Inspection Report

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

The Shelley Care Home

54 Shelley Road, Worthing, BN11 4BX

Tel: 01903237000

Date of Inspection: 07 November 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Shelley Worthing Limited
Registered Managers	Mrs. Nada Mitrovic-Wakeford Mrs. Marlene Yvonne Sanders
Overview of the service	The Shelley Care Home provides support and accommodation for up to 32 older people. The home provides both long term and respite care.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 7 November 2013, observed how people were being cared for and sent a questionnaire to people who use the service. 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

At the time of our inspection there were 29 people who lived in the home. We spoke with six people, relatives and to staff. People told us that they were involved in decision making regarding their care and treatment. They were encouraged to express their opinions, preferences and views. We found that people were treated with dignity and respect. People told us that they were involved in their care decisions.

We found that care was person centred, planned and delivered safely with regular reviews in order to ensure that care was appropriate to needs. People's care was planned and delivered according to their assessed needs and preferences. One person's relative told us that they felt that ' this was Rolls Royce care. Nothing was too much trouble and that the staff were wonderful and friendly'.

People told us that they felt safe in the home and that care workers understood their roles. We found that people were safeguarded against risk and abuse by knowledgeable, trained and committed care workers. People said that there were always enough staff available to meet their needs. Staff had received appropriate training and support in order to provide high quality person-centred care.

We found that the provider had effective systems in place to monitor and assess the quality of the service, which took into account the views of the people, relatives and staff. We saw that the provider used this feedback to make service improvements.

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

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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

Reasons for our judgement

We were told that people were involved in making decisions about their care and treatment. People were able to express their views by way of a bi-annual resident's questionnaire. These results were collated by the manager and any issues of concern were identified and addressed. An example of this was a comment on the form by a person who felt that they were not involved in the care provided by the district nurses. This was investigated by the care home manager by discussing it with the person concerned. It was then taken to the district nurse team for resolution.

Other ways that people were able to be involved were resident's meetings every six weeks and a monthly food reflection group whereby people discussed the menu and identified anything that they wanted to be added. An example of this was that they requested more beans on toast to be available.

Family members were given an annual questionnaire to complete. The provider also produced a monthly newsletter for people which included news, upcoming events and photographs. The provider also had a Facebook page.

All people had a resident's handbook in their room which explained the philosophy of the home, what care they could expect and how to make a complaint. People's religious beliefs were catered for by the provider arranging a trip to the local church on every third Sunday along with regular communion at the home.

People were able to have their room decorated as they wanted including repainting it and changing the colour of the carpet if requested. We saw that people's rooms were individualised with personal furniture and decorative articles. We were told by people that they had a good choice of meals and could eat either in the dining room or in their room.

Daily activities were available and arranged by an activities person. People were offered trips out, yoga, gardening club and professional entertainers visiting them such as singers.

When we arrived we saw a clothes sale in progress for the people. We were also told by people that they were able to have their pet cats living with them and that they felt 'very lucky'. We were told by people that 'we can do that we want, when we want to do it'. We were also told that ' staff are very nice and very respectful'.

We reviewed six care plans which showed that people's preferences, needs and decisions about their care and treatment had been documented. People or their family members signed the care plans and raised any issues regarding this or if there were any changes to the persons care needs. This meant that people and those acting on their behalf were supported appropriately to make decisions about their care and treatment.

We were told that people were given the choice as to the time that they got up and went to bed along with choosing what they would like to eat and when they wanted to eat. Assistance was given by care workers in eating and drinking, showering and bathing as assessed and documented in their care records. People were given the option of whether they wanted a shower or bath and if they wanted to remain in their rooms or go to the lounge area.

We saw that privacy and dignity was maintained by staff knocking on doors prior to entry and by speaking to people in a respectful and friendly way. All of this showed us that people were involved in their care and given choices which were respected by care workers.

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

We were told that before the service was provided to a person that the person's needs were assessed by either the manager visiting people and family members in their home or the person visiting the provider for e.g. lunch or a weekend trial. This pre-assessment ensured that the service was able to meet the needs of people and this was documented on a pre-assessment form which formed the base of the initial care plan. This initial plan of care was reviewed at the end of the four week settling period.

Care plans were reviewed every day on a shift to shift basis and a formal review was carried out every month or earlier if a change in care needs was identified. Care instructions for care workers were kept in a separate file for them to refer to. We were told that the deputy manager was responsible for updating these care plans. We saw from looking at six care plans that they were regularly reviewed, signed and dated by staff. The care records were available for people and family members to look at and to ask staff questions. Every month people were given a copy of their care record to read and sign if they agreed with it. If there was something that they didn't agree with then they could put a line through it and discuss it with the manager.

These care records included a medical appointment form, daily care record, plan of care-monthly review, life story, likes and dislikes, nutrition screening tool, risk assessments, medication assessment and manual handling assessment. We saw that risk assessments were regularly reviewed. Care workers that we spoke with told us that they understood the care plans and regularly read them in case care had changed. This ensured that people received the appropriate care and level of support that they required. This meant that care was planned and delivered to reflect people's needs, preferences and dignity.

The quality of the care provided was monitored by management audits, responses of people and family members to regular questionnaires and by regular supervision meetings with the manager. Audits such as infection control and medicine also took place.

We were told that there was an emergency plan in place in case of fire or flood. This involved having a 'buddy house' nearby.

We were told by a family member that ' staff had great kindness and compassion' and that ' it was Rolls Royce care'. We were additionally told that ' staff treat my relative with dignity and respect all the time'.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

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.

Reasons for our judgement

The service had an up to date safeguarding policy along with a whistleblowing policy. Care workers completed safeguarding training as part of their annual mandatory training requirement. This was delivered on-line and the manager carried out regular questioning of staff knowledge with scenarios along with the use of a questionnaire. The manager kept a spreadsheet of all staff training and when updates were due.

We spoke with care workers who were able to tell us what the different types of abuse were, what their responsibilities were and how to report it. We were told that the staff were able to detect potential abuse and identify it by always being vigilant and by having completed safeguarding training and by being familiar with the policies which were easily accessible.

The provider had a system in place in the event of an allegation of abuse. We were told that the manager would follow the policy and document it onto a complaint form. The manager would instigate an investigation but if the complaint was of a higher level of abuse then they would escalate it to the director of the home. Additionally the safeguarding policy had an easy to follow flow chart of the reporting process.

We were told by people that ' staff always respond promptly to the call bell and that they felt safe'. We were told by relatives that ' we are very happy with the care received. They are well cared for and happy".

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We were told that there were adequate staff in place and that sickness and annual leave was covered by asking staff to work additional hours. We were told that the provider had recently employed an additional night staff care worker and a laundry assistance following discussions at staff meetings regarding staffing levels. We were told that the provider never used agency or bank staff. We were told that there were always five care workers plus the manager working in the morning, three care workers in the afternoon and three waking night staff.

This was confirmed to us by looking at staff rotas. We also saw from the rotas that there was an adequate skill mix of care workers who had the right level of knowledge and skills. Most care workers held an NVQ and were supported to continue their study. This meant that people were supported by appropriately qualified staff. Annual appraisals took place with goals set for the next twelve months which were followed up by the manager. We saw that other specialised training was available to care workers such as medicines management. Some additional training was carried out as distance learning and some was available from West Sussex County Council. This meant that people were supported by skilled and experienced staff.

We spoke with two staff regarding staffing and training and were told that they felt that they were provided with enough training opportunities and that they were encouraged to continue with further NVQ courses. We were told by a care worker that we spoke with that "there was enough training provided and that there was a lot of management support which made the job enjoyable".

We saw the provider's induction training programme. This included eight sections of knowledge that new care workers were required to gain. This was provided on-line and included knowledge in the role of the health and social care worker, person centred support and principles of safeguarding. In addition new care workers did shadow shifts with an experienced care worker for between one to two weeks. It was expected that the induction programme was completed within six weeks of commencement.

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.

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

Reasons for our judgement

The manager carried out an annual quality assurance audit. We also found that the manager carried out quarterly audits of infection control, medication administration and catering. The manager also did a dignity audit once a year. We found that the manager carried out spot checks on how care was delivered by care workers and on the cleanliness of the home. Staff were observed to determine whether infection control procedures were being followed such as the use of hand gel. We also documentation of infection control audits, medicine management audits and care plan audits all of which were contained within a specific audit file.

People we spoke with told us about the various ways in which they could feedback their views about their care, We were told by people that they and their family members were regularly asked to complete quality questionnaires. People also told us that they had monthly meetings where they could discuss any issues that they had or to make suggestions. The manager coordinated these meetings and noted any actions that were required as a result of issues raised. We also saw a suggestion box located on a wall. Any comments or complaints were acted on. As a result people felt included in the running of the home and that their views were valued.

We saw that the provider's complaints procedure was given to people and their relatives as part of the residents guide. We spoke with a relative who told us that they would speak to the manager if they had any concerns or wished to make a complaint. We were also told by people that they felt comfortable in making a complaint if they were dissatisfied with something and they were confident that it would be acted on quickly. We saw that the provider kept a record of complaints and responded appropriately to them. However there had been no complaints from people or relatives over the past few years. We were told by people that ' it was very good care and that they were very happy here'.

We were also told by relatives that communication between the provider and themselves was very good and 'that they went out of their way with kindness and compassion'.

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.

Contact us

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