The Shelley (Worthing) Limited

The Shelley Care Home

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Outstanding** ☆
Is the service effective?	**Outstanding** ☆
Is the service caring?	**Outstanding** ☆
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

The Shelley Care Home is a residential care home registered for up to 32 people with a variety of health and support needs. At the time of the inspection, 29 people were living at the home. Accommodation is provided over two floors and all rooms have en-suite facilities. Communal areas include a sitting room, dining room and garden room adjacent to landscaped, accessible gardens.

At our last inspection in September 2015 we rated the service Outstanding. At this inspection we found the evidence continued to support the rating of Outstanding and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Outstanding.

Feedback provided by people living at the home included, "My impression is the staff are immensely well trained. I honestly couldn't find fault with any member. They are always helpful and never drag their feet", and, "The food is superb, really excellent. The dining room is quite spectacular too and has a lovely ambience". People were extremely complimentary about the staff at the home and one person said, "The staff are very friendly and chatty. They are so gentle with me and treat me like one of the family". People and their relatives were fully involved in all decisions relating to the care, including their wishes for their end of life care. As one person commented, "I've discussed end of life and my wishes have been written down and arrangements are already in place. I mentioned a wish that I had and they're doing everything possible to try and locate someone for me; they give me progress reports all the time. They really do go above and beyond". Staff were thought of highly by people and one person explained, "The managers are very good indeed. They couldn't do more for you. The care is outstanding. Even the people who work here, who have worked at different homes, say how superior it is here".

The home had built on their previous success and sustained the outstanding model of care and support provided to people. The home provided a safe environment and people were asked what would make them feel safe and then improvements were made. People's independence was not compromised and risks were assessed to encourage people to do as much for themselves as they could. For example, many people managed their own medicines. People received continuity of care from regular staff and there was a culture of staff working closely together.

In addition to mandatory training, staff were encouraged to complete additional training to help them develop in their role. Staff discussed the training they had undertaken and reflected on their learning. Some staff were Champions in specific areas, and provided advice and support to other staff, which contributed to the high quality of care that people received. A range of healthcare professionals ensured people received holistic care which was delivered to an exceptionally high standard. People were overwhelmingly positive about the quality of the food on offer and enjoyed socialising with each other in the dining room. The

environment of the home was relaxing and comfortable. Great thought had been given to the furnishings and the décor was of an exceptionally high standard. Staff were discreet in their attendance on people, but were kind, caring, thoughtful and warm in their approach. Excellent teamwork was an essential ingredient embedded in the service to ensure that people received continuity of care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home support this practice. Everyone living at The Shelley Care Home was deemed to have capacity and people were free to come and go as they pleased.

When people came to live at the home, care was taken to link them with another person who could show them around and introduce them to others so that meaningful relationships could be developed. People's human rights were respected and they were treated with dignity.

Activities were organised on a daily basis. People's interests were integral in the planning of activities, with regular outings into the community. People's cultural and diverse needs were taken account of and catered for, for example, in relation to language and religious needs. When people reached the end of their lives, the home strived to ensure their last wishes were granted. Families and staff were provided with emotional support when people passed away.

The provider and registered manager worked closely together to ensure the excellent standard of care was maintained and improved upon. Audits were detailed and ensured that every aspect of the home was monitored and improvements made where necessary. At the last inspection, we found numerous examples of how people were involved in developing the service and their ideas acted upon. This continued to be the case and people's needs, wishes and aspirations were paramount and at the heart of the home. Looking after people was not considered by staff to be, 'Just a job', but people were cared for in a way that provided them with a meaningful and enjoyable lifestyle. The Shelley Care Home is one of the finalists in the UK Care Home Awards 2018.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service has improved to Outstanding.	**Outstanding** ☆
Is the service effective? The service remains Outstanding.	**Outstanding** ☆
Is the service caring? The service remains Outstanding.	**Outstanding** ☆
Is the service responsive? The service had improved to Outstanding.	**Outstanding** ☆
Is the service well-led? The service remains Outstanding.	**Outstanding** ☆

The Shelley Care Home

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 19 and 20 February 2018 and was unannounced. The inspection team consisted of three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of caring for older people and people living with dementia.

Before the inspection we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts, share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send to us by law.

We spoke with 11 people, six relatives and two visitors. We spoke with the provider, the registered manager, deputy manager, chef, two senior care staff, a care assistant, an activities co-ordinator, care companion and head of housekeeping. Additionally, we spoke with a healthcare professional and the registered manager of another care home who were visiting the service during our inspection.

We reviewed four people's care records, looked at four staff files and reviewed records relating to the management of medicines, complaints, training and how the registered persons monitored the quality of the service.

Following the inspection, we received feedback from two healthcare professionals including one from a medical practice. Both professionals agreed their comments could be included in this report.

Outstanding ☆

Is the service safe?

Our findings

Without exception, people and relatives we spoke with felt the home provided a safe environment. One person said, "I feel extremely safe. The security angle is so good. They are on top of everything. It is so well maintained so I know I can sleep safe, move around safely and there is always someone around. They are especially careful of me because I am in a wheelchair; they are also so aware of others who have impairments. Another person told us, "I originally came here for two weeks' respite, but I felt so comfortable and safe here, I thought I'd stay on for another couple of weeks, then another couple. After that I realised, 'Why did I want to go home, where it would be difficult for me to manage on my own, when I could have five star service and be safe here?'." A relative said, "I've never once had cause for concern or anxiety, my mother is superbly looked after. As far as I can see, this is a beautiful, safe, tranquil place". We were told of one person who was at risk of falls due to badly fitting footwear. A visiting shoe company representative showed the person some safe, comfortable, well-fitting shoes which the person liked. However, the shoes were expensive and the person was unsure whether to purchase them or not. A member of staff found the same pair on-line from a different company and the shoes were bought at half the price. The person was very pleased and now supported to walk safely.

Since the last inspection, thought had been given on how people's personal safety and risks could be managed and improved. People were involved in decisions about their safety and their wishes were respected. The registered manager said, "We ask people what would make them feel safe, for example, it might be to do with fire safety". A questionnaire was sent to people asking for their views and safety was a regular topic at residents' meetings. The registered manager added, "At residents' meetings, we discuss safety. We discuss fire safety and everyone has a pendant which they can wear anywhere, so they can call for help. We discuss evacuation plans with people". People's safety was further assured because the provider had registered people, with their permission, on a scheme run by Sussex Police. For example, if a person went missing, then the police could act swiftly as they had all the relevant information they needed on file. Some people, following assessment, also had access to a digital health solution which enabled any health concerns or issues they experienced to be regularly monitored through dedicated technology. This helped people to feel safe in that any changes to their vital signs could be followed-up speedily and prompt action taken by staff in relation to contacting relevant healthcare professionals.

Staff had completed safeguarding training and understood how to keep people safe and the action to take if they suspected abuse was taking place. One staff member described the safeguarding training they had completed and the types of abuse they might encounter. They explained, "If I saw anything, I'd immediately go to someone at the top". Another staff member talked about types of abuse and signs they would look out for such as unexplained bruises or marks on people, or a change of mood. They said, "I would always talk to a senior or the manager". Discussions about safeguarding took place at staff meetings and at staff supervisions, so staff had regular updates about good practice. A staff member had been appointed as safeguarding champion and shared information with staff to keep them updated and to provide advice where needed.

People were enabled to take positive risks to have maximum control over their care and support. Risks to

people were managed to protect them, whilst encouraging them to be as independent as possible. One person said, "There is nothing to stop me doing anything I wanted to do. In fact we are positively encouraged to be as independent as we can be, but a lot of the time I just prefer to stay in my room simply because I'm an old lady". Another person told us, "Oh no, we have no restrictions on our freedom. We just say if we are going out because they need to keep a check on who is in and out. I'll say where I'm off to and what time I'll be back, then no-one worries". A relative said, "There is an emphasis on independence here and allowing people to make their own choices of what they want to do. Hand in hand with that is that there are no imposed restrictions of freedom, other than making sure someone is told if people are going out. People are free to come and go, quite rightly, whenever they want". Staff told us how important it was to promote people's independence. One staff member said, "We encourage people to be more independent. We know them, we know what they can do and what they need help with".

People risks had been identified, assessed and were managed safely. Care records provided detailed guidance and advice to staff on a range of risks relating to people's care and the support they needed. We looked at risk assessments in relation to people's mobility, skin integrity and nutrition. Each risk had been assessed appropriately. A visiting health professional told us, "We always check people for pressure areas while we're here, but staff are pretty good at spotting things. The registered manager is spot on". Accidents and incidents were recorded and, where people had sustained a fall, actions were taken to mitigate risk. For example, we looked at one person who had an unwitnessed fall in their room outside their bathroom. As a result, furniture had been rearranged in their room to ensure the person had an obstacle free path to the bathroom, their walking frame had been reviewed and replaced and a new profiling bed with rails and a recliner chair had been procured. A sensor mat was also put in place, with the consent of the person. Records of incidents, accidents and near misses were maintained. When something went wrong, lessons were learned, with the aim being to ensure similar incidents did not reoccur. Actions were recorded.

Risks relating to the management of premises and equipment had been assessed and we looked at records in relation to waste recycling, gas safety, laundry, boiler service, lift service, electrical testing, Legionella testing and pest control; all were satisfactory. Evacuation chairs for people were sited on the stairwells. Five fire drills took place every year and West Sussex Fire and Rescue Service delivered fire training to staff. A staff member had been trained as a 'Safety Champion' and shared what they had learned in dedicated training with other staff. The safety champion researched any safety issues, looked at examples of good practice and inspected around the home to identify areas that might benefit from changes in safety. In addition to care staff completing moving and handling training, they also tried out various items of equipment which meant they could experience what it felt like, for example, to be moved using a hoist.

There were ample staff on duty to support people and provision was made for additional staff at busy times of the day, such as when people wanted to go to bed. This meant that staff could be flexible and deployed as needed, to the benefit of people, to give people maximum control over in their day-to-day choices. There were six care staff on duty during the morning and three care staff until 4pm, at which time an additional member of staff came on shift until 8pm. Three waking night staff were available during the night. Kitchen, domestic and administrative staff were also employed at the home. The registered manager said there was only one staff vacancy currently and told us, "We do keep staff and I think they feel well supported". When people's needs changed or when they reached the end of their lives, staffing levels were reviewed and amended as needed. Agency staff were not used. The registered manager said, "We have never used agency since we opened. Staff cover any gaps in shifts and ask their colleagues to cover shifts when they are going on annual leave for example". Rotas were completed by staff so there was a shared responsibility to ensure shifts were covered whilst providing staff with the flexibility to choose the shifts they wished to work.

People felt there were sufficient staff. One person said, "Yes, there's enough staff and there's continuity all

the time so you know who's on and they know you as well". A relative told us, "I've never noticed any problems with staffing levels. There is a definite culture of working together and it shows. This is a very happy place, which is one of the things so good about it". A second person said, "I think there are very good staffing levels. Enough for me. If I use the bell they answer promptly. I often use it in the middle of the night and never wait more than a few minutes".

Staff were recruited safely and in line with good practice. Staff files we checked showed that potential new staff had completed an application form, two references had been obtained and checks made with the Disclosure and Barring Service (DBS) which showed that new staff were of good character and safe to work in a care setting.

The registered manager explained they had read guidelines in relation to the management of medicines from the National Institute for Health and Care Excellence (NICE) and had decided to change to an electronic medication management system. The medication needs of each person was inputted into the system and, when staff administered medicines to each person, the barcode on the box containing the medicines was scanned; this helped to manage stock and avoided omissions or errors. Medicines were stored securely and within safe temperature settings. GPs and pharmacists' advise was sought in relation to the review of medicines. Health care professionals were also consulted and this helped to avoid unnecessary hospital admissions for people. Some people administered their own medicines and kept their medicines in their rooms in a locked cabinet. Each person who self-administered was risk assessed to ensure they were safe to manage their own medicines. This meant that people were given the responsibility, where safe to do so, to administer their own medicines which encouraged their independence.

People were protected from the risk of infection because the home utilised the National Early Warning Score (NEWS), an NHS system for infection control. This meant that people's risk of contracting an infection was minimised because staff used safe practices. Staff knew how to wash their hands thoroughly and a 'glow' solution had been used, so staff could see how effectively they washed their hands. Alcohol hand gel was available to people, staff and visitors at various points around the home. Detailed audits were completed in relation to the cleanliness of the environment, furnishings and fittings, premises upkeep, carpeting, washbasins, rubbish bins, toilets and grab rails. The home was spotlessly clean and smelled fresh. The head housekeeper told us that mops were washed at the end of each day and added, "We clean thoroughly. We're always 'anti-bacing' the skirting boards and we make sure we use gloves and aprons". There were three housekeeping staff and each was responsible for 10 rooms and shared the cleaning of the communal areas. Attention was given to detail. For example, laundry staff knew people well and whether they wanted their laundered clothes placed in their wardrobes when they were ironed or whether they should be left out in their rooms, so people could put them away themselves.

Outstanding ☆

Is the service effective?

Our findings

At the last inspection, people spoke highly of the staff, not only about their skills and experience, but about their 'human skills' and what staff offered to people. Staff had completed specific and additional training to become 'champions' in particular areas and this continued to help update staff knowledge in areas such as infection control, medications, falls prevention and diabetes management. This practice had become embedded into the service and an ethos of supporting staff in their continual professional development enabled them to provide a high standard of person-centred care.

We asked people and their relatives whether they thought staff were skilled and experienced to meet people's needs. Everyone we spoke with was very complimentary about the staff. One person said, "The staff are extremely well trained, they are always on courses. They are encouraged to have training and it helps them as well as the residents". Another person referred to the training and said, "It's as good as you'll get anywhere. There is no perfection in life, but the staff here are wonderfully well trained. They are all very good". A third person commented, "The staff are very experienced. I was in hospital and when I came out I had bed sores, they soon got that sorted".

Staff completed a range of training considered essential to support people effectively. Mandatory training included health and safety, infection control, safeguarding, medicines, food hygiene, first aid, equality and diversity, mental capacity, person-centred care and dignity and privacy. The registered manager explained that, "Some training is on line, but to me that's just box ticking. Staff go out for training and we use the West Sussex Learning Gateway. We get together and talk about specific issues. The needs of our residents are different to other homes and we try and encourage residents to be as independent as possible". The registered manager explained the importance of meeting with staff from other care homes and said, "You learn a lot from other services and networking is really important. We see how our training works in practice". For example, staff might practice moving other staff around in wheelchairs and special spectacles were tried out which mimicked particular eye conditions that people might experience, which might impair their vision. In this way, staff could have a real understanding and empathy of what it might feel like for people who had difficulty seeing or who were reliant on others to mobilise safely. This enabled staff to provide support and care to meet people's specific needs, whilst having an appreciation of what it felt like to be in their shoes. The registered manager had liaised with a local charity and brought in earplugs for staff to try, so they could have a real understanding of what it felt like to be deaf. The registered manager added, "The quality of life has improved for people with good hearing aids". People were referred by their GP to the local charity who provided hearing aids free of charge.

Staff were encouraged to study for professional qualifications, such as National Vocational Qualifications and staff who were new to care studied for the Care Certificate, a work-based, vocational qualification. Staff also undertook training on specific health conditions that affected people who they cared for. For example, Parkinson's disease, diabetes or epilepsy. The registered manager told us, "If we have people with specific health conditions, we always complete training". Some additional training had been organised from specialist nurses and consultants. A healthcare professional had organised training for staff on how to support people who had a chest complaint and had explained the use of inhalers, oils to aid breathing and

how encouraging people to blow bubbles from soap solution could help with their breathing. This was assessed and completed safely, so people were not put at risk. The Shelley Care Home is not registered to provide nursing care, but staff had been trained to complete observations on people, such as measuring blood pressure and what the readings meant. Testing people's urine and analysing the results meant that any urinary tract infections were identified and treated promptly. One staff member, who lived with asthma, had written a booklet for other staff members which explained what it was like to have this condition and about managing inhalers. This benefited people who had this health condition as staff had read the relevant information which increased their knowledge on this health condition. Training completed by staff was over and above what could reasonably be expected within a residential care setting.

Records showed that staff had regular supervisions, between four and six, per year. Staff supervisions did not follow any particular format, but concentrated on the staff member and their needs. One staff supervision record included discussion on the staff member's induction, ongoing assessments and observations in the work place, understanding of the role, values, aims and objectives and of the staff member's personal development. Their training needs had also been discussed. Staff who had been employed over a year had an annual appraisal completed.

People's care and support needs were holistically assessed and advice was sought from a range of professionals so that people's care could be planned and delivered to a high standard. The software system that the provider used provided prompts and reminders to staff, such as when specific training needed to be completed. Training reminders were also attached to staff payslips, so staff were aware when training updates were needed and could plan for this to happen. Where people's care needs changed, such that they needed to be seen by a healthcare specialist, referrals were made. One person had stopped eating, so advice was sought from a speech and language therapist and from a psychiatrist, to check that their lack of appetite was not related to the person's mental health. Advice was sought from a hypnotherapist to see whether this might help. This meant that every possible avenue was explored so that the person could receive the help and support they needed. The provider took account of legislation and evidence based guidance to ensure people received effective care. For example, the National Institute for Health and Clinical Excellence (NICE) guidelines had been followed in relation to the management of falls and this was put into practice. Staff had been assessed on their knowledge of legislation such as health and safety at work and how this related to the workplace.

We asked people if they used any technology to assist their independence. A computer was available for people to use, although some people used their own iPads, iPhones, smart phones and computers. One person said, "I have an iPad and 'Facetime' my sister every day". Another person told us, "I have an iPad, iPhone and iPod. They've got wi-fi here which is very good and we all have access to a computer". A third person said, "I know how to use the computer, but don't really have much desire to do so. It's good that we have one available though". People used social media to communicate with relatives and friends. The home had a 'Smart' television which was used for talks and games in the sitting room. This meant that people could be fully involved in a particular activity. Technology was available throughout the home which enabled people to tell a device what they wanted to listen to, for example, a particular choice of music, and this would then be played on-line. People enjoyed a rolling photo frame which was set up in the hall area as this meant they could reminisce whilst they looked at photos of outings and events they had enjoyed.

At the last inspection, we commented on the high standard of the meals on offer to people and of the beautifully decorated and furnished dining room; the standard of cuisine continued to be of an exceptional standard. People's dietary needs were assessed and catered for. We observed people having their lunchtime meal in the dining room, at tables which had matching cloths and linen napkins in a silver ring. Each table was set with cutlery, water and wine glasses, condiments and fresh flowers. Staff served people

their lunch and each plate was covered with a metal cloche prior to serving to keep the food hot. Meals were simultaneously served to everyone sitting at a table and no-one had to wait for their food. Lunch on the first day we inspected was either steak and kidney pie or frittata, with chips, peas and carrots. Additional gravy was served in gravy boats which were placed on the tables. People had a choice of dessert and soft or alcoholic beverages were on offer. Throughout the day, we observed drinks and snacks were offered frequently to people. People said that they only had to ask for whatever they wanted and it would be available; people could help themselves to hot drinks from a dispenser in the lounge area. People enjoyed the lunchtime experience.

We asked people for their comments on the food, whether they had any dietary requirements and if they had any input into the planning of the menu. Everyone, without exception, said how good the food was, that it was tasty, of good quality and there was plenty of it. People felt the whole dining experience was an enjoyable, social affair. People said there were always choices available if they did not fancy the food on offer on any particular day. One person said, "The food is excellent. I don't have any dietary needs. I have a glass of sherry before lunch every day and there is wine to go with the meal if you want it". A second person told us, "The food is lovely; it's varied and there's lots of it. The dining room is spectacular. Six of us wanted to dine together, so we pushed two round tables together. [Named the provider] thought this looked a little clumsy for us and went out and got us a long table, so we can all sit together. That's how good it is here". A third person said, "The food is outstanding always and the choice is tremendous; there's fresh cakes every day. It really spoils you because when you eat out the standard is not as good. Visitors, family and friends can come for a meal. There is a regular change of menu which is lovely because we're not getting the same thing week after week". People we spoke with told us about 'Shelley belly', a condition that people might develop due to the excellent quality of the food and that it was difficult to resist eating too much.

We asked the registered manager about how staff worked together when people might be referred or move to a different service. They said, "One lady moved to a care home in Norfolk to be near her family, so a member of staff went with her. It's the little things you get to know when you spend time with people and I pass that information on". The registered manager added, "One gentleman had to move to a nursing home, so we set up his room there exactly the same as it was here and even sent armchairs with him [which belonged to the home]". Good relationships had been developed between The Shelley Care Home and a couple of nursing homes in the area, should people's care needs change and necessitate them requiring nursing care.

People's health needs and medical conditions were assessed prior to them moving into the home. We were told of a system which was being trialled whereby people's health needs could be continually monitored through their observations being taken and assessed on line. Where people's health needs had changed, for example, as they came to the end of their lives, arrangements had been made through an NHS initiative which meant advice could be sought promptly from healthcare professionals, for example with pain management. When people needed to be admitted to hospital, staff from the home would stay with them for as long as was needed. The registered manager said, "I feel we've reduced the number of unplanned admissions to hospital because we're so hot on observing residents, nothing is missed". The registered manager talked about a 'rescue pack' for one person which identified symptoms staff should look out for which would indicate the person was becoming unwell. The registered manager attended regular meetings at the local medical practice and met with other care home mangers.

When people became unwell, intervention from healthcare professionals was delivered promptly. In addition to input from GPs and community nurses, people had access to a chiropodist, dentist and optician. One person said, "If I needed to see the doctor, they would be here in a trice. I wouldn't need to ask because they keep a very good eye on me and they would just know if I wasn't well". A relative told us, "Without

hesitation there would be a doctor here, in a heartbeat if needed. I have complete confidence in the care here". People could also choose to receive alternative therapies, such as flower remedies, natural therapies, massages, reflexology and acupuncture, to augment their healthcare.

We commented at our last inspection on the exceptionally high standard in the design and decoration of the home. The home was tasteful, warm and had a welcoming atmosphere. People chose the colour schemes for their rooms and furnishings. When people moved into the home they were asked what lighting they wanted in their room, any shelves to be fitted and the carpeting they wanted. Any electrical items of equipment that people brought with them were electrically tested by professionals to ensure they were safe to use in the home. Since our last inspection, an additional space adjacent to the garden had been furnished; people had access to this area which could be used for meeting their relatives and friends or for social gatherings.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had completed training in mental capacity and DoLS and understood the requirements of this legislation. Whilst everyone living at the home was assumed to have capacity, the registered manager told us that people's capacity to make specific decisions was reviewed every six months. No-one was subject to DoLS and people were free to come and go as they pleased.

Outstanding ☆

Is the service caring?

Our findings

Exceptionally positive, caring relationships continued to be the focus of how staff cared for and about people and contributed to the Outstanding rating awarded at the last inspection. The home had a culture of providing high quality, person-centred care. A visiting healthcare professional told us, "There is no comparison with other care homes, visually, care wise, support wise". Referring to healthcare professionals who visited the home, they added, "For us, there's quite a lot of poorly people here. Staff are very, very person-centred in everything they do. I was speaking with a family yesterday and the carers were so lovely with the family member. They asked permission of the person before turning them in bed. The family were asked very early on what their wishes were and the care plan was discussed by staff with relatives".

We were told that when someone first moved into the home, staff would link them up with a resident with whom they might have shared interests. The activities co-ordinator explained, "The same staff aren't here 24 hours a day, but another resident is here seven days a week. We focus on building connections between people. If we notice a relationship, we try to encourage it and encourage people to sit near so they can have a chat of a coffee. I will try to seek out something to make that connection". For example, two people started their friendship because they had both worked in the medical profession and enjoyed chatting about medical issues. Their conversations were encouraged by staff. Members of staff also linked up with people who they might have a shared interest with. We were told of an example where a Polish member of staff had made friends with a Polish resident. The staff member would take this person's morning coffee to them and have a chat in Polish which they both enjoyed.

Every person and relative we spoke with were effusive in their praise for staff. One person said, "The staff are delightful. They call me by the name I prefer. The attention you get is excellent and all the staff are kindness itself". Another person told us, "The staff are all you could ask for. They know my likes and dislikes and it's lovely to have someone who wants to care for me. I only came in for respite, but I got such good care, I packed up my home and moved in. I haven't regretted it for a moment". A relative said, "The staff are very kind and patient. My mother is quite deaf and not easy. If she can't hear, it's always somebody else's fault, but they are very good with her and just understand her". People referred to the staff as 'family' and staff cared for people in a way that promoted their wellbeing, in a warm, caring and meaningful way. It was clear from our observations that staff really cared about people and that people felt they mattered. One person, who had stayed at the home to convalesce, told us they would continue to visit the home and maintain the relationships they had developed with people and staff. They explained, "I shall call in to say 'hello'. And I shall come back for the monthly Communion Service. I can't fault it, they look after you so well. I'm going to miss them all".

Staff went the extra mile to care and comfort people. For example, one member of staff always came to work early so they could sit, chat and have a cup of tea with one person. Staff skills were utilised so that people benefited from additional support, for example, with access to counselling through cognitive behavioural therapy with people who were anxious about going to hospital. A staff member said, "We will go to any lengths to support residents". One person gave us an example of how they had been supported with their treatment and care. They said, "[Named registered manager] has been brilliant at being involved

in my treatment and care. I have a physical disability which is deteriorating and she has been finding ways to help. She helped me get a medical bed and a monkey pole to keep me independent, so we work together on that". A relative told us, "Absolutely top marks for all the staff, they take great care with involving both my mother and me with decisions regarding care. I think my mother would agree that she is completely in control of the choices in her life. The staff are immensely respectful and treat everyone as individual people, respecting their needs and wishes. There's no square pegs in round holes here!".

Staff explored ways that people might wish to consider in relation to their care and these were discussed with them. This meant that people were given a range of options to think about and empowered to be fully involved in decisions about their care, treatment and support. For example, one person said, "I've been offered mobility aids but refused and they have respected my wishes. No-one has made comments that I'm silly to do so. They have given me the choice and expressed the benefits, but it's not for me, not yet anyway". Staff were kind and thoughtful in many ways. For example, in one person's care plan we read that they did not like to be on their own in their room sometimes. The registered manager explained that this person might need individual attention when they felt sad or down. She said, "It's as important to hold someone's hand as it is to provide personal care". The registered manager added that she had done star jumps on one occasion to cheer this person up! And it worked …

One person had been employed as a healthcare professional before their retirement and was fully involved in all aspects of their care. They understood the reason for taking their prescribed medicines and were given the results of any tests that needed to be taken. Staff respected this person's ability to question their care and treatment and staff engaged with them fully so that their expertise in their field was utilised in relation to their own healthcare.

Staff understood that it was a person's human right to be treated with respect and dignity. People's privacy was respected and they were treated in a discreet and dignified manner. Staff provided people with the support they needed. One person liked to have a member of staff nearby while they were taking a shower, so a member of staff would help them into the bathroom, close the shower curtain and stay in the room. The relative told us this really helped their family member to relax, knowing someone was close by if needed, but not intrusive. Another person told us, "We are all treated with dignity here. I am always asked if I need help with anything and no-one would just walk into my room without knocking or, because my door is usually open, asking if they could come in".

We asked whether visitors were permitted to come in at any time and were told by everyone that there were no restrictions. A relative said, "I visit three times a week and everyone knows me and makes me very welcome. As soon as I walk through the door and sign in I'm offered a drink and cake. I know I can pop in at any time and I'll be made welcome. They will always speak to me and keep me informed". Another relative told us, "I've observed that all staff appear to genuinely care for the residents and treat them with respect and compassion. Staff are friendly and patient when offering or providing support. There is just the right balance of friendliness and no transcending the line of over familiarity". The registered manager said, "If relatives have come a long way to visit, they can stay overnight if there is a spare room".

Outstanding ☆

Is the service responsive?

Our findings

People received an exceptionally high standard of personalised care that was responsive to their needs. We asked people if they were involved in their care planning and whether the care they received reflected their wishes and preferences. One person said, "I know we discussed a plan when I came here and it's regularly reviewed with me. I'm very happy with the way things are". A relative told us, "I've been involved with the care planning. I have Power of Attorney and it's just been registered, but at the moment my mother is quite capable and is in control. She has discussed end of life care and that has been fully documented. I am impressed that they are on the ball with all the drugs. My mother self-medicates, but they keep an eye on her". Another relative said, "What has impressed us the most is that whilst [named person] was in hospital, someone from the home visited her every day. That is outstanding care".

Staff demonstrated that they knew people's backgrounds and histories before they came to live at the home. One staff member said, "Before someone comes in they have an assessment. It looks at 'What makes a good day?' and we look at people's life history and their interests. We add to the care plan, it's an ongoing thing and we add to is as we find out more".

Care plans were detailed and provided guidance for staff in relation to how people needed to be supported and cared for. Care plans were kept electronically and the system flagged up reminders to staff when care plans needed reviewing. Staff had hand-held devices which linked to people's care plans and enabled them to complete regular updates about people's care needs. The registered manager told us about the software and said, "It's addictive, so you know all the time what's going on". Care plans we looked at included information in relation to equality and diversity, medical history, capacity, communication, mobility, sleep pattern, falls, physical needs, emotional support and pain management. The registered manager spent time with people to review their care plans.

Attention to detail was evident and contributed to people receiving outstanding, person-centred care. For example, one person could not hear when staff knocked on their door, so a door bell was installed outside their room, which the person could hear.

A visiting district nurse told us that staff always followed any advice given when providing care. They explained, "The staff are quite hungry for knowledge. If you give them a snippet of information, they grow it". The district nurse went on to talk about syringe drivers and one member of staff who was keen to know more about these. The district nurse added, "Nothing is too much trouble for them". They gave us an example of a mattress being ordered over the weekend, but that it would not arrive until the Monday. The provider had borrowed a spare mattress from another care home and it was installed on the Sunday, which meant the person who needed the mattress to relieve their pressure areas received it quickly.

Students from a local college volunteered at the home. They supported activities staff, replenished water jugs and chatted with people. This brought an additional element to the home and fruitful relationships had been developed which were advantageous to the students and to people.

Two rooms were devoted to providing respite care for people. The registered manager said, "We like respite. It brings a new dynamic to the home". Whether people came for a short break or moved to the home permanently, care was given to ensure that people's needs and preferences were fully assessed prior to admission. A relative told us about the assessment that had been completed prior to their family member moving in for a respite stay. They explained, "Staff took a lot of detail. They talked about his life, likes and dislikes. They encourage him to be as independent as possible". They added that it was the attention to detail which made such a difference; that their family member liked a mug of coffee at 7.30 am, and then to have a shower. They told us, "We highly recommend it. There's lots of little extras like newspapers and drinks". They added, "Dad had a trial lunch when he came here and alcohol flows like water. Dad likes a particular single malt whisky and they bought some in for him".

People's cultural and diverse needs were recorded in their care plans, for example, people who did not have English as a first language. Where people and staff shared the same language, conversations were encouraged. The registered manager told us they had learned a few Polish words for one person who was Polish in origin. The registered manager had sourced a local Polish shop and bought this person beetroot soup, a Polish dish, which they enjoyed. We were told of one person who enjoyed reading the Bible, but could no longer do so because of the small print. In response, an electronic Bible had been procured which another person read aloud to them. Both people enjoyed this activity. People's religious and spiritual needs were catered for. Some people chose to go to church and monthly Communions were held at the home for people who wished to attend. We were told of a group of young people who came in to deliver their ministry which was enjoyed by many. A retired reverend had visited the home last year to organise a harvest festival.

A great deal of time and attention had been given to ensuring people's interests were catered for, developed and explored. In addition to numerous activities that were organised, people had access to 1:1 support from a team of activities staff. An activities staff member said, "I have key things in place like the animal visits and entertainers, but it's all about being really flexible as residents change. It's about being able to react to those new tastes". For example, people had previously enjoyed entertainers such as an Elvis impersonator, but some people who had recently moved into the home preferred opera and classical music, so the musical entertainment had been changed. This meant that activities were planned with people and based on what they wanted. Involvement in new topics was encouraged. Recently, an entertainment had been organised with some puppeteers who talked about the history of puppetry which was enjoyed by approximately 80 percent of people at the home. Where people had been unable to leave their rooms, the puppeteers had visited them individually, so they did not feel left out. Activities were tailored to meet people's specific needs. For example, if people had hearing difficulties, where talks were being given, these were supported by a slide show, so people could fully participate in the activity. An activities staff member said their focus was on ensuring that people's sensory needs were considered, so that everyone could be involved and enjoy the activities. Plans for future events were underway with Morris dancers visiting in May and a local MP to talk about life at Westminster. Some people were interested in politics and keen to be involved in political debates.

Activities were organised every day of the week for people to participate in if they wished. A 'Wish Tree' was available for people to post their wish on a piece of paper and hang it from the tree. Staff checked the tree and saw what wishes they could make happen. For example, one person wished for a tortoise and a member of staff brought in their own tortoise for the day. A member of staff told us, "I know we're supposed to record everything you do, but it doesn't seem 'over and above' to me. If someone likes yellow roses and you're in the supermarket and see yellow roses, you buy them". A member of the housekeeping staff said they were happy to undertake tasks outside their housekeeping role. They said, "There's no such thing as that's not my job" and spoke about one person they spent time with as they helped her with her hair and

make-up. Records were kept of how many people attended an activity and if they enjoyed it. A member of the activities staff told us they would visit on a weekend outside their normal working hours if there was a new entertainer coming in as they wanted to check on the quality and whether people enjoyed it or not. When deciding what activities were planned, the staff member explained how they measured success and said, "Success isn't just on numbers who join in, but if someone who doesn't usually come attends, then it's a win". A bi-monthly newsletter kept people informed of what activities were planned and people and staff could also contribute items of interest.

We asked people whether they joined in with the activities on offer or if there was something they particularly enjoyed. One person said, "There's something going on every day and if I feel like joining in I'll make the effort. We each get a programme for the week and it's very varied". A second person told us about weekly outings into the community and that ideas from people for new places to visit were welcomed and acted upon. People chose from a range of activities that reflected their interests and preferences.

People knew how to make a complaint and we asked people if they had ever made one and, if so, what the outcome was. One person said, "Yes, I know how to make a complaint and the procedure. I've never had to and doubt I ever will while the home is run as it is. If I had to though, I'd speak to [named provider]. She would deal with it immediately". Relatives made similar comments, that they would speak with the provider or registered manager if they had a complaint, but the situation had never arisen. The registered manager said, "I don't look at complaints as something to worry about. I use complaints as an opportunity to learn". We looked at complaints logged during 2017, two of which related to food preferences and one in relation to housekeeping. Complaints were addressed to the satisfaction of each complainant and outcomes were clearly recorded, together with any lessons learned. One concern had been raised from people that staff were using their mobile phones whilst on duty. However, this was a misconception as staff were using their hand-held devices to record daily notes; people were reminded of what these devices were for and that staff were not allowed to use mobiles when working.

Where possible, people could spend the rest of their lives at the home. However, occasionally people's care needs would change, so that they could no longer receive the type of care they needed, for example, if their dementia became advanced or they required continued nursing care. Families were involved and supported to find alternative, appropriate care for their loved ones. The registered manager told us of one person whose dementia had advanced to a level that was impacting on others and could no longer receive the kind of support they needed. The family were supported in the process, for example, suggestions of care homes that specialised in dementia care were provided. The family were encouraged to look at reviews of other homes and the process was not rushed. The registered manager told us, "We asked the family in August and the person moved in November. I gave the family tips on what to look for. The care plan was transferred to the new care setting". Managers and staff supported families through the process, providing advice and support, at what was a difficult time as people might have to leave their home and move into a different care setting.

People were supported at the end of their lives to have a comfortable, dignified and pain-free death. One staff member, when asked about end of life care, said, "It's people's choice and they want to stay here. We don't do long-term nursing care, but we do palliative care". When people moved into the home, they were encouraged to discuss their wishes for their end of life care; families too were involved. From our conversation with staff, pain management and keeping people comfortable and relatives reassured, comforted and informed, were high priorities. Health care professionals provided specialist services where needed and people benefited since the home was part of an NHS initiative whereby any health support needed could be provided quickly, no matter what time of day or night. When someone passed away, key staff went round the home to personally deliver the news to people and to provide nurture as people came

to terms with the sad news.

Staff at the home went out of their way to ensure people's preferences and wishes were complied with at the end of their lives. Staff identified when people's needs changed and reacted promptly. A healthcare professional stated, "Staff have good recognition of changes in their patients" and that staff followed any instructions they issued. We were told of one person who had recently died and of a particular artist whose songs they enjoyed listening to. A member of the activities staff sat with this person and sang them the songs of this artist and supported them to have a good death. This person also enjoyed the company of the home's cat, who was there on the bed when the person passed away. When someone died, reflective practice was used so staff could think about the experience and support each other. A visiting nurse told us of one person who had recently passed away and said, "It was a huge impact on staff who were crying".

The home worked closely with healthcare professionals when someone was receiving end of life care, for example, with the GP and a local hospice. Where specialist equipment was required, this was supplied. Some staff had completed training in end of life care. One staff member spoke positively about the emotional support they received from colleagues and felt they all looked after one another, especially following a death. This staff member spoke about a recent death at the home and said, "I've sent messages to staff checking on them. [Named provider and registered manager] have asked everyone how they're doing and whether everyone is okay. The emotional support is really good. I would genuinely find it hard to find fault with how it all runs. Staff can access an external counsellor if needed". A senior member of care staff talked about the importance of the emotional support provided for people's families and said, "It's about everyone in the circle of care".

Outstanding ☆

Is the service well-led?

Our findings

At our last inspection, we rated the Well Led section of our report as Outstanding. This was because people were involved in every aspect of developing the service and were at the heart of the home. At this inspection, the home continued to demonstrate that they were 'Outstanding' and that all aspects of the service were exceptionally well led and managed.

For example, people continued to be involved in interviewing new staff as part of the recruitment process. We were also told of one person who enjoyed proof reading and had corrected a document about staff entitled, 'Meeting the Team'. Another person during their working life had managed accounts for a government department, so they volunteered to balance the petty cash once a month for the home. Communication was excellent with a bi-monthly newsletter and in the use of social media, such as a closed Facebook page and community networks. Residents' meetings took place and we looked at records which confirmed this. People were provided with updates about the home and minutes confirmed that people's suggestions were listened to and acted upon. For example, one person told us, "I suggested at one of the meetings a couple of months ago that staff should wear name badges. I had got fed up with the other residents who just couldn't remember names, asking me, 'Who is that?' Just a few days after the meeting, all the staff had lovely badges and it really does help everyone. The important thing is they listened and acted upon it". Fundraising for various charities, such as for animals and hospice care, was of importance to people living at the home. Staff joined in with any fundraising activities and organised raffles, The registered manager said, "We run raffles all the time. When people [relatives and visitors] stay for lunch, we ask for donations to charity".

The vision and values were embedded into every aspect of the service and there was a proven track record of high quality care. At this inspection, when asked about the vision and values, one staff member said, "To give love and care, support with dignity and independence. We really try and encourage people's independence. All staff understand the ethos, everyone gets it. It's the little things, like making sure things like knitting are easily accessible or people have the games they enjoy, like Scrabble, without having to ask staff". One person said, "It feels to me like a nice hotel, the rooms feel like a flat". They talked about the environment and explained that names were not put on people's doors. We saw that people had their room number at the side of their door, which made it look more like a flat.

One staff member said, "A big part of outstanding is management, leadership and delegation. [Named provider] will go to any lengths and I've never known anyone like her. Money is not the reason she runs this home. It's genuinely important to her that residents are happy and staff are happy". They provided an example of how caring the provider was, giving advice and support to a staff member who was moving house. The staff member talked about the example and added, "That's what can make outstanding. It's about investing in the people who deliver the care".

According to information on the web, The Shelley Care Home was listed as one of the top 20 care homes for the south east of England in 2018 and is in the list of 31 finalists for the Care Home Awards throughout England. Locally, staff had nominated the home for an award and received the Sunny Worthing Business

Award. The home had raised £480 for a new minibus and the provider said they would match this amount.

The day to day culture of the home was that of high quality care, delivered by staff who cherished people and cared about their wellbeing. Positive role models from the provider, through to the registered manager and senior staff enabled all staff to deliver high quality care. Staff we spoke with did not feel that caring for people was, "Just a job", but demonstrated they had the right values which meant they enjoyed caring for people and went out of their way to enhance people's lives. One person said, "The managers are excellent. They make every possible effort to ensure we are so well taken care of, comfortable and, most of all, happy. They provide me with a beautiful home, my room is so lovely; it's like a suite. Everywhere there are beautiful furnishings and everything is so well looked after, including us and the staff". Another person told us, "The managers go out of their way to support people in their interests and provide a lifestyle that is enjoyable and fulfilling". A relative agreed and said, "The managers are very supportive, doing a very difficult job and getting it right. Everybody is an individual and treated sympathetically. They are aware of social psychology and completely understand the needs of individual residents. It is consistently good leadership in an empowering way, not dictatorial".

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The responsibilities for managing the home were shared between the provider and the registered manager. The registered manager understood their role and responsibilities and all notifications had been completed in line with the Commission's requirements. The rating awarded at the last inspection was on display at the home and on the provider's website. People and staff were overwhelmingly positive about the way the home was managed. One staff member referred to the registered manager and said, "She is the most amazing person and I would never work in another care home".

People's needs, wishes and aspirations were paramount. The registered manager said, "We never stop thinking about people and I'm always thinking and looking for ideas. You feel invigorated here, you always hear people laughing. Care is what we do and it's quality of life that matters. We have adult to adult relationships". The registered manager went on to talk about one person who had always been involved in dangerous sports, but because of a fall, could no longer be involved in these. The registered manager and the provider were looking at what could be planned for this person and the provider said they would foot the cost. A trip in a plane was one option being looked at. One person told us, "I can't exaggerate, it is blooming marvellous here. If I had to give a score out of 10, I'd give it 11!". Their relative said, "It doesn't feel like a business. It feels like everything is around the resident and their relatives. They deliver a different level of care. Staff don't just care for the residents, but also for their relatives".

Staff spoke highly of the management team and of the support they received, which was caring and kind. One staff member, who was fairly new in post, described the excellent teamwork and felt it was like being part of a big family. Another staff member told us, "There's respect between the staff. Everybody is so much more than their job and is prepared to help out". A third staff member felt comfortable that they would raise any concerns they had or question practice. They said, "That feeling comes from the manager and the senior supervisors. There's a very open door policy. In all the time I've been here, I have never felt that someone didn't have the time to answer a question". Staff were asked for their feedback through staff surveys and were encouraged to make suggestions and air ideas at staff meetings which were held every few months. Information was shared with staff in a 'Knowledge Sharing File' which we looked at. Staff champions had been appointed and provide additional advice and support to staff, as well as contributing towards positive outcomes for people. This meant that staff champions received additional training in areas

such as infection control, dignity, safeguarding, falls, diabetes and dementia, and could use what they learned to ensure all staff had a thorough understanding of issues affecting people's care and support.

Relationships had been developed between people and staff which was more than about the service provided. For example, one staff member was also an artist and had a painting displayed in a local art gallery. Some people wanted to know more about the member of staff outside of their job role which led to conversations between people and staff. This connection was reinforced through a visit to the gallery by people and an item in the home's newsletter.

Relatives felt fully involved in the home and many friends and families continued to visit the home, even when their family member no longer lived there. Surveys were completed by relatives on an annual basis and various aspects of the service were explored with 20 responses on file. Feedback was extremely positive with comments such as, 'I think it is just excellent. Thank you for all you do and for all the added extras of personal attention and social engagement that you provide (not to mention all those wonderful cakes …)'.

The service continually strived to learn and improve the experience of people living at the home and in the way staff were supported. Audits were completed which regularly monitored areas such as premises, care records, medicines, infection control and catering arrangements. The provider had analysed each of the Commission's key lines of enquiry and provided examples of how these had been met. (Key lines of enquiry are the areas which are looked at and explored as part of the inspection process.) We have included examples throughout this report.

The service worked in partnership with other agencies and collaboration was key to providing holistic care. The home had reciprocal arrangements with a nursing home in the town and the providers of each home met regularly. We met with the provider of the other home who explained, "We mutually support each other. When resident's needs change, [named provider] will get families to look at this home. We would definitely recommend The Shelley too. The managers are so up to date, always at manager's forums, always ahead in the industry". The provider and registered manager felt it was extremely important to network with others to share best practice. The local medical practice told us that the registered manager attended monthly managers' meetings and had also taken a turn at hosting the meeting. A representative from the medical practice wrote, 'They are organised and efficient and they make best use of modern technologies; staff are well trained'.