The Shelley (Worthing) Limited

# The Shelley Care Home

**Inspection report**

54 Shelley Road, Worthing,
West Sussex BN11 4BX
Tel: 01903 237000
Website: www.theshelley.com

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## Ratings

| Overall rating for this service | Outstanding |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Outstanding |
| Is the service caring? | Outstanding |
| Is the service responsive? | Good |
| Is the service well-led? | Outstanding |

## Overall summary

The inspection took place on 11 September 2015 and was unannounced.

The Shelley Care Home provides personal care and support for up to 32 older people who have a variety of health and support needs. At the time of our inspection, there were 30 people living at the home; the home also provides short breaks and respite to people. The Shelley Care Home is a substantial, detached Victorian building with a large two-storey extension at the rear. The original building is on two floors served by a four-person passenger lift. The front and rear gardens are well maintained, with lawn, flowerbeds and patio areas for people to enjoy. All rooms are single occupancy and have en-suite facilities. There is a spacious entrance hall, large dining room, sitting room and patio leading to the rear garden.

There was a registered manager 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.

People felt safe living at the home and their risks had been identified and assessed so that staff were well

# Summary of findings

informed on how to look after them safely. The philosophy of the home supported people to take greater control in their lives and to make choices. Staff had been trained to recognise the signs of potential abuse and knew what action to take. Staff understood the requirements under 'duty of candour' under health and social care legislation and were open and transparent with people who used the service. They were able to describe its relevant and application and put this into practice. Accidents and incidents were reported and dealt with satisfactorily. There were sufficient numbers of staff on duty to keep people safe and staff also had time to chat with people. Questionnaires were sent out to people to ascertain whether they felt there were sufficient staff. The service followed safe staff recruitment practices. People's medicines were managed safely and people's capacity to administer their own medicines was assessed.

Staff were well trained in a range of topics and also received specific training to meet people's individual needs. They were supported and actively encouraged by management to take additional qualifications which supported their continual professional development. Staff 'champions' had been recruited who received additional training in a range of areas such as diabetes management and mental capacity; they provided support to other staff to ensure best practice was implemented. All staff underwent an induction period and went on to complete the Care Certificate, which is a universally recognised qualification. Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and associated legislation under the Deprivation of Liberty Safeguards (DoLS) and put this into practice. Staff received regular supervisions and annual appraisals.

People's nutrition and hydration needs were met exceptionally well so that people enjoyed eating and drinking and maintained a healthy lifestyle. Comments about the food and the mealtime experience were overwhelmingly positive. The standard and quality of the cuisine was exceptionally high and people could have a drink or something to eat at any time of the day or night. Special occasions, such as birthdays or anniversaries, were celebrated at the home. People's day to day health needs were met and they had access to a range of professionals. In addition, a healthcare professional visited the home regularly. People could make an appointment with this person who provided extra health support and advice to promote their mental and physical wellbeing. When people moved to the home, their room was redecorated and completely refurbished in line with their personal preferences.

People were looked after by kind and caring staff who knew them exceptionally well. People and their relatives were all extremely positive about the care that was delivered and the warm, friendly attitude of all staff. Staff were sensitive, very empathic to people's needs and were prompt to provide assistance when needed. The home showed concern for people's wellbeing in a caring and meaningful way and offered additional services to people at no extra cost. Staff described 'relationship-centred' care as a way of including the person and their family and went the extra mile to care and comfort people. People were supported to express their views and be involved in all aspects of their care; their privacy and dignity were promoted.

People received care and support that was responsive to their needs. Care plans provided detailed information about people so staff knew exactly how they wished to be cared for in a personalised way. People were at the heart of the service and were cared for as individuals and encouraged to maintain their independence. A wide and varied range of activities was on offer for people to participate in if they wished. Outings were also organised outside of the home and people were encouraged to pursue their own interests and hobbies.

Complaints were listened to and dealt with to the complainants' satisfaction within 28 days of receipt.

People were actively involved in developing the service and interviewed and met with new staff. Residents' meetings were organised and, additionally, a Food Reflection Group had been set up where people solely discussed the food, drink and menu choices available. Their recommendations were listened to and acted upon. A monthly newsletter, website and Facebook page enabled people to stay in touch with their families and those that mattered to them. The home had a set of vision and values which was incorporated into the way the service was run and helped to deliver high quality care in line with people's individual requirements. All feedback from people and their relatives was exceptionally positive and people spoke highly of the provider and the registered manager. There was a range

# Summary of findings

of systems in place to audit and measure the quality of the care provided and service delivered. The home sought advice from a range of organisations to strive towards, and build on, best practice.

The vision and values of the service were focused on providing person-centred care and treatment and staff were attentive to the small things that made a big difference to people. Staff were led by the principles of kindness, empathy, dignity and respect. This was evident at all levels of the service, from the management to the care staff.

# Summary of findings

## 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 was safe.

Good

People felt safe and protected from harm. Staff knew what action to take if they suspected abuse was taking place. Risks to people had been identified and assessed and there was guidance for staff on how to keep people safe.

There were sufficient numbers of staff to meet people's needs safely. The service followed safe recruitment practices when employing new staff.

People's medicines were managed safely.

**Is the service effective?**
The service was very effective.

Outstanding

People enjoyed the food and drinks at The Shelley Care Home and said the quality of the food was 'outstanding'.

People had their healthcare needs met by a range of professionals. In addition, the home had piloted a fortnightly wellness visit by an external healthcare professional who could discuss health matters of concern to people.

People's rooms were decorated according to their colour preferences and completely refurbished when they came to live at the home.

Staff were trained to an excellent standard that enabled them to meet people's needs in a person-centred way. Training was arranged to meet people's specific needs and some staff were 'champions' in particular areas such as infection control and diabetes management.

Consent to care and treatment was sought in line with the Mental Capacity Act 2005 legislation and staff understood the requirements of this.

**Is the service caring?**
The service was very caring.

Outstanding

People were treated with dignity and respect by kind and caring staff who knew them well and staff put people first.

The home went out of its way to support families and offered additional services to relatives such as free accommodation if a family member needed to stay over.

Staff were extremely caring and thoughtful of people and remembered the small details like whether they wanted a mug or cup and saucer.

People were supported to express their views at a time that suited them and were actively involved in making decisions about all aspects of their care.

**Is the service responsive?**
The service was responsive.

Good

# Summary of findings

Care plans provided detailed and comprehensive information to staff about people's care needs, their likes, dislikes and preferences. Staff understood the concept of person-centred care and put this into practice when looking after people.

There was a large range of activities on offer at the home. These were enjoyed by people and were mentally stimulating. People were also encouraged to pursue their own hobbies or interests.

Complaints were listened to, dealt with promptly and to the satisfaction of the complainant.

**Is the service well-led?**

The service was very well led.

**Outstanding**

People were at the heart of the service and were actively involved in developing all aspects of the service.

The owner and registered manager were role models and led by example. The vision and values of the home were understood by staff and embedded in the way staff delivered care.

There was a range of robust audit systems in place to measure the quality and care delivered. People, their relatives and staff were extremely positive about the way the home was managed.

Care Quality Commission

# 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.

The inspection took place on 11 September and was unannounced. Two inspectors and an expert-by-experience with an understanding of older people's services undertook this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

In advance of the inspection, we asked for feedback from two healthcare professionals about their experience of the home and received their permission to incorporate their comments into this report.

We observed care and spoke with people and staff. We spent time looking at records including three care records, three staff files, medication administration record (MAR) sheets, staff rotas, the staff training plan, compliments, complaints and other records relating to the management of the service.

On the day of our inspection, we met and spoke with ten people living at the service and one relative. We spoke with the provider, registered manager, a senior care assistant, three care staff, the chef and a visiting health professional.

The service was last inspected in November 2013 and there were no concerns.

Good

# Is the service safe?

## Our findings

People felt safe and were protected from abuse and harm. People confirmed they felt safe at The Shelley Care Home with comments such as, “Oh extremely …you never have any problem. To feel safe in your home is so important” and, “The best thing here is the security; it’s so safe”. A further comment was, “Oh yes, everything’s very carefully done. It’s very secure”. A relative felt that people were safe and told us, “I have no problem. My [named person] comes in on respite care, so would not keep coming back if it wasn’t safe”.

Staff knew how to recognise the signs of potential abuse and were knowledgeable about safeguarding of adults at risk. They were able to identify the correct safeguarding and whistleblowing procedures and how to refer any concerns on to the local authority safeguarding team. One staff member said, “I would always tell my manager if I thought someone I was looking after was at risk. I’m sure they would do something, but if they didn’t, I’d let the local authority know”. Another staff member said, “We get a lot of training in this area. I know that the manager wouldn’t tolerate anything like poor manual handling or someone getting a pressure sore”. Records confirmed that staff had received training in safeguarding.

Risks to people and the service were managed to protect people and ensure that their freedom was supported and respected. Risks to people had been identified and assessed appropriately and there was information and guidance to staff on how to mitigate the risk. Each care plan contained a personal emergency evacuation plan (PEEP). This assessed a person’s ability to leave the premises quickly in the event of an emergency, such as a fire, and the type of assistance they may need to achieve it. Each person, on admission to the home, was given a fire safety briefing where emergency procedures were explained. One person had sent a thank-you email to the registered manager following concerns they felt when a fire alarm was activated and praised staff for dealing with this efficiently. They stated, ‘I know it is difficult for non-residents to appreciate what it is like to feel so vulnerable and anxious about several things. Knowing who is in charge, and the carers who are on duty, is one of the most important things that matter to a resident. No matter what the difficulty is, if you feel that someone cares for you, and shows their care, then everything becomes less of a worry’.

The Shelley Care Home’s philosophy of care stated, ‘We want residents to take a greater control in their lives and to make the choices that matter to them. We want to encourage residents to take risks and find the right balance between protecting themselves and enabling them to manage their own risks’. Everyone felt they were able and encouraged to make their own decisions, including those that might involve a risk they wanted to take. One person talked about when they came to the home and they brought their mobility scooter with them. They said, “They keep it locked up in the garage and help me to get it out when I want. No-one has ever told me or suggested that I’m, too old to use the scooter when I want to get out”. They added that they used the scooter regularly to go out around Worthing. Another person said, “They [referring to staff] want someone with me and not to walk on my own. I’d be nervous on my own, but I’m very careful”. They added, “They know exactly what I need. That takes skill, doesn’t it?”

When people brought their own electrical items to the home, care staff or the registered manager could arrange for equipment to be checked for electrical safety.

We asked staff about ‘duty of candour’ and its relevance to the care and support of people living at the home. Duty of candour forms part of a new regulation under the Care Act 2014 which came into force in April 2015. It states that the provider must be open and honest with people when things go wrong with their care and treatment. Staff were aware of this regulation and were able to describe its relevance and application. We examined the provider’s incident and accident records and these contained a clear description of the incident and indicated whether it should be reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). Completed forms explained the outcome of the incident and included details of action taken to avoid re-occurrence. For example, one person had been referred for a physiotherapy assessment following a fall. Personal emergency evacuation plans had been drawn up for people living at the home and provided advice and guidance to staff on what action to take in evacuating people in the case of an emergency.

Good

# Is the service safe?

There were sufficient numbers of suitable staff to keep people safe and meet their needs and people confirmed this. One said, “Yes, you’re never without someone”. When asked what they did if they had a concern or problem, they said, “I ring the bell and someone’s here within minutes”. Another person confirmed that there were sufficient staff saying, “Oh yes, as far as I’m concerned, I haven’t had to wait. I ring the bell and up they come”. Staff felt there were sufficient staff to consistently care for people safely. One said, “Yes, there are, no doubt about that”. Another staff member said, “It really isn’t a problem. I have plenty of time to talk to the residents and get to know them really well”. The registered manager felt that staffing levels were sufficient and had assessed these appropriately. She said, “I manage to care for people and chat with them too,” and added, “Staff are very flexible and we’ve never used agency staff in 10 years”. Questionnaires that were sent out to people asked for their feedback about staffing levels. Out of 10 completed questionnaires, four people described them as ‘very positive’ and six people as ‘good’. When asked about the flexibility of staff, six people described this as ‘very positive’ and four as ‘good’.

Safe recruitment practices were followed when new staff were employed. Staff files showed that proof of identity had been looked at, two references obtained and their suitability to work with adults at risk had been checked with the Disclosure and Barring Service.

People’s medicines were managed so that they received them safely. The majority of people said they managed their own medicines and varying levels of support were in place. One person said, “I look after my own,” and added, “I leave the hassle of ordering them to staff, but you have a choice how you do this”. They explained, “They’re locked in a cupboard in my own room”. They said they liked the way staff provided their medicines, but left it to them to administer and take it, adding, “It makes me feel human, normal, not hospitalised”. Another person said, “They [staff] issue it out, but I take them myself”. A third person said, “We have a very good arrangement built up over a long period of time. Every day at 5pm, they bring me all the meds for the next day, then I administer it. I’m very pleased with this arrangement”. Another person felt they were involved in making decisions about their health care. They said, “I think it’s partly because of my background, so we discuss my medication and they encouraged me to go over to blister packs. They’re easier. I look after my own medication though”. People’s capacity to administer their medicines had been assessed in line with the provider’s policy. This empowered people to be independent with this aspect of their care and treatment.

Medicines were ordered, stored, dispensed and disposed of safely. Medication Administration Record (MAR) charts showed that people received their medicines as prescribed and staff had signed the MAR to confirm this. Staff had received training in the administration of medicines and this was updated on a regular basis. Medicines requiring refrigeration were stored in a locked fridge dedicated for that purpose. Controlled drugs were stored separately in a locked cupboard and stock levels tallied with the register. Controlled drugs are subject to specific legislation such as The Misuse of Drugs Act 1971 and misuse of drugs regulations due to the greater risk of misuse.

Outstanding

# Is the service effective?

## Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. Without exception, people confirmed this to us. One said, "Yes, definitely. The essential skill is to be loving and caring and be able to listen and understand, to be gentle and patient". They added, "And here, they have all that. They listen, absolutely". Another person said, "Yes, they have all the expertise we need here. I have so much confidence in them, all of them". A third person said, "Even if they haven't got the right qualifications, and I don't know if they have or not, they've got the right human skills; that's what's important". And finally, "It's not just about the certificates they collect, is it? It's about what they offer to us as people. That's what counts … and they offer that in abundance".

All staff underwent a formal induction period. Staff shadowed experienced staff until such time as they were confident to work alone. Staff felt they were working in a safe environment during this time and that they were well supported. One staff member said, "I did a lot of shadowing. If I still felt unsure, I know that the manager would have let me do it for longer". Another staff member said, "Yes, that was fine. I never felt that I was on my own. There was always somebody around to ask".

New staff were required to complete the Care Certificate, a nationally recognised set of standards that health and social care workers adhere to in their daily working life. This covered 15 standards of health and social care topics. Essential training had been completed by existing staff in moving and handling, health and safety, infection prevention and control, safeguarding, medicines, food hygiene, first aid, equality and diversity, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). All staff were required to complete essential training, including staff who were not directly providing care to people. Staff had completed qualifications in health and social care such as the National Vocational Qualification in Levels 2, 3 and 5. There were opportunities for staff to take additional qualifications and for continual professional development. The registered manager said that the provider was very supportive of staff and that some staff had left to pursue nursing careers, as a result of the training they received at the home. The training offered to staff enabled them with the skills and knowledge to effectively meet people's needs

Some staff had received specific and additional training to enable them to become 'champions' in particular areas. Champions provided additional support, advice and guidance to other care staff. There were champions in infection control, safeguarding adults, dignity, medications, falls prevention, mental capacity and DoLS, equality and diversity, diabetes management and dementia support leads. The champion for diabetes management, for example, offered people a blood test to measure their sugar levels on admission, if they wished. The champion for infection control had identified that additional further equipment was required in parts of the home, such as soap dispensers and paper towel dispensers, so that staff had greater access to safer hand washing. The use of champions ensured staff were aware of current best practice to ensure positive outcomes for people. The service had forged links with other organisations, such as The Social Care Institute for Excellence, which provides sector-specific guidance. This enabled them to widen their knowledge and adopt good practice with the aim of putting people at the centre of the service.

Staff were formally supervised and appraised and confirmed to us that they were happy with the supervision and appraisal process. Records confirmed this. One staff member said, "The manager is really keen on it. I like it as I can say what's on my mind and talk about things like training". Another staff member told us, "We have staff meetings, but I prefer to talk about things in supervision. It's much easier for me". All staff felt well supported in their roles and said they were able to approach the registered manager with issues at any time. Supervisions were undertaken every two months and staff meetings were held every quarter. A member of the catering staff said they were not always able to attend staff meetings, but said, "I always read through the notes".

There were opportunities for college students to attend The Shelley Care Home on work placements, after they had undergone all necessary checks to see they were suitable to work with adults at risk. Students helped support care staff, for example, chatting with people, assisting the activities co-ordinators, refilling water jugs and helped serve people their meals in the dining room. This enabled

# Is the service effective?

young people to have a greater understanding of the experiences of people who lived in the home and helped them in their career choices. For people living at The Shelley Care Home, they enjoyed meeting and chatting with younger people, an opportunity that may not have been available to some people.

Consent to care and treatment was sought in line with legislation and guidance. Staff understood the requirements of the Mental Capacity Act 2005 and put this into practice. They described the purpose of the Act to us and its potential impact on people they were caring for. Staff members were aware of the Deprivation of Liberty Safeguards, which is part of the MCA. DoLS protects the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. No-one living at the service was subject to DoLS and the registered manager confirmed that no-one met this criteria as everyone had capacity to make a decision as defined in the legislation. Many people had their own front door keys and everyone could come and go as they pleased. People would let staff know when they were going out. Comments from people included, “It's free and easy, we can go to our room if we want or we can go out when we like”. Another: “You can come and go as you please. I just tell them, even if it's just for lunch” and, “If you're able to, then yes. If not, a young lady will take you or they'll do it for you”.

One member of staff said, “I know people have the right to make decisions for themselves, unless it's proven they can't”. Another staff member said, “It's not a major issue here as people can make decisions for themselves, but that might change and we need to be aware of what we need to do”. The provider sought written consent of people in areas such as photography for identification purposes and for use on the provider's social media site. When people declined to give consent, their wishes were respected and recorded.

People were supported to have sufficient to eat, drink and maintain a balanced diet. The dining room was beautifully furnished and each dining chair had a separate cushion for people's comfort. Lighting was provided by ornate chandeliers and the room was furnished with antique style fittings and ornaments. The dining experience enabled people to feel they were having a meal at a restaurant or in a hotel. At lunch time, people were not rushed to eat faster than they could. Staff waited outside the dining room (but near enough to see how people were doing) until someone had finished their lunch before offering the next course. Staff checked with people that they still wanted the meal they had ordered and, when they gave it to them, checked again. The registered manager had also conducted an exercise whereby staff pretended to be people living at the home. Staff sat at tables with people and were served by other staff. This exercise gave them a real empathy and understanding about the lunchtime experience and what it felt like to be on the ‘receiving end’.

The response about the food was overwhelmingly positive. Comments were: “It's outstanding. Each morning I get the menu for the next day and tell them what I want. Every meal there is a choice, a hot dish, a cold one, light food. And if you don't like that, you can always have something else like a baked potato”. Another person said, “It's excellent. There's a very good choice. If something's not there that you like, you can ask for something different”. One person gave an example of what they ate for breakfast, saying, “I have yoghurt, cereal, some sultanas to sprinkle on top, toast and marmalade and two or three cups of tea”. They added, “I'm lucky I'm sharing a table with three ladies and it's such nice conversation. Such good humour. I enjoy meal times”. A third person said, “Lunch time is such fun. We talk with our friends and we can order a glass of wine”. People could choose to eat their meals in their rooms if they wished.

As well as established times of the day when the home provided morning coffee and biscuits and afternoon tea and cake, people could help themselves to drinks throughout the day from the drinks area off the lounge. A fruit bowl was kept in the lounge for people to help themselves to as well. Where people were unable to access the drinks directly, staff were available and offered assistance.

Throughout lunch, people were laughing, talking and chatting at their own tables or between tables. The atmosphere was lively and inviting. A trolley with drinks was available when people entered the dining room, which contained red, white and rose wine, sherry, squash, lemonade and fruit juice. Staff carried each meal on a plate covered by a silver/metal cover to maintain heat. Gravy was carried in a silver gravy boat so people could either help themselves or be helped by care staff. Staff were supportive and smiling with people. Towards the end of the meal, the

# Is the service effective?

activities co-ordinator entered and worked her way around the tables, talking with people. She chatted generally, but reminded people about activities that were available during the afternoon.

We asked staff how they supported people to have sufficient to eat, drink and maintain a balanced diet. One staff member told us, “We have good communication with kitchen staff. If there’s any change in people’s diets we will let them know”. Another member of staff said, “The chef is always trying new things and I know he talks to the residents a lot”. One person had liked a grape and stilton salad that the chef had prepared, so he made it again for them on another day, as a surprise. The chef knew people’s food preferences and catered for any special diets. Breakfast comprised cereals and toast, but people could also have a cooked breakfast if they wished. The main meal of the day was served at lunch time and roasts were served mid-week and on a Sunday. Home-made soup, sandwiches or a hot option were on offer at supper time. The chef told us, “I can do the job to the standard and take feedback from staff and residents. I get a confidence boost when people say how much they’ve enjoyed the food”.

Special occasions, such as people’s birthdays and anniversaries were celebrated. On the day of our inspection, one lady was celebrating her birthday and a Victoria sponge, decorated with cream and strawberries, had been specially prepared. On her return to the home at tea time, everyone joined in and sang ‘Happy Birthday’ as she blew out her birthday candles. People were consulted about the menus and a special group had been convened, the ‘Food Reflection Group’. These meetings also afforded the opportunity for people to sample food and drink. There had been a cheese and wine meeting on one occasion. A request had been put forward for some non-alcoholic red wine to be on offer and the registered manager was looking into this. One person said, “There’s a food committee. It’s only every six weeks because, in general, there’s not a lot to be said, the food’s so good anyway. People can come up with ideas about what they might like”. For example, one request had been for chocolate custard to be served with the chocolate pudding and this had been actioned by the chef. He told us, “It’s definitely client based. They’re catered for 100% for their needs. We try and accommodate people’s requests”.

People at risk of poor nutrition were regularly assessed and monitored using the Malnutrition Universal Screening Tool (MUST), a tool designed specifically to assess people’s risk of malnourishment using a combination of their height, weight and body mass index, to identify this. Food was fortified thus increasing people’s calorific intake, if needed, and on the advice of a dietician.

People’s day to day health needs were met. People were extremely positive about the support they received. One person said, “Next week I’ve got an eye appointment. The manager arranged for a carer to come with me” and added that when they had particular health problems that she was always there and that they felt safe. They said, “In other places, homes, you’re left on your own to be frightened, but not here”. Another person said, “If you’re unwell, the first person who brings you a cup of tea asks you how you are, and if you don’t feel well, I’ll tell them. They ask too, then write it down when they get back downstairs. If I need to see a GP, then they help arrange it”. They added, “They took me to get new glasses too”. A third person told us, “If I have to go and see a doctor and can’t go myself, someone here takes me. I had to go and have an ECG and the staff took me. They stayed with me and brought me home again. It was so caring and thoughtful”. Another person said, “I used to go along the seafront, all over the place, but I can’t do it now. I nearly toppled, just outside the house. A couple of carers’ noticed and by the time I got to my room, the doctor was there. They [referring to staff] don’t waste time”.

People’s individual health care needs were assessed and managed appropriately. For example, one person’s care plan contained a dental hygiene risk assessment which was undertaken following a trip to the dentist. There were concerns raised by the dentist that either not enough toothpaste was being used by the person or not enough of it was coming into contact with the person’s teeth. The registered manager devised a care plan following consultation with the person and their family, where staff would assist the person to ensure enough toothpaste was being used.

We asked the registered manager and staff about people’s health care and how they accessed health professionals if required. People remained registered with their own GP if practicable when they moved to the home. The provider had recently commenced a pilot programme in which a health professional visited the home fortnightly and operated a well-person service. We spoke with the health professional, who was present on the day of our inspection. We were told that anyone living at the home could book a

# Is the service effective?

consultation to discuss any health matters of concern to them. The purpose of the consultation was not to make clinical decisions or to prescribe medicines. It was to assist people in the understanding of their conditions, illnesses and ailments and to provide additional information and resources. This enabled people to make informed decisions for future treatment. If issues of concern were identified in these individual consultations, the person's own GP would be contacted and informed, with the person's consent. We asked the healthcare professional whether they had any concerns about the quality of care provided by the home. They told us, "This home is the best. I have gone to a lot of care homes in the past and this one stands out for the quality of care". Another healthcare professional stated, 'Shelley remains one of the safest, most caring homes in Worthing. I have found that our patients there have been treated with utmost care and respect. The staff are well trained and compassionate and seem to know their clients well enough. They seek medical help appropriately and know their limitations, at the same time, co-operate with us in giving medical care to the clients like a team. I find the manager extremely diligent, friendly and feel that she is a good leader, passing on her professional values to her team'.

People's individual needs were met by the adaptation, design and decoration of the home. The home was tastefully decorated and furnished throughout, with carpeted corridors. Colour was used effectively to differentiate areas for people who may have visual impairment and items of furniture placed in such a way as to aid people's orientation. The atmosphere was not of a care home, but that of a hotel. Signs were not used, except where legally required. The provider explained, "I don't like signs; this is people's home".

People's rooms could be redecorated and refurbished to their liking. For example, one person was due to move in as a permanent resident and had chosen a gold coloured carpet with white walls. They could also bring items of furniture that they wanted to bring with them. All rooms were en-suite with at least a toilet and vanity unit, some had a bath or shower. The registered manager told us that as rooms were vacated, they were trying to install a shower in each en-suite. Garden rooms had separate patio areas with outdoor furniture and the addition of a kitchenette. Some people brought their pets to the home to live with them and garden room doors had been fitted with catflaps. Free wi-fi was available to everyone and people could have their own telephones installed. This ensured people remained connected with those important to them.

Outstanding

# Is the service caring?

## Our findings

Positive, caring relationships had been developed between people and staff. Throughout the inspection, we observed how staff talked with people and only saw caring, patient, thoughtful interactions. For example, when one person wanted to join a gardening activity towards the end of the session, a member of care staff helped her to get there. The staff checked if the person needed to go to the toilet first, helped her in the wheelchair, asked her if she wanted to control the wheelchair herself or be pushed and sat with her to the end of the gardening activity. Without exception, everyone we spoke with said how impressed and happy they were with the staff at the home. People said, "They're lovely, so very helpful. They treat you with respect and not a number. You are who you are, warts and all". Further comments were: "Wonderful, there's no other word that can cover them. They're not staff, they're my friends". "The love and the care that every single one of them gives", "The most caring staff you could wish to meet" and "They get on with each other too, so that filters down to us".

A relative confirmed that people were looked after in a caring environment. They told us, "I really can't say enough about how caring they [staff] are. I have never come across anything like it before. All I can say is they are like family. There is no limit to the lengths they will go to. They are so caring, every single one of them".

When we were due to talk with one person in their bedroom, we found them asleep and left. A little later, a staff member informed us that the person had woken up and would like to speak with us. However, the staff suggested giving the person a little time to wake up first. This was caring and thoughtful towards the person's needs.

We asked staff to provide us with examples of person centred care. One staff member said that one person, who was feeling "a little down" was asked what would cheer them up. The person replied that seeing Harrison Ford walk through the door would work. As a result, staff obtained a life-sized cardboard cut-out of Harrison Ford and gave it to the person as a surprise present.

During the gardening activity, the sun was quite warm and bright. One person began to shield their eyes. Straight away a member of staff offered the person a wide-brimmed hat. The person put it on. However, they continued to shield their eyes. Again, within minutes, the staff member asked them if they were okay and suggested they find a pair of sunglasses if that would help. The person said it would and a pair of sunglasses was procured. This ensured their comfort so they could enjoy the activity fully.

One person had emailed the registered manager after another person had sustained a fall; they wanted to thank staff who had comforted them as they witnessed the fall. The email stated, 'A few of us were in shock and she [referring to staff] consoled and comforted us. Never once did she stop helping and assuring us. [Named staff] is one of the kindest, loving, compassionate and caring carers and we are extremely lucky to have her working at The Shelley. She was the perfect carer to look after us on that day'.

All staff showed concern for people's wellbeing in a caring and meaningful way. The home offered additional free services to people. For example, they never charged a person's family member when they stayed over if there was a room available. When a person became very ill and was in the final stages of life, they were moved into a larger room and an extra bed put in there so their spouse could stay with them all the time. They also accommodated other family members, as well as the family Labrador for several weeks, including meals, snacks, beverages and use of the office. Staff told us that 'relationship-centred care' was provided, another step further than person-centred care. The registered manager explained, "It's about really getting to know our residents and their history, likes, dislikes, what they did before they came here. We value people and our relationship with them is our greatest asset". Under the home's philosophy of care, staff were encouraged to follow 'The 6 Cs' – care, compassion, commitment, communication, courage and competence.

Staff went the extra mile to care and comfort people. One member of staff posted photos of people on The Shelley Care Home's Facebook page, so that relatives could keep up to date with what was happening. The Facebook page was a 'closed' page, so only people who had been given permission to access this were able to, thus respecting people's privacy. Whilst a staff member was on holiday, they visited the former home of one person and took photos of it for the person of how it is now. Staff remembered the little things about people, for example, how they wanted their toast cut and whether they liked to drink out of a mug or from a cup and saucer. One person explained how staff helped them to get dressed. They said, "They [staff] help me getting dressed and undressed, but

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they don't interfere. They might say, 'You haven't worn that (point to something) for a while. What about wearing it today?' Things like that". Another person said, "That's right, they don't interfere. Just suggest something. I'm very well looked after here, it's according to our individual needs. You always feel there's someone you can go to if you're upset or something".

People's religious and spiritual beliefs were catered for. Once a month a member of the clergy visited and people could attend a service within the home or could attend the church of their choice in the community.

People were supported to express their views and were actively involved in making decisions about their care, treatment and support. The provider also ensured the process of assessment and planning was not obtrusive or done at an inconvenient time for people. For example, one person did not wish to review their care on one occasion as they were tired and expressed a preference to continue the next day. The person's wishes were respected and recorded.

Everyone we spoke with said they had a copy of their own care plan and that they were happy with what was in it. When asked how the care plan was put together, some said they filled out a form themselves, whilst others said that staff had done it and then discussed the plan with them. One person said, "Every month it's updated, you get your monthly report, read it and sign it". They added, "I didn't write it myself, it was with staff, but if it's not correct, we can correct it before we sign". They added they were, "Happy with it because it's done with dignity. I have a document about how I want to die and it really has been done with dignity". Care plans contained a section entitled, 'Planning Future Care'. This section was completed in conjunction with people and their families and outlined and contained advanced directives for care. These included whether the person wished to be resuscitated in the event of a cardiac arrest. The care plans for those who did not wish to be resuscitated contained documentation indicating this, as required by law, and was countersigned by the person's GP. Staff displayed a high level of knowledge of advanced care planning and were aware of people's needs in this regard.

We asked staff how they involved people with their care. We were told the process of involvement began before a person moved permanently to the home. People were encouraged to live at the home on a temporary basis before making the decision to move in. The provider operated a 'buddy system' whereupon the person was paired with an existing resident who would "show them the ropes" and help them to acclimatise to the home. If the person then decided to move in permanently, the provider consulted the person and their family, then re-modelled whichever room was available to suit the person's needs and preferences. Not only was the room completely refurbished and redecorated, but a choice of a bath or shower was offered and even socket points could be installed, replaced or moved to suit people's individual requirements.

People's privacy and dignity were respected and promoted. On several occasions during our inspection, we interviewed people in their rooms and a staff member needed to enter. They knocked first and waited for the person to respond. When they saw us, they apologised to the person and asked/checked if they wanted them to deal with whatever it was 'now' or 'later'. Staff were friendly and caring. We asked staff how they supported people to maintain their dignity and privacy. One said, "We have to remember it's their home. We won't go wrong if we remember that". We also asked staff how they promoted people's independence. One staff member said, "I don't interfere if I think someone can do something for themselves". Another staff member told us, "We are always guided by the residents. They are in charge, not us". Our observations during our visit confirmed people's privacy and dignity were maintained. A member of care staff was a 'Dignity Champion' and provided additional support and guidance to other staff. The home had signed up to the 'Daisy Mark' which was a campaign that aimed to put dignity and respect at the heart of services. Dignity Champions worked individually and collectively to ensure people had a good experience of care when they needed it. The home completed an annual dignity audit which monitored and showed that people were treated with dignity and respect according to the advice under Daisy Mark.

Good

# Is the service responsive?

## Our findings

People received personalised care that was responsive to their needs. When a person moved into The Shelley Care Home, their care plans were reviewed at three levels and involved the person and their families at the first level. They were then reviewed daily between staff shifts and staff changeover. At changeover, the person's daily care notes were handed by the outgoing shift to staff on the incoming shift. The person's responses and activity patterns were discussed as needed and changes to the care plan might be proposed at this point. At the end of four weeks, as people were settling in to the home, a formal review was held with the person, their family and staff. Thereafter, care plans were reviewed monthly with, and signed by, people. On-going review of the care plan meant that any changes in people's needs could be noted and responded to. One person had their own cat at the home and a cat flap had been fitted; there was a resident tabby cat who was popular with people and staff.

People spoke highly of staff and their responsiveness to their needs. One person said , "They're very helpful. I'm up early because I like to get out. They'll always try and bring my breakfast early so I can, even though they have handover". They added, "And they do it because they know I can go out and want to. You couldn't find one carer not helpful. You only have to ask for something and as soon as you ask, they're there. It's no bother". Another person said that their laptop and printer stopped working. They said, "I knew they were going, but the staff reckon they're finished". They added, "They've introduced me to an iPad instead. It's so different and will take a while to get used to, but [named staff] comes and spends time showing me, going through it".

Care plans were legible, up to date and personalised. They contained detailed information about people's care needs, for example, in the management of risks associated with people's dietary needs and the risk of falling. The care plans contained detailed information about people's personal histories, likes and dislikes and the delivery of care and procedures, such as the assessment of people's mental capacity. People's choices and preferences were also documented. The daily records showed that these were taken into account when people received care, for example, in their choices of food and drink. There was good communication in the management of people's care between the provider and external professionals such as GPs and community nurses. We spoke with a visiting health professional on the day of our visit. They confirmed that staff referred people to their service appropriately and followed advice and guidance given, subsequent to their visit. Before our inspection, one healthcare professional stated in an email, 'I have been looking after my patients here for some time. I have always found that the staff are well-mannered, caring, sympathetic, well-informed and acted in an appropriate professional manner'.

We asked staff what they understood by the term 'person-centred care'. One staff member told us, "I think it really means that the resident is at the centre of what we do. This is communal living, but we are dealing with individuals". Another staff member said, "It's treating people like we would want to be treated. We have to avoid the risk of the place being like an institution. It's not. It's people's homes".

We observed an afternoon staff handover meeting, the purpose of which was to update staff members coming on duty in the afternoon. It was attended by staff and the registered manager. The meeting reviewed the care and support given to people during the morning and staff shared knowledge and any issues with a view to maintaining high standards of care. The meeting was conducted in an open and inclusive manner and staff were invited to share their observations and opinions. The discussions were focused on people's care needs with clear plans of action drawn up following the meeting.

Activities were organised for people every day of the week, including Sundays. The Shelley Care Home guide for residents stated, 'Retirement can mean different things to different people. For some it suggests an opportunity to take part in stimulating activities and a thriving social life. For others, it suggests a more peaceful, secluded lifestyle. Either way we believe it should be enjoyed. You have the opportunity to choose your own level of involvement or interests'.

On the day of our inspection, a gardening activity was on offer. However, it was much more than a gardening activity. The session was entitled, 'Social and therapeutic horticulture' and was led by a horticulturalist who brought various flowers and foliage for people to look at, touch and smell. People were enjoying this session in the sunshine and were actively engaged in discussing the seasonal and sensory plants from the garden. For example, people

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learned about Asters and Michaelmas Daisies and how these flowers attracted bees and butterflies. This led on to wondering when Michaelmas Day occurred and this was immediately looked up on a mobile phone (29 September) by the activities co-ordinator. Following every social and therapeutic horticulture session, the leader of the session typed up a record of the activity, any adaptations that had been made, people's preferences and dislikes, any difficulties that people encountered, potential outcomes and whether people had enjoyed the session or not. Action points were noted and plans for the next session were made. This was an active and enjoyable session for people; it promoted discussion and interaction and was also educational.

Other activities were provided based on people's interests. One person said, "There's so much going on here, it brings people together". They added, "You're challenged as well here – it's best for people to be involved in things. You can become insular. It's easy to stay in your room and watch your box [TV]". They said they preferred to participate as much as possible and said there was a crossword corner and quizzes. On a Wednesday, people could have aromatherapy, have a massage or have their nails manicured and painted. An activities co-ordinator planned entertainment with people. One person said there was, "Entertainment constantly" which included singing, playing the ukulele, piano and classical music. They explained that if an external entertainer came in for the first time, people were asked: "If we like it or not. If we say 'no', they don't come back. It's choice you see. We have a say". Outings were organised twice a week to places, for example, to Pulborough, bluebell woods and bird sanctuaries, according to people's interests. Newspapers were delivered daily for people to peruse.

Another person said, "I paint [and pointed to several of their paintings hanging on the wall around his room]. He said, "There's a lady [named art person] and she supplies the materials". He said he painted, "in the dining room because there's plenty of room". For other activities, he said, "There's talks by people – natural history, local history". Another person said, "There's so much, we're spoilt". People were also encouraged to pursue their own interests out and about in the community and to meet with friends and family.

The provider had joined the National Activity Providers Association (NAPA) which is a charity and company that promotes high quality activity provision for older people. NAPA has a commitment to ensure that activity is at the heart of care for older people.

The service routinely listened and learned from people's experiences, concerns and complaints. One person said, "If I had a concern or problem, I'd talk to the manager, but I can't imagine it happening". Another person said, "A complaint about the home? It's never happened". A third person said, "Once I had a bit of a problem. I sat in her [registered manager] office two or three times until it was sorted. It was completely sorted too".

The Shelley Care Home guide for people stated, 'Please make your complaint as soon as you can either during or after the event. Speak to the carer on duty'. People were also encouraged to talk with the registered manager or the provider. All complaints were dealt with within 28 days or sooner. There had been three complaints in the year. Each one was formally acknowledged, the outcomes recorded and the actions needed. Records confirmed that complaints had been dealt with in a timely fashion and to the satisfaction of each complainant. There was also an analysis of complaints made by the provider who said, "It's important that my residents are happy. Our people will tell you exactly when things aren't right".

Outstanding

# Is the service well-led?

## Our findings

People were actively involved in developing the service. We asked if people were involved in matters relating to staffing at the home. We were told that people formed part of the interview panel when the provider was seeking to recruit new staff members. One person interviewed new staff separately and fed back their views to the registered manager.

Residents' meetings were held every month and were chaired by the activities staff. At the last residents' meeting held on 5 September 2015, 17 people attended. One person confirmed they attended the residents' meetings saying, "Yes, there are meetings and yes, we have a say," and added, "They're once a month and I go to that. It's a time when we talk things through, and about food, and what outings, somewhere different". At the last Food Reflection Group, 10 people attended. The Food Reflection Group was set up separately at the request of people and concentrated on discussing food and drink, people's choices and suggestions for menus, as well as any dislikes. One person said, "We discuss the food and drink – one of my suggestions was to have rosé wine too. We had a tasting, it's much lighter than red". She added, "It's the one thing that makes The Shelley exceptional, we have wine with our meals like anyone can in their homes". Asked what say they had in what was provided, one person said, "The Saturday just gone, they were asking us if we were satisfied with the food. What would you like, that sort of thing". Action points were recorded following each meeting and these had been followed up. For example, rosé wine was now on offer.

A monthly newsletter 'The Shelley' was put together by people and staff. The last edition dated September 2015 had a two page spread showing photos of people and their engagement with activities and staff around the home and in the community. There was information about cancer and people were invited to join a fundraising activity to support a cancer charity. A crossword puzzle and poems had been contributed by people and there was news about forthcoming activities as well as a recipe. People had voted to raise funds for two local animal charities. When relatives or friends visited the home and stayed for a meal, they were asked to donate a contribution to one of the charities, in lieu. The Shelley Care Home had a dedicated Facebook page which is only accessible by people, their relatives, friends and by staff so people's privacy was upheld. This helped people to keep in touch with those that matter to them. One person said, "I don't want to have my own Facebook page and photos on it, but I'm comfortable using The Shelley website. It's private, but my family can see me, my photos. We signed sheets with our wishes about what we wanted private".

The Shelley Care Home Guide referred to the vision and values of the home. It stated, 'We respect that every individual is unique and requires the very best in individualised care and support. We believe that the tiny details are the big things that can make a difference to the day. Discovery and delivery of the tiny details is the hallmark of highly personalised care. Our professional work is led by the principles of kindness, empathy, integrity, respect and trust and translation of the vision and values into our daily work'.

From our observations at inspection, it was evident that the vision and values had been embedded into the way the home was managed and put people at the heart of the service. Feedback from relatives was overwhelmingly positive and recorded. One relative stated, 'I wanted to thank you and your team once again for the way you looked after [named family member] during his stay with you. We both appreciated the support of everyone at The Shelley during his last weeks'. Another relative said, 'Thank you. I would have to say that should I need to move from my flat, it would have to be The Shelley. The staff are consistently welcoming and friendly, the house is spotless, the atmosphere is a happy one and the meals are excellent'.

We asked staff about the vision and values of the home. One staff member said, "I think this place is all about getting to the point where people feel they are leading their own lives. It is communal living which some people really like, but people need their own space and time for themselves too. We try to provide that. We make sure people get the care that's right for them and not just what all the other people are having". Another staff member told us, "The atmosphere is so relaxed here, but we work hard to make sure it's a home from home. The manager and owner will not tolerate anything but the best care for people. It's a family atmosphere and standards are kept very high. The residents come first and that's it". The registered manager explained how she put the vision and values in practice and said, "It's continual reinforcement at

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every handover, at every staff meeting. We continually question practice". At the time of our inspection, the owner was on holiday in Spain. The registered manager telephoned her to let her know that an inspection team had arrived from CQC. By mid-afternoon, the owner arrived at the home, complete with luggage, having made arrangements to fly back to England. The owner was dedicated to ensuring the home delivered care to an exceptional standard and had invested a huge amount of time and personal commitment to achieve this.

Excellent leadership and visibility was demonstrated at all levels and inspired staff to provide a quality service. People commented on how well-managed the home was. One person said, "They're a marvellous team" and another said, "[Registered manager] is lovely. She has a lot to do but she always has time for everyone," and added, "The owner comes in quite often too and asks us if anything could be better". A third person said, "I'm very satisfied with them [referring to management], utter confidence". People felt that staff understood what was expected of them and that they were looked after with compassion and caring. One person said, "When I don't feel well, [registered manager] phones up my family. There's good communication". She added, "I'm grateful about how I'm looked after here, they help me stay in contact with my family".

Staff were asked by the management what they thought was a 'perfect carer'. Feedback included statements such as, 'Support them [people] to keep their individual independence', 'encourage [people] to participate in activities either individually or as a group' and 'maintain their dignity'. One member of staff said, "I work with residents. I'm happy when I go home that I've achieved something" and added, "It's a nice place, nice feeling here and relaxed". The registered manager told us, "I can't think of anything that the residents wanted where we've said 'no'".

Staff confirmed that the registered manager operated an 'open door' policy and that they felt able to share any concerns they might have in confidence.

Quality was integral to the home's approach and there were robust systems in place to drive continuous improvement. One audit tool, entitled 'The Shelley Experience' provided evidence on how the home felt they were compliant against outcomes under health and social care legislation. An independent social care consultant completed an audit in February 2015 and their recommendations had been acted upon. These included people's preferences at mealtimes for cutlery and drinks. The importance of meeting people's needs at mealtimes was discussed with staff and action had been taken.

Questionnaires had been completed by 13 people living at the home and feedback received relating to the quality of care, friendliness of staff, meals and overall impression. The responses showed that an overwhelming majority of people felt overall either 'very positive', 'positive' or 'good'. Relatives' feedback was positive and one said, "Best care home in Sussex and, in my position, I have seen a fair number". Another relative stated, "Excellent, really luxurious and not at all intimidating as some residential care homes can be'. The registered manager said, "I'm proud of the person-centred approach. I think staff go above and beyond. We live together, we breathe together, it's a happy atmosphere. Staff are our biggest asset – compassionate and caring. They are always thinking how they can make things better". For example, when one person had difficulty cutting their food up, staff had researched and procured some special cutlery, so that the person could continue to eat independently.

The provider had undertaken monthly audits of accidents and incidents in order to identify trends, for example, falls due to environmental hazards. Corrective action was taken as necessary as a result of these audits. A medicines audit had been completed by the pharmacy in 2015. This identified the need to have the temperature in the medicines cupboard recorded, which had been initiated. In addition, that a homely remedies policy should be drawn up and this had also been completed. The audits enabled the registered manager to monitor the quality of the service and make improvements where necessary.

The home accessed a range of organisations to strive towards best practice. They took advice from a leading improvement support agency, The Social Care Institute for Excellence (SCIE) website and implemented this. For example, a factsheet entitled, 'Dignity in Care' suggested ways to involve people in planning their care and ways to promote their independence. Care plans were reviewed monthly with people and they were encouraged to write their own care plans. The home acted in accordance with GPs' advice on meeting people's healthcare needs. The registered manager was involved with West Sussex Partners in Care, which is a large representative body for community care, and attended meetings four times a year.