

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: 04 July 2013

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

Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ 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 Diagnostic and screening procedures Treatment of disease, disorder or injury

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 July 2013, 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, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We spoke with ten people who used the service and five relatives.

People able to express their views told us they were happy with the care they received, and felt that their needs were being met. They also said that they liked the staff that supported them. Comments received from people included "it feels like home; it is a good place to live, everything about the service is brilliant, I can't fault the staff, I enjoy the activities and the routines are flexible; I can do as I like".

Relatives told us they were happy with the care their family member received, and felt involved in decisions about their care and treatment.

We found that people experienced care, treatment and support that met their needs. People were supported to have sufficient to eat and drink and they were offered a suitable choice of food, which reflected their preferences and needs.

The majority of people said that they liked most of the meals. People also said that they received enough to eat and drink. Two people said that they felt that the quality of some meals could be better.

People's medicines were handled safely and they received them at the times they needed them.

Staff worked well together as a team, and felt supported by senior staff. People were cared for by staff who were supported to deliver care and support safely.

Effective systems were in place to monitor the quality of the service and to identify and manage risks relating to people's welfare and safety.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People able to express their views told us they were happy with the care they received, and felt that their needs were being met. They also said that they liked the staff that supported them. Comments received from people included "it feels like home; it is a good place to live, everything about the service is brilliant, I can't fault the staff, I enjoy the activities and the routines are flexible; I can do as I like".

People said that they felt that the daily routines were flexible, taking into account their wishes. People also said they 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 told us they were happy with the care their family member received, and felt involved in decisions about their care and treatment.

People told us that their religious needs were supported. People also said that they were satisfied with the level of social activities and outings provided. Records showed that people had opportunities to take part in various social activities and outings. This showed that the service provided regular activities to meet peoples' needs.

We saw that the care and daily routines were centred around people's needs and preferences. Staff responded promptly to people's needs. This showed that people received appropriate care in a way that ensured their welfare.

We saw that people were encouraged to maintain their independence, and could access all areas of the home, where safe to do so. One person told us "my relatives purchased a mobility scooter to enable me to go out independently".

Staff told us that they received a handover at each shift to ensure they were aware of essential information about people's needs. We observed and heard a good level of communication and contact between staff and people who used the service. Staff

approached people in a caring and appropriate manner.

Most people we spoke with told us they received the help they needed as there was usually enough staff on duty.

Discussions with staff and records showed that staff followed recognised approaches, to improving the care for people with an end of life illness. People's wishes were respected in regards to their end of life care. Senior staff felt that the support and training they had received had improved the care that people received.

People able to express their views told us they were offered regular health checks. We looked at two people's care records. The care records showed that staff responded appropriately to changes in people's needs, and worked closely with relevant professionals to ensure that their needs were met. This showed that people's care and treatment was delivered in a way that ensured their safety and welfare.

People's care records reflected people's needs and preferences, and identified risks and how they were being managed to keep them safe. The care plans were generally detailed and set out the care, support and treatment required to meet people's needs. However certain care plans relating to one person required updating to take account of changes in their needs. The nurse agreed to update these.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were supported to have sufficient to eat and drink and they were offered a suitable choice of food to meet their needs and preferences.

Reasons for our judgement

The majority of people said that they liked most of the meals. People also said that they received enough to eat and drink. Two people said that they felt that the quality of some meals could be better. Comments received from people included "you can have your meals where you prefer, the food is very good, there is always an alternative choice; they try their best to accommodate your preferences and the food is alright".

Five relatives we spoke with said that felt that their family member had access to regular drinks and snacks, and were supported to have a well-balanced diet. One relative told us "the staff do their level best to try to get my family member to eat".

Staff we spoke with had a good awareness of people's dietary needs and preferences, and described how these were taken into account when providing the meals.

We saw that people's meals followed planned menus to ensure they received a variety and choice of foods. The daily menu was displayed in the dining room, to ensure that people had access to information about the meals. Records showed that people were consulted in regards to the menus. The cook told us that the menus were being updated to take account of people's preferences and suggestions.

Discussions with staff and records showed that people were asked each day what they would like to eat from the following day's menu. We looked at a sample of records, which showed that people were offered a choice of foods each day.

Two people's care records we looked at included personal information about their dietary needs and preferences, which enabled staff to meet their needs.

We observed the lunchtime and evening meals. The meals served looked appetising and were well presented. People received a choice of nutritious food, in sufficient quantities to meet their needs. The mealtimes were not hurried. There was a good level of conversation between staff and people who used the service. Music played during the meals, which several people sang along to. This showed that mealtimes were a relaxed and social occasion for most people.

We saw that people received regular drinks and were given time to finish their meal.

Supportive utensils were routinely used to enable people to eat independently, where required. Staff assisted people that needed help to eat and drink.

Snacks including fortified drinks were offered to people as part of the mid-morning and afternoon drinks rounds. This meant that people had access to snacks and supplements, where required between their meals.

Items such as salt, pepper and sauces were available on the food trolley, although we did not see these routinely been offered to people. This did not enable people to maintain their independence and accommodate their preferences.

Discussions with staff and records showed that peoples' weight was regularly checked, and that weight loss or gain was communicated and followed up with relevant professionals.

We looked at two people's care records. Staff had completed a nutritional assessment to identify those at risk of poor nutrition and dehydration. People's nutritional risk assessment and care plan was reviewed regularly to oversee any changes. However one person's care plan required updating, as this did not provide an accurate account of their needs and how they were being met. The nurse agreed to update this.

Records showed that people's food and drink intake was monitored, where required. Where risk of poor nutrition was highlighted staff had made a referral to relevant professionals, to ensure that people's dietary needs were met.

The kitchen areas were clean at the time of our visit. An environmental health officer assessed the standards of hygiene and cleanliness in the kitchen as 'generally satisfactory' on the 14 February 2013.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

Appropriate arrangements were in place to ensure that people's medicines were handled safely, and that they received their medicines at the times they needed them.

Reasons for our judgement

People able to express their views told us that they received their medicines at the times they needed them.

Staff told us that no one was able to manage their own medicines.

Checks carried out showed that appropriate arrangements were in place in regards to the handling of people's medicines.

At the time of our visit certain people were prescribed medicines that required storing in a controlled drugs cupboard. We saw that the medicines were stored appropriately in a cupboard that met the required storage regulations. Appropriate records were kept of controlled medicines in use. This showed that controlled drugs were managed properly.

We observed the nurse giving out people's lunchtime and teatime medicines. The staff member followed appropriate procedures to ensure that people received their medicines correctly.

We checked the supplies of five people's medicines against those signed for on their current administration records and found no discrepancies. This showed that people were receiving the medicines they needed.

The nurse told us that certain medicines were crushed, in regards to two people on the instruction of their GP. The community pharmacist who dispensed the medicines had checked that it was safe to do so, and had recorded on the MAR that the medicines may be crushed. This meant that the MAR provided clear instructions for the staff to crush certain medicines.

We saw that the clinical lead nurse completed a monthly medicines audit. The last three audits showed that people's medicines were handled properly. The community pharmacist also carried out regular audits of people's medicines to ensure they were handled safely.

The community pharmacist confirmed that a new medicines reference book was being provided, to ensure that staff had access to information about the medicines people were

taking. The provider may wish to note that the senior staff did not have access to the current guidance relating to the Handling of Medicines in Social Care, to ensure that people's medicines were handled appropriately. The information on file was dated 2003.

Five nurses working in the home gave people their medicines. Nurses were required to attend refresher medicines training every three years to update their knowledge and skills. Records showed that three out of five nurses had received appropriate training to enable them to give out people's medicines properly. Following our visit we received confirmation that the remaining two nurses had attended recent medicines training in their previous or other current work.

The registered manager assured us that she had assessed nurse's competence in practice to give people their medicines correctly. However this was not recorded and she agreed to provide evidence of this.

We saw that the provider had procedures in place relating to the handling of peoples' medicines. The procedures had been reviewed recently to ensure they were up-to-date, to enable staff to manage people's medicines appropriately.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and support safely. Arrangements were in place to ensure that staff received appropriate training, supervision and appraisal, although the records did not clearly show this.

Reasons for our judgement

People we spoke with who used the service told us that they liked most of the staff and got on well with them. They also said that they felt that the staff were friendly and helpful.

Relatives we spoke with said that they had good relationships with the staff and that they could contact them at any time as they were approachable. Relatives also said that they felt that the staff had the experience and skills to care for their family member.

Staff we spoke with told us that they had opportunities to share information and to express their views through monthly meetings and daily handovers. Staff also told us that they worked well together as a team, and felt supported by senior staff.

The provider had a policy relating to the supervision and appraisal of staff. The supervision system included an annual review of nurse's performance and learning needs, and a six monthly review for un-qualified staff. This ensured that staff received appropriate support to carry out their work effectively.

The team leaders told us that they had undertaken appropriate training to enable them to carry out supervision effectively.

Staff told us that they received appropriate support, supervision and a review of their learning needs. However three staff files we checked did not show that the staff had received supervision and an appraisal in line with the provider's policy. The registered manager has since assured us that all staff received appropriate supervision and an appraisal. She was updating the records to clearly show this.

A documented training matrix was available to show how many staff had received the essential training. A team leader had recently taken on the responsibility for updating this, and overseeing that all staff attended essential training. The matrix included some gaps against the various training. Following our visit we received a copy of the updated matrix, which showed that staff had attended essential training or were booked on this.

Staff we spoke with told us that they had attended essential training to carry out their work.

The three team leaders were undertaking Level 5 diploma in management qualification, to further their skills and to enable them to take on further responsibilities and manage the service.

Three staff files we looked at showed that they had undertaken a range of training relevant to their work. This ensured that staff had the skills to meet people's needs.

The provider's training policy required that new staff completed induction training during their first six weeks, which included various mandatory training. Following their 12 week probationary period they were required to undertake Level 2 diploma in health and social care.

Two new staff members we spoke with said that they felt that they had received appropriate support and training to enable them to carry their work. Records showed that they had completed the provider's induction programme, and were booked on various training.

The induction programme for new staff was brief. It did not include all essential information, including people's needs, privacy, and rights and safeguarding. Following our visit the registered manager arranged for a representative from 'Skills for Care' to review the induction programme, to ensure it is in line with recognised standards within the care sector. This will ensure that staff are properly trained, and have received all essential information to carry out their work. The manager agreed to forward us evidence of this.

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

Our judgement

The provider was meeting this standard.

Effective systems were in place to monitor the quality of the service and to identify and manage risks relating to people's welfare and safety.

Reasons for our judgement

People we spoke with told us they were happy with the service. People said they felt listened to and able to raise any concerns about the service with staff. Relatives shared this view. People also told us they were asked for their views about their care and the service and they were acted on.

Relatives and people said they felt that the service was well run.

Staff we spoke with said they felt that the service was well run. They also said they felt able to express their views and raise any concerns about the care and service with senior staff, as they were approachable and responded to ideas and concerns raised.

We looked at records of recent complaints and concerns received, which showed that concerns were listened to, and acted on.

Our visit showed that effective systems were in place to monitor the quality of the service, and to manage risks to ensure the service was run safely. Senior staff carried out essential audits and checks, including monthly audits relating to fire safety, the environment, people's care plans, medicines and money in safe keeping. Where shortfalls were highlighted, action was taken to address the issues.

There was evidence that learning from incidents took place. Records showed that senior staff reviewed all falls and accidents in the home, to identify any patterns or issues. Appropriate measures had been put in place to minimise the risk of further harm and injury, where required.

Records showed that the provider sent out regular satisfaction surveys to people who used the service and their representatives. The findings of recent surveys showed high levels of satisfaction.

The provider had reviewed various key policies in the last 12 months to ensure they were up-to-date. This ensured that staff followed proper procedures.

The findings from this visit showed that the service was well managed, and that clear lines of responsibility were in place. The effect on people using the service was that people were receiving consistent standards of care and service.

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.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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