The Shelley (Worthing) Limited

The Shelley Care Home

Inspection report

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Date of inspection visit:
12 April 2022
13 April 2022

Date of publication:
10 May 2022

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?	Good

Summary of findings

Overall summary

About the service
The Shelley Care Home is a residential care home providing care to 23 older people with a range of health and support needs, including some people living with dementia. The service can support up to 32 people.

People's experience of using this service and what we found
People were safe living at the home. Their risks were identified and assessed, and staff knew how to support people and prevent the risk of harm. Staffing levels were sufficient and enabled staff to spend time with people. People received their medicines as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People had access to a range of healthcare professionals and services. People's diets were catered for and they enjoyed a variety of food on offer. Birthdays and special events were celebrated. The home provided a comfortable and relaxed environment for people and visiting relatives.

People were looked after by kind and caring staff, who were patient in their approach and treated people with dignity and respect. One person said, "Nothing is too much trouble, staff are marvellous". A relative commented, "The last thing I wanted to do was put my mother in a care home, but she was having falls and I couldn't see her every day. She has a new lease of life here. She was always a shy lady, but I see her sitting in the lounge, singing away. This has been a weight lifted off my shoulders, and she's putting on weight". Another relative said, "My Mum came here for respite initially. With the lovely care she's had here, if she had gone home, I don't think she would have made it to her next birthday".

People received personalised care that was responsive to their needs. Activities were planned daily and people could choose whether to participate or not. Outings in the minibus were on offer. Relatives could have lunch with people when visiting. People's end of life care wishes were acknowledged and provided for.

A range of audits measured and monitored the quality of care provided and drove improvement. People spoke highly of staff and the management team.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection and update
The last rating for this service was requires improvement (published 4 March 2021). This was a focused inspection. The last full inspection had taken place on 19 February 2018. Since then there had been a change of legal entity and a new provider had taken over the home.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

The Shelley Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was undertaken by one inspector.

Service and service type
The Shelley Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Shelley Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed information we had received about the service since the last inspection, including the action plan sent by the registered manager, about changes that had taken place to make improvements. We used all this information to plan our inspection.

During the inspection
We spoke with three people and two relatives about their experience of the service. We spoke with the registered manager who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the deputy manager, a senior care assistant and the chef.

We reviewed a range of records including four care plans and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at the provider's medication policies and audit, and examples of 'Magical Moments' between people and staff which the registered manager shared with us.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider did not have robust systems to protect people from the risk of harm. The management of medicines that were to be administered at specific times was not consistent. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

● Risks to people were identified, assessed and managed appropriately. For example, measures were put in place to support people at risk of falls. Sensor mats placed next to people's beds, with their consent, alerted staff when people got out of bed. People who had experienced a number of falls were referred to the falls team, and the advice provided was written into care plans and followed by staff. A falls tracker on display for staff showed how many falls had occurred during the month and reminded them of particular risks to people.
● The process for administering medicines within specific time frames, such as for Parkinson's disease, had been reviewed. Records for managing medicines were kept on an eMAR (electronic medication administration record) system and this minimised the risk of medicines being administered incorrectly.
● People felt safe living at the home. One person said, "Oh yes, I feel safe because my needs are met and I don't leave my room because of my health. Nothing is too much trouble, staff are marvellous". Another person told us, "I do feel safe. There's a lock on the door from my bedroom to the garden which I check at night, and staff make sure it's locked too. If I ring the bell, there's always a quick response from staff and they're good and caring".
● Staff had received safeguarding training, and any incidents of abuse or alleged abuse were reported to the local authority and to CQC.
● All aspects of medicines were managed safely. We observed medicines being given to people at lunchtime and the staff member managed this sensitively and discreetly. Medicines were ordered, stored, and disposed of appropriately.

Staffing and recruitment
● There were sufficient suitably qualified staff to support people safely.
● Staff told us they had time to spend with people, and people confirmed their call bells were answered promptly by staff.
● New staff were recruited after appropriate checks as to their suitability had been completed. Disclosure

and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● We checked two staff records which showed these staff had been recruited safely.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
Relatives and friends visiting people made appointments to come into the home and were provided with disposable masks. Current government guidance was followed for all visitors, including contractors undertaking work at the home.

Learning lessons when things go wrong
● Lessons were learned if things went wrong.
● The registered manager explained, "Falls is a big thing. We've minimised the number of falls and safety has improved, with training and support for staff".
● Incidents and accidents were analysed and showed the risk of people sustaining falls had been mitigated over recent months because of actions taken by the registered manager and staff.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Outstanding. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-assessments were completed by the registered manager or deputy manager before people came to live at the home. These ensured that people's needs could be met and provided the basis for writing the care plan.
- We checked four care plans and each contained an assessment of the person's care and support needs.
- People's choices were reflected in their care plans which staff followed.

Staff support: induction, training, skills and experience

- New staff completed an induction programme and training considered essential to their role. They shadowed experienced staff as part of their induction and met with their line manager to discuss their progress and receive ongoing support.
- Training for staff was mainly through online training. First aid training and specific training on some health care needs, such as for Parkinson's disease, were delivered face to face. Staff were encouraged to enrol for external training opportunities, such as national vocational qualifications (NVQ). The NVQ is a work-based qualification that recognises the skills and knowledge a person needs to do a job.
- Staff told us about the training they had received and some had taken on 'champion' roles in particular areas, such as falls, dementia and nutrition. Champions undertook additional training on their areas of interest and shared their learning with other care staff. This meant that staff had additional information on particular topics and could apply what they had learned when caring for people.
- Staff received supervision on a quarterly basis. Supervision meetings were virtual and were recorded with staff permission. Staff said they found these meetings helpful. One staff member said, "They ask me how I'm doing, about my champion role and any training I need. They're very understanding and helpful".

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a healthy and nutritious diet. No-one living at the home required a modified, textured diet. People living with diabetes were encouraged with a low-carbohydrate/low sugar diet.
- One person told us, "Food on the whole is quite good. They do try and fit you in with what you like". A relative said, "I've just eaten a delicious roast dinner. Mum doesn't have a big appetite, but she's certainly eating well".
- The dining room was laid up in an inviting manner. People sat at tables laid with cloths, flowers and condiments. Wine or sherry was on offer, or people could choose a soft beverage.
- The chef explained that people with smaller appetites would often eat more if their food was presented on a small plate, rather than a large one.

● People at risk of malnourishment were weighed weekly, with their consent, otherwise weights were routinely taken monthly. Specialist advice was sought where required, such as from a dietician or speech and language therapist, and information was shared with staff to follow. One staff member told us, "Some people will drink more if you give them a drink from a small cup and saucer, rather than a mug. We've found that works well".
● Menus were planned by the chef to take account of people's preferences. For example, people enjoyed home-made soup as one of their suppertime choices. One person said, "The food is lovely and the home-made soup is beautiful".

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People were supported by a range of healthcare professionals.
● A relative told us, "Mum has had a few chest infections, but as soon as staff notice it or I notice anything different, it's all sorted out".
● Records confirmed the input of healthcare professionals in people's care plans. A nurse practitioner from the local medical practice undertook weekly calls, either virtually or face to face. If prompt medical attention was needed, then the GP surgery was contacted or the emergency services.
● People had access to chiropody and physiotherapy services if required.
● A staff member said, "The district nurses will liaise with staff and so will the nurse practitioner. We regularly review people's care plans and their health needs, and medicines are reviewed too".
● People's oral health care needs were assessed and recorded in their care plans, with guidance for staff to follow. A relative told us, "The staff organise the chiropody, but we are struggling to find an NHS dentist at the moment". Some people had access to private dental care.

Adapting service, design, decoration to meet people's needs
● The environment at The Shelley Care Home was comfortable and inviting. A relative said, "It's fabulous here and so relaxing".
● We visited some people in their rooms. Bedrooms were personalised and people could bring their own furniture into the home if they wished. One person said, "Apart from this lovely room, I have a bird table and a place to sit in the garden. I'm really very happy here".
● Signage was used where needed, but the emphasis was on providing a homely, restful setting. A lift between floors and specialist equipment assisted people with mobility needs.

Ensuring consent to care and treatment in line with law and guidance
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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.
● Consent to care and treatment was gained lawfully; we observed staff consistently gained people's

consent before undertaking any interventions. For example, we heard the hairdresser asking one person if they would like to have their hair done. The person refused and their choice was respected. Another person indicated they would like to have their hair washed and went to the hairdressing room/salon.

● DoLS had been applied for where people lacked capacity to make a particular decision. Some were awaiting authorisation by the local authority. One person had short-term memory loss and needed staff to support them in their decision-making.

● Where relatives or others had been granted power of attorney to make decisions on behalf of people, copies of the relevant documents were kept on file.

● Staff completed training on mental capacity and DoLS. One staff member said, "It's whether a person has capacity to make daily decisions or choices. We have one DoLS at the moment, but there are no conditions attached to it". They went on to explain how decisions were made in people's best interests, where needed.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Outstanding. At this inspection the rating has changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's diverse needs were catered for and recognised by staff.
- Some people wished to follow their religious beliefs and a member of the clergy had visited recently offering Holy Communion.
- Staff explained how they supported one person who was living with dementia and about the routine that was important for staff to follow; this helped the person feel safe and secure. The dementia team had been consulted and staff knew how to defuse any potentially difficult situations if the person became anxious or upset. A nurse practitioner had reviewed this person's medicines to see if a change in these could improve their wellbeing.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were complimentary about staff at the home and confirmed they were involved in all aspects of their care.
- One person said, "I'm well looked after and staff are lovely, so patient and caring". Another person told us, "I can't fault the staff, they are very caring".
- Care plans were reviewed with people and their families. A relative commented, "From what I see all the staff are very caring and friendly, lovely, very nice".
- We observed staff were caring, kind and patient with people, predicted what they needed and were sensitive to their wishes.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect, and their independence was promoted. One person said, "I don't require a lot of help; I'm fairly independent. Staff encourage me to walk up the corridor to the dining room with my walking frame to maintain my mobility".
- Another person had a sensor light in their bathroom which came on at night and meant they could use the bathroom independently. A curtain cord fixed slightly differently to the window enabled them to draw their own curtains.
- Staff gave people the privacy they needed. One staff member explained, "If I'm doing personal care, I would make sure the door is closed and I always check with people when providing care. If I was asking someone if they needed the bathroom in the dining room for example, I would be discreet".

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Outstanding. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that met their needs and choices.
- Care plans were personalised and included detailed information about people and their past lives. For example, one person loved sports and enjoyed reading one of the tabloid newspapers, which they received every day.
- Another person's care plan reflected their choice to wear the same clothes every day, so staff washed and dried these overnight.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met in a way that suited them. Referring to their loved one, a relative said, "She's never been communicative really. It's just patience that's needed. We just have to repeat ourselves. She gets confused at times as to where she is". Alternative forms of communication had been tried, such as using pictures as a reference, but these had not been successful. Patience and time spent with staff often worked well.
- One person communicated effectively with the use of 'Yes' and 'No' cards. A screen in their bedroom provided communication with their family through voice activation, a two-way video-conferencing system.
- Free Wi-Fi around the home enabled people to have access to the internet and other social media apps.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships that were important to them. Many people went out with their families or independently. Outings were organised in the home's minibus and people had enjoyed a visit to a countryside park recently.
- One person said, "There is always something to do here, sometimes you want to do it and sometimes not. They don't press you, but they can gently encourage you. I like mixing with the other inhabitants. In the summer we go out in the minibus to some nice places".
- Activities co-ordinators were employed at the home. On the first day of our inspection, we observed a word game organised in the lounge and nine people were joining in. There was an animated discussion with people suggesting answers to clues presented to them.

● A second person said, "I plan my day and prefer to stay in my room, watch TV or read the newspaper". A third person told us, "In the last month or two, I haven't done much, but I intend to get back to doing something. I like to meet and chat with people at mealtimes".
● A variety of activities was planned for people and a notice of these was on display in the hallway for people to see, then decide whether they wished to join in or not.

Improving care quality in response to complaints or concerns
● Complaints were managed in line with the provider's policy.
● One person said, "They do their best to meet our needs. I can find no fault at all. If I had a complaint, I'd have a word with [named registered manager] and he would sort it. He's a very caring man". Another person told us, "I've never had to make a complaint, and I would talk to [named registered manager or deputy manager], but I can't see that happening really".
● A relative explained how they had made a complaint about the management of their loved one's finances, although this was not directly connected to the home. The complaint had been dealt with satisfactorily.

End of life care and support
● People could live out their lives at the home if this was their wish and their needs could be met.
● A relative said, "[Named deputy manager] sent me a form to fill in, which I did. Mum has a living will, so I'm going to give the home a copy of that".
● People's end of life wishes were included in their care plans. These included their preferences with regard to any religious or spiritual beliefs, wishes at the point of death, and funeral arrangements.
● The deputy manager was in the process of reviewing end of life care plans with people and their families.
● No-one living at the home was receiving end of life care at the time of the inspection.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to implement robust auditing systems to identify areas in need of improvement. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

● Any incidents of abuse or alleged abuse were notified to CQC as required, and safeguarding referrals were made to the local safeguarding authority. Parkinson's disease medicines were administered within stipulated timeframes as required and medicines were audited appropriately. Staff completed falls management training and the risk of people sustaining falls had been mitigated.
● Robust systems had been implemented to monitor and measure the service and to drive continuous improvement. For example, we reviewed audits relating to maintenance of the premises, including fire safety, health and safety, residents' feedback survey, and care plans. As a result of a health and safety survey, window restrictors had been changed to meet certain recommended standards of safety.
● After the last inspection, the registered manager had offered people and their families 1:1 meetings to discuss actions taken as a result of the inspection. A relative said, "Nothing from the last inspection impinged on my Mum's care. We know what actions have been taken. We have a relatives' gateway app and we can log into that. Management are very good at talking with us, as Mum has had a few falls. We have immediate knowledge of how Mum has been on the app. As far as we are concerned, we are full of praise for them and we are very well informed. There's also access to social media and Mum has her own phone".
● The registered manager told us, "We've come a huge, huge way. It's been a lot of hard work and systems are now in place. Staff are taking more responsibility for their roles".

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The registered manager understood their responsibilities under duty of candour.
Communication with families and others had improved since the last inspection. If people sustained a fall, their relatives were immediately contacted. If a medicine was late in being administered, the incident was

investigated and the person's family was informed. The registered manager explained the importance of learning from any issues that might arise.

● After lunch, staff went around to check whether people were all right, having a chat with them in one of the communal areas or visiting people in their bedrooms. This ensured staff had an up to date picture of how people were as new staff came on shift.

● People and their relatives knew who the management team were. A relative commented, "Yes, [named registered manager], I know who he is. If we have any concerns we always get a swift response. For example, we did not want a male carer for my Mum and it was acknowledged this wouldn't happen in the future".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People and their families were involved in developing the service. Residents' meetings took place every quarter and the last one was held in March. Records showed there had been discussions about plans for Easter. One person told us they always attended residents' meetings as they were useful updates.

● Relatives could stay for lunch at a nominal charge. Money received for these lunches went towards funding outings for people.

● A relative described how they had come to the decision that the home was the right setting for their loved one. They explained, "We visited a lot of the local homes. After a while you see several of them and you immediately know whether it's the right home or not. The welcome I got and the interaction with staff, they were lovely. It's little things. The standard like linen napkins and serviette rings. It was a continuation of Mum's level of expectation as to how things should be done".

● Staff felt included in all aspects of the home and told us their suggestions would be listened to. Staff meetings documented discussions that had occurred. One staff member said, "They're always open to ideas. I love working here. It's a friendly, happy place and I enjoy it".

● The registered manager said, "It is a privilege managing the home. We do our best to reward staff as looking after them is key because they are the quality of the service".

● The registered manager explained how they documented 'Magical Moments' and produced examples of this. Magical Moments are reminiscences, conversations or events between people and staff. For example, two people were feeling a bit down, so staff arranged for supper to be served in one person's bedroom and they ate together. Both people expressed how the occasion had lifted their spirits and made them feel better.

Working in partnership with others

● The home worked in partnership with a range of health and social care professionals, and advice was sought to ensure people's care needs were managed well.

● The registered manager networked with managers at the provider's other care homes, to exchange information and ideas, and was a member of a local managers' forum in West Sussex. They told us, "I think it's important to keep in touch with things on a regular basis, to keep up to date and see what's happening at other homes".