and treatment. One person told us "the staff are great: they will do anything for you." Another person told us "I enjoy the activities and outings and the food is very good."

People told us they liked the staff as they were friendly and helpful. People felt that they received the help they needed as there was usually enough staff on duty to meet their needs.

People felt safe and able to raise concerns with staff if they were unhappy.

Relatives we spoke with told us they were happy with the care and support their family member received, and felt involved in decisions about their care and treatment. One relative told us "the staff team are caring and attentive to people's needs." Another relative told us "the service provides high standards of care and the facilities and the gardens are lovely."

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

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Where able, people gave consent to the care, treatment and support they received. Arrangements were in place to gain and review consent from people who lacked the capacity to make certain decisions, and to show that decisions were made in their best interests.

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### Reasons for our judgement

People able to express their views told us they were involved in decisions and that they had agreed to their care and treatment. People knew how to change decisions they had previously agreed to.

Relatives we spoke with said they felt involved in decisions about the care and treatment their family member received.

Staff we spoke with were knowledgeable about individual's needs and knew how best to communicate and support people to make decisions for themselves, where able.

Our previous visit in June 2011 showed that the provider was not meeting this standard, as people's capacity to consent to their care and treatment was not clearly recorded.

This visit showed that people's capacity to consent to their care and treatment and make certain decisions was assessed. Staff completed a capacity assessment where a person lacked the capacity to make certain decisions about their care and welfare.

We saw that people where able, agreed to their care, treatment and the support they received. Staff explained things in a way that helped people to make decisions about their care and welfare.

People's care records included a form to support that people's care and treatment had been discussed with them. Where staff were unable to discuss a person's care and treatment with an individual, a relative signed the form to show that this had been discussed with them. The manager agreed to ensure that the records were duly completed for people who had recently been admitted to the home.

Discussions with staff and records showed that where a person lacked the capacity to make decisions, relevant persons were involved in making decisions in their best interests.

The provider had policies in place for obtaining peoples' consent to their care and treatment, and to gain and review consent from people who lacked the capacity to make certain decisions.

**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.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People able to express their views told us they were happy with the care and support they received, and felt that their needs were been met. One person told us "the staff are great; they will do anything for you." Another person told us "I enjoy the activities and outings and the food is very good."

People said they enjoyed the various social activities and outings provided. They also enjoyed their meals.

People felt that the daily routines were flexible taking into account their wishes. People got up and went to bed at their preferred times.

Staff told us that people received a regular shower at the times they preferred. The bath facilities were not used as these were not suitable for people's needs. This meant that people did not have a choice of bathing facilities. One person told us "I would love a bath instead of a shower." The provider agreed to enquire about replacing one of the baths that was not used to provide a suitable bath facility.

People said they usually received care and support from regular staff that were aware of their needs and preferences. This means that people could expect to receive consistent care.

Relatives we spoke with said they were happy with the care and support their family member received. One relative told us "the staff team are caring and attentive to peoples needs." Another relative told us "the service provides high standards of care and the facilities and the gardens are lovely."

We observed and heard a good level of communication and contact between staff and people using the service. Staff approached people in a caring and appropriate manner.

We saw that the care and daily routines were centred around individual's needs and preferences. People's care and treatment was planned and delivered in a way that ensured their welfare and safety.

We saw that regular and varied social activities and outings were provided to meet peoples' needs. The provider had installed new televisions in the lounges, and internet

access throughout the home. They had also purchased further equipment including a touch screen computer, to enable people to access games and internet facilities. This meant that people had the opportunity to use IT equipment as a leisure activity.

Staff told us that the provider had purchased further equipment to meet peoples' needs including pressure relieving aids and 'profiling' beds. This meant that people benefited from equipment that promoted their comfort and needs.

We saw that systems were in place to ensure that peoples' weights were checked at regular intervals, and that weight loss or gain was communicated and followed up.

Discussions with staff and records showed that staff followed national approaches, to improving the care for people with an end of life illness. Staff felt the level of support and training they had received had improved people's care. Records were being put in place to ensure that peoples' wishes were respected in regards to their end of life care.

Two people's care records we looked at included personal information about their needs and preferences and what was important to them. The records showed that people's care and treatment was delivered in a way that ensured their safety and wellbeing. The acting manager agreed to address the following:

Certain care plans did not detail all care and support in place. For example one person's care plans did not include actual pressure relieving equipment in use and daily fortified food they were receiving.

Some risk assessments did not match the care plans in place. Some monthly progress reviews recorded "remains valid". This meant that reviews did not report on the effectiveness of the person's care, treatment and support.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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People told us they felt safe and able to report any concerns they may have to staff or the person in charge. Relatives we spoke with also felt able to report any concerns to staff.

We saw that policies and procedures were in place to safeguard peoples' welfare. Staff we spoke with had an understanding of safeguarding issues and who they should report concerns to, if abuse was alleged or suspected. Staff said they felt able to report any concerns to senior staff.

Our previous visit in June 2011 showed that the provider was not meeting this standard, as staff had not referred two potential safeguarding incidents to the local authority under safeguarding procedures.

This visit showed that staff were aware of their responsibilities in regards to the local safeguarding procedures. Records showed that staff had referred a potential safeguarding incident to the local authority under safeguarding procedures. This did not meet the criteria to be investigated under safeguarding procedures.

Discussions with staff and records showed that new staff received training on safeguarding adults as part of their induction. Staff also received refresher training on safeguarding adults every two years to ensure they understand their responsibilities under safe guarding procedures. Records showed that staff last received training on safeguarding adults in 2011.

Checks carried out during the visit showed that people who use the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. Staff told us that no forms of restraint were used on people who use the service.

Staff told us that the Deprivation of Liberty Safeguards (DoLS) were only used when it was considered to be in the person's best interest. No one was under a DoLS safeguard at the time of this visit.

**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 was enough qualified, skilled and experienced staff to meet people's needs.

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## **Reasons for our judgement**

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People we spoke with praised the staff team and described staff as caring and good at their job. People felt that they received the help they needed as there was usually enough staff on duty to meet their needs.

Relatives said that they had good relationships with staff and could contact them at any time. Relatives felt that the staff were caring and committed to their work, and that there was usually enough staff on duty to meet people's needs.

The previous registered manager had recently resigned and left her position. The provider was taking action to appoint a suitable new manager. The responsible person for the company who was a registered nurse had taken on the manager's role, to support the day to day running of the home until a new manager was appointed.

Staff we spoke with said that they worked well as a team and they felt supported by the acting manager and their colleagues.

The manager told us that most of the staff had worked for the service for several years; there had been three staff changes in the last 12 months. The shifts were covered by regular staff who knew peoples' needs. This meant that people received consistent care from experienced staff who knew their needs.

Staff we spoke with felt that the numbers and skill mix of staff on duty was generally sufficient to meet people's needs.

Our visit showed that sufficient numbers of skilled and experienced staff were available to meet people's needs. Between 20 August 2012 and 14 October 2012 the number of people using the service had reduced. This meant that less staff were needed on the early shift, and the staffing levels had reduced from five to four care staff and one nurse. From 15 October 2012 the staffing levels had increased to five care staff and one nurse on the early shift, to meet the increased numbers and needs of people now using the service.

Staff told us that the provider had appointed more senior staff to take on a team leader role. This meant that the service had more senior staff to cover the shifts and to support the nurse on duty. A team leader was now on duty on all shifts to oversee the care and ensure that peoples' needs were been met.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

An effective complaints system was in place, which people were aware of. Complaints were investigated and responded to appropriately.

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**Reasons for our judgement**

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Relatives and people we spoke with felt listened to and able to express their views, and raise any concerns about the care and service with staff. People were aware of how to make a complaint but they told us they had not had cause to raise any concerns.

We saw that the complaints procedure was available to people and visitors to the home. The complaints procedure stated that if people remained dissatisfied with the outcome of the home's investigation they should report their complaint to the Care Quality Commission (CQC). The provider agreed to update the procedure to state that CQC welcomes information about people's concerns but does not investigate individual complaints. If people are unhappy with the outcome of their complaint or the way it has been handled they have the right to take their complaint to the Social Care Ombudsman.

Our previous visit in June 2011 showed that the provider was not meeting this standard, as the manager had not responded appropriately to a complaint a relative had made.

Discussions with staff and records we looked at during this visit showed that concerns and complaints received in the last six months were listened to, and acted on in line with the provider's procedures.

The provider may wish to note that records of concerns and complaints did not include people's expected outcome, in order to determine whether concerns are as far as possible investigated and resolved to their satisfaction. Also, the records did not provide a clear audit trail of all steps taken, decisions reached and whether people's concerns were upheld.

Staff we spoke with felt able to express their views and raise any concerns about the care and service with the acting manager and the provider, as they were approachable and responded to ideas and concerns raised.

## Notification of other incidents

✓ Met this standard

The service must tell us about important events that affect people's wellbeing, health and safety

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### Our judgement

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The provider was meeting this standard.

The provider had appropriately notified the Care Quality Commission of required incidents that affected the welfare and safety of people using the service.

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### Reasons for our judgement

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Our previous visit in June 2011 showed that the provider was not meeting this standard, as not all required incidents that affected the welfare and safety of people using the service, had been reported to CQC under regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Information we hold about the provider and the findings of this visit showed that staff had appropriately reported all required incidents affecting peoples welfare and safety to CQC. This meant that the commission was appropriately notified of significant incidents to oversee that the provider had taken appropriate action.

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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