

Littlehampton and Rustington Housing Society Limited

Rustington Hall

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Rustington Hall is a residential care home providing personal and nursing care to 42 people at the time of the inspection. The service can support up to 62 people. People had a range of health and care needs, including physical disability and dementia care. The home is divided into three wings, each of which has separate adapted facilities. There is a decking area outside the main communal lounge with wheelchair access to the gardens.

People's experience of using this service and what we found

Without exception, everyone we spoke with talked about the fantastic care they received at Rustington Hall. Everyone was happy to be living there and spoke positively about all aspects of the service. One person told us, "This is a great home, I enjoy living here. I've been in other homes, but I would recommend this one. The care is brilliant." A relative said, "Rustington Hall just blew me away. It is more like a hotel than a nursing home. I would absolutely recommend."

We noted gaps in recording and stock for some medicines. These issues had been picked up in the most recent audit and were already being addressed by the clinical lead. Although there was no evidence of harm to people from these recording and stock issues, it was an area requiring improvement.

Staff had excellent knowledge of people and there was a focus on the individual and on tailoring care and providing activities which were meaningful to them. Staff made one to one time a priority and had encouraged people to venture out or to participate in activities that interested them. Staff supported people to maintain contact with those important to them and had devised imaginative ways to celebrate special events with family members, in line with COVID-19 restrictions.

People's communication needs were identified and planned for. The provider had invested in technology to support people with communication and to maintain their independence. People had confidence that any concerns raised to staff or the management team would be quickly addressed.

People received high quality care that improved their wellbeing. Staff were highly motivated to provide positive outcomes for people and ensured their independence was maintained and developed.

People received outstanding and individualised care at the end of their lives. Staff were encouraged to talk about death and dying openly and sensitively with people and the service helped people plan the end of their lives with dignity. Relatives spoke of the incredible support they had received from staff and of the wonderful photos and videos they received of their loved one.

Strong relationships were formed between staff and people due to the continuity of staff and the very caring approach of staff members. There was a feeling of community at the service and we observed positive and caring relationships between people and staff. People were actively involved and in control of how their care

was provided.

Care staff were well informed about risks to people's health or wellbeing and knew how to deliver their care safely. Staffing levels were enough to meet people's needs. The home was clean. Staff had been trained in infection prevention and control and there were rigorous safety precautions in place in relation to COVID-19. One person told us, "How the management have handled the last year has been incredible." Lessons were learned if things went wrong.

People spoke positively about the staff who supported them and had confidence in their skills and experience. Staff had regular supervisions and an annual appraisal. People were enthusiastic about the food and were actively encouraged to make suggestions for additions or changes to the menu.

People had access to a range of healthcare professionals and support. Premises were suitable and comfortable and met people's needs. The provider was investing in improving the facilities for people and for staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was strong and effective leadership and both people and staff said they would recommend the home. The service was well organised and had a range of systems in place to ensure its smooth operation and to support good communication. Feedback from health professionals who worked closely with the service consistently indicated that staff went the extra mile to deliver person centred care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was Requires Improvement (published on 23 December 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about care practice, including with moving and handling, choice, modified diets and oral care. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

Rustington Hall

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and an assistant inspector.

Service and service type

Rustington Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and one relative about their experience of the care provided. We spoke with 18 staff including the registered manager, clinical leads, senior team, care

coordinators, care assistants and chef. We spoke with two visiting dental professionals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included ten people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at minutes of meetings and recent medication records and audits. We spoke with a registered nurse and three care assistants by telephone. We contacted 11 relatives for their views and feedback. We sought feedback from professionals who have regular contact with the service and received responses from two GPs, a practice nurse, a hospice nurse, a Speech and Language Therapist and a Chiropodist by telephone or email.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely.
- We identified gaps in records. Some records, such as the position of transdermal patches on the body, had not been completed. Gaps in Medication Administration Records (MAR) had been identified as an issue in the most recent audit carried out by the clinical lead and a bulletin was sent to nursing staff highlighting issues with recording. Unfortunately, the planned changes had not taken effect by the time of our visit. Following our inspection, a meeting was held with nursing staff. Competency checks were completed for some nurses and further checks, including daily peer checking, were put in place.
- Guidance for the use of some 'as needed' (PRN) medicines was missing or unclear. We were not assured people received their medicines consistently. For example, some people were prescribed medicines to manage their anxiety. We observed staff providing personalised support to people when they became anxious and daily records confirmed this, yet there was little or no guidance to determine when these medicines should be given. The corresponding behaviour charts were not always completed. Since our inspection, new or updated PRN protocols have been implemented.
- Some people had missed their medication because it was out of stock. Staff had sought appropriate support and guidance from the GP to manage people's care at these times. Since our inspection, the clinical lead implemented a weekly stock check to ensure stock issues are identified in good time.
- People were happy with the support they received with medicines. One relative told us, "They managed her medication marvellously. They were really good and explained to her over and over again what each was for. They never lost patience."
- Although there was no evidence of harm to people from recording and stock issues, it was an area requiring improvement. We received copies of the medication administration records (MAR) and associated records, such as behaviour charts, for the week following our visit. These demonstrated that areas of concern had been addressed. Following our inspection, the pharmacy carried out a medication audit at the service. We received a copy of the audit report and there were no concerns or actions arising. We will check at our next inspection that these improvements have been sustained.

Staffing and recruitment

At our last inspection people told us staff were rushed at busy times. We recommended the provider review their staff deployment. The provider had made improvements.

- People gave positive feedback about staffing levels and told us staff came quickly if they needed assistance. Our observations supported this. The provider had installed a new call bell system, which staff

told us was a great improvement.

- We observed staff supporting people in a calm manner, stopping to chat and spending social time with them. One staff member told us, "They haven't cut staffing even with lower occupancy". A relative said, "There always seems to be someone nearby." Another relative commented, "The staff are lovely, there was never a big turnover of staff, it was consistent, and she knew where she was."
- A registered nurse was on duty in each wing, and there was usually a clinical lead working in a supernumerary capacity. This was also the case at weekends.
- Staff were recruited safely. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector. One recently recruited care worker told us, "When I was interviewed, they asked me so many questions and scenarios. It was really tough, and I think they were looking for a specific kind of staff that are right for the home."
- Records showed staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had an up to date registration with the Nursing and Midwifery Council (NMC).

Assessing risk, safety monitoring and management

At our last inspection, records relating to risk were inconsistent and guidance for staff on how to support people safely sometimes lacked detail. Monitoring charts to ensure risks were managed safely were not always completed accurately.)

- Risks to people's safety had been identified and assessed. There was clear guidance in place to support people in a safe way and to minimise limitations on their freedom. Monitoring charts, to check and ensure a person's safety if they were at risk of falls, were completed regularly and accurately.
- Action had been taken to minimise risk of falls. For example, additional lighting had been installed around one person's doorway to enable them to navigate this area more easily and feel more confident. Their relative told us, "She had extra lights put on so she can see the door more clearly, it did work very well."
- Risk assessments were reviewed to ensure they provided current guidance for staff. Each person's care plan included risk assessments specific to their needs, such as risk of falls, medicines or nutrition.
- At our last inspection, we observed two sluice rooms that were unlocked. At this inspection keypad locks had been fitted to the sluice rooms. A new sluice room had also been created to save staff going from one floor to another. Each sluice was fitted with two sinks, one specifically for handwashing.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Systems were in place to evacuate the premises in case of emergency.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the service. One person told us, "I'm safe here and well cared for." Another said, "I'm happy here. I can't complain, they are very caring and look after me well."
- Staff had a good awareness of safeguarding and knew what to do if they had any concerns about people experiencing harm or abuse.
- Guidance on how to raise a safeguarding concern was displayed in the home. The registered manager demonstrated a good understanding of their responsibilities and how to protect people from the risk of abuse.

Preventing and controlling infection

- Staff had undertaken appropriate training and the staff member responsible for infection prevention and control completed spot checks around the home. Handwashing training had been arranged for staff and people had been invited to join in too. The session involved gloves, paint and blindfolds as a way of

highlighting the importance of thorough handwashing.

- The service was clean, and we received positive feedback from people, staff and relatives regarding the way the home had responded to the pandemic. One staff member told us, "I think the COVID-19 situation was managed really well." A relative told us, "I have to pass the test and wear all the gear. I can sit and hold her hand now which is wonderful."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded.
- Incidents were discussed, and a monthly trend analysis was completed to see where improvements could be made. For example, after a needlestick injury safety needles had been requested from the GP and all old stock was destroyed.
- Following the last inspection and rating of requires improvement the management team and staff had worked hard to address concerns and drive improvement at the service. The registered manager told us, "It made us do more, it made us really look at everything".

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People and their relatives spoke highly of the care they received.
- Staff undertook assessments of people's care and support needs before they began using the service.
- Staff worked closely with people and, if appropriate, their relatives to build on the pre-admission assessments and develop a detailed care plan for each person. This gave staff accurate information, to ensure they could meet people's needs and wishes.
- People shared examples of how their health had improved. One person told us, "I had very bad ulcers when I came and these are healed now".

Staff support: induction, training, skills and experience

- People and relatives spoke highly of the staff team at the home and had confidence in their skills. One relative said, "I can't praise them enough to be quite honest with you."
- There was a wide-ranging training offer and staff were supported in their professional development. Staff received annual updates of core training, including safeguarding, infection prevention and control and moving and handling. For nurses, refresher training such as catheter care, use of syringe drivers and venepuncture was provided.
- We observed staff supporting people with confidence and professionalism. Some staff had been appointed 'Champions' in specific areas such as moving and handling, end of life care or oral health. Champions received additional training and became a 'go to' person if staff had queries or required support. One staff member told us, "I'm very happy that I have the chance to develop".
- New staff completed a period of induction, which included shadowing of experienced staff. Staff who were new to care completed the care certificate. This comprises 15 nationally agreed minimum standards for roles in health and social care. One new staff member told us, "The induction is really thorough. Someone is always there if you've got a question".
- Systems of staff development including one to one supervision meetings and annual appraisals were in place. Special events had been held during 'stress awareness month' and the registered manager had completed a stress awareness course covering how best to manage stress in the workplace. A staff liaison officer was employed to support staff and was available if they had any concerns or required additional support. One staff member told us, "We can speak to any manager about our mental health. If we need to take a short break on shift we are able to do that. I'm proud of how we coped with the whole COVID situation, of how we all pulled together."

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

At our last inspection people told us the food was not appetising. The provider had taken action and this had improved.

- There was a new chef and people spoke highly of the choice and quality of food. One person told us, "The food is brilliant. The cook comes round to everybody and talks about food, asks if you would like something different." In an online review from a resident we read, 'Our Chef produces delicious food and makes everything from scratch. She is always thinking of new things to tempt us, and regularly has themed lunches and food tasting days for us.'
- There were opportunities to give feedback on the menu or to make suggestions directly to the chef or in residents meetings. The chef told us, "If they come up with something they used to have years ago I will try it as special or put on menu. I do taster menus just to see if they like it, things like couscous." There had also been a range of themed days such as 'American hotdog' or 'fish and chips by the sea'. A 'world food' week was being planned.
- People were asked to make a choice from the daily menu. A pictorial menu was available to support this where needed. Where people were unable to communicate a choice, staff referred to information about their likes and dislikes which was recorded on admission and adapted as they got to know each person. One person commented how nice it was the chef knew her personally and knew what she enjoyed. A staff member told us, "One person may have their fish in parsley sauce and another one in batter. The cooks work really hard." A relative said, "They let her have a little fry up every morning, she really enjoyed that".
- There was clear information about people's dietary needs. This included where people required the texture of their food or thickness of their drink to be modified. We noticed that on occasion staff had not recorded the specific meal served to people on a pureed diet. We shared this feedback with the chef and registered manager so it could be addressed.
- We observed staff supporting people to eat and drink throughout the day. This was done sensitively and at a pace that suited the person. Staff monitored people's weight and took action to provide further support in the event of unplanned weight loss.

Staff working with other agencies to provide consistent, effective, timely care

- Staff liaised effectively with other organisations and teams. People received support from specialised healthcare professionals when required, including the GP, Speech and Language Therapist and hospice nurses. Feedback from staff and documentation we saw supported this.
- The registered manager spoke positively about the Enhanced Health in Care Home programme and the support they were receiving from their nominated GP practice. This included an initial review of all people and their medication, weekly telephone reviews where staff could address any concerns for individuals and a monthly visit to the home.
- Staff used the RESTORE2 tool to identify physical deterioration in people and escalate concerns. We saw examples of how staff had recognised that people were poorly and had contacted the relevant professionals. A visiting professional told us, "They are very good at contacting us if they have concerns."
- Visiting professionals spoke highly of the care they observed and of communication with the staff team. One visiting professional told us, "They were organised and ready for me. They knew the resident very well. If they weren't sure about something they asked. They really took onboard what I said. I felt they had really listened." Another said, "I can talk to the care coordinators with any advice and they will disseminate this to the staff."

Adapting service, design, decoration to meet people's needs

- People's individual mobility needs were met by the adaptation of the premises. A new decking area had been created outside of the main lounge. There was a slope to give people access to the gardens and an awning to give shade.

- Clear signage enabled people to orientate themselves around the service and locate any specific rooms they needed, such as toilets and bathrooms. Patterned carpet had been replaced by hard flooring, which was easier to clean and may help people with issues of visual perception to move around more safely.
- The provider was upgrading the premises. Since our last visit, the dining room had been extended and the lounge area refurbished. A hearing loop system had been fitted in both areas. Work was underway to create a new lift that would accommodate stretchers. One relative told us, "I have noticed the vast amount of improvements in the last 18 months. They have extended the dining room and things like that. I've been impressed with what I've seen."

Supporting people to live healthier lives, access healthcare services and support

- People received effective care and their individual needs were met. One person told us, "The care staff spot things and arrange help if needed."
- The home transported people to their appointments, accompanied by a driver and a member of the care team. One of the drivers told us, "I have a nice connection with them when out in a different environment. They open up and chat to me. While we are out, we offer to take people to a special place, may be to the beach or somewhere where they have memories."
- Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals. One visiting professional told us, "The care coordinators and nurses actively seek feedback from my visits to see if any residents need extra support"

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At our last inspection we identified gaps in some records relating to people's mental capacity being assessed for specific decisions, including for bedrails. At this inspection we found this had improved.
- People had their mental capacity assessed for relevant decisions, and best interest decisions were recorded appropriately. The team acted in the best interests of people, respected their choices and understood the power of attorney role.
- Staff asked people for their choices throughout the day and encouraged them to make decisions, such as what to eat and what to do. A staff member told us, "I always go by what the resident wants". Another said, "It's about communication and giving them the choice."
- DoLS applications had been made where appropriate and people were being supported in the least restrictive way.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection We made observations that showed people's privacy and dignity was not always promoted. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Significant improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- We observed staff treating people calmly and with the utmost respect. One person told us, "I'm contented. Respected." In an online review a resident wrote, 'I have experienced a homely, friendly attitude from all staff, though they respect our dignity at all times, humorous banter is never far from the surface!'
- Staff had received training in dignity, respect and compassion. Each person had a dignity and sexuality assessment in their care plan. This checked how the person would like to identify. One relative wrote thanking staff for making sure their Mum always looked the way she liked to look, dressed with a scarf.
- People were supported and encouraged to be independent. There were virtual assistants in the lounge and dining areas so people could select music using voice commands. There was a post box in reception so they could post their own letters. Staff supported people with their mobility. One relative commented on the fact their Mum was now able to use a stand-aid rather than a full body hoist. A staff member told us about a person who was admitted without mobility but over time staff noticed them trying to get up. With the help of a physiotherapist and staff the person was able to walk again and was eventually able to return home.
- There was a respectful tone in the communications to people. People had been informed of the planned building work at the home. People were encouraged to let staff know if they were affected by the noise so an alternative room could be found for them. A visiting professional remarked, '(Staff member) and so many more have a lovely way with residents, talking to them with dignity and like to a friend or relative.'
- With the monthly COVID-19 testing, people were given their tests to do in the privacy of their own rooms. As much as possible the same staff member supported them to build rapport and minimise distress.

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

- People were actively involved in planning and reviewing their care. One person told us, "I can read it (my care plan) when I want. I am involved in the writing of it. I am happy here." A staff member told us, "We have open lines of communication. We want to know that what we are doing is still right for them." We saw multiple examples of people being involved, for example one person had chosen to maintain responsibility

for their own medicine, another had declined additional medication in favour of trying other approaches to ease their condition first. We observed staff explaining options to people, for example after seeing the dentist a staff member took time to sit with the person and go over the advice and aftercare to ensure it was understood.

- People had control over their daily routine. One person told us, 'I can do what I want, I enjoy spending time in my room reading but there's always someone popping their head in.' We observed staff involving people in decisions throughout the day. This included whether the person wanted the window open or closed, where they would like to eat and if they wanted to move to another part of the home. A staff member told us, "It's very flexible". Another said, "I just think, if that was my Mum or Nan, and they wanted to stay up and watch (television programme) then they have the right to do it!"
- When a person needed to isolate in line with COVID-19 guidance, staff created a self-isolation care plan, detailing how the person wished to be supported. A relative told us, "Even in the two weeks isolation they made her feel at home."
- The registered manager kept people informed about changes in the home. There was a monthly newsletter that went to residents and relatives. We also saw copies of letters explaining changes to visiting restrictions during COVID-19. Each wing had a photo board with the pictures, names and roles of the staff on duty that day.

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

- People and relatives spoke of the caring staff and many referred to the staff team as feeling like family. People were able to leave commendations for staff. We read, '(staff member) puts her heart and soul into her job role', '(staff member) who always goes above and beyond' and 'Always there to help. Plenty of jokes to make you smile.' One relative wrote, 'We have always been treated with kindness and respect and it feels like being part of a wonderful family.' Another relative told us, "The staff really interacted with them all and made them like family. After three weeks there my Mum said put my flat on the market I want to stay here!"
- Staff were skilled in supporting people living with dementia, including when they became anxious or distressed. They knew what may help to calm or reassure each person. For one person going outdoors helped, for another it was music. We observed one person become distressed during the afternoon. Soon after, we saw a staff member sitting with them holding their hand. This was part of their planned care and reduced the need for medication to calm the person. One person told us, "They are all friendly and they help you if you get in a state". There was also a portable projector that some people found soothing. A relative told us, "They put coloured twinkling lights up on the wall and now she has a little black thing and you press it and the room became a planetarium and she loved that." Another relative said, "They always seem to be there for her."
- Staff knew people personally and made time for them. One staff member told us, "If someone has been in bed for two to three days, I'd try to invite them to the lounge or just sit with them to try talking and see if you can find out if something is wrong. Sometimes you're pushed for time, and it's difficult but we make time for them and make sure they're happy." A relative told us how a staff member often spent time with their relative chatting and helping to wind their wool into balls for knitting.
- The home put on a 'Pride at the Beach' celebration for residents and staff. This included fish and chips served in seaside cones, rainbow cakes and outside fun including residents soaking staff and splashing in paddling pools. Information and resources about the LGBTQ+ community were posted throughout the building to raise awareness and as a prompt for discussion.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

At our last inspection, care plans did not always reflect people's personalised needs and there was only limited detail about their likes, dislikes and life history. At this inspection care planning had improved dramatically.

- Detailed individual person-centred care plans had been developed, enabling staff to support people in line with their needs and preferences. One person told us, "No matter what you ask of they will do. No questions asked, if you need it you get it."
- There were weekly clinical meetings between nurses and minutes were circulated to any who couldn't attend. Staff shared observations such as that one person enjoyed their nutritional supplements in a cup rather than the bottle. In the period following this change, the person's weight was seen to increase. There were clear action points which were reviewed at the next meeting. One nurse told us, "There is consistency to discussing things all the time with the whole team. I struggle to express how united and how supported it feels." A GP told us, 'I feel the nursing staff are particularly proactive at Rustington Hall. There is swift communication in the event of a patient's condition changing.'
- The provider had taken action to improve people's oral health. Staff had received training in oral care. One staff member told us, "We learned how to look after dentures, what toothpaste we can use on them or what tablets they soak in." A mobile dentist had been commissioned to come to the home and people could attend appointments free of charge. The dentist told us they had noted an improvement month to month in people's routine oral care. Staff had worked closely with one person to build their confidence about seeing the dentist over a three-month period. The oral care champion told us, "We were able to empower a lady today. A tiny bit was shaved off the denture so she can take it out herself. We had to build up trust gradually. She's smiling again."

End of life care and support

At our last inspection, we found the planning for end of life care was patchy. At this inspection we found people were actively involved in planning their end of life care.

- People's wishes were recorded and respected. Staff ensured one person was able to celebrate a significant wedding anniversary with their spouse before they passed away. A bouquet of flowers was presented and shared between the couple to mark and remember the special occasion. People's wishes for

company or space were respected and spiritual support was provided, both by staff who would sing or read from religious texts and by visiting ministers of religion.

- The provider placed importance on high quality end of life care and invested in staff training. An end of life care champion had been appointed from within the staff team. They had completed the Six Steps training in end of life care via a local hospice. This programme aims to enhance end of life care through organisational change and supporting staff. A member of staff recently registered on the programme told us, "It is completely unique to each person but gives all standards we need to meet."
- Relatives and professionals spoke positively about the care they witnessed. A relative said, 'A definite treasured memory of a smooth, comfortable and pain free death, all we could have wished for'. Another, 'They made sure she wasn't on her own, someone was with her all the time.' A GP told us, 'From my experience, the home offers excellent support and care to patients during the end of their life. The nurses I have spoken to have all been experienced in this aspect of care'.
- Relatives spoke of the enormous support they received from the staff team, especially the end of life care champion. Feedback included, 'What you do really does make a difference and you should be proud', 'Without (champion) I would not have been able to cope, especially over the last few days. (Champion) was exactly what I needed at that desperately sad time in my life' and 'We are so comforted by your support. You go way beyond what your job requires and we are deeply appreciative'.
- Staff were proud of the care they provided. As a team they supported people, their families and each other. There was a 'Dove' system within the home. Staff who were comfortable working with people at the end of their life wore a dove lapel badge. If they felt unable for any reason, they could simply remove their badge until they felt able to provide this support again.
- When a person passed away their family was given a 'Dove pack'. This included photo books of the person's time in the home and a video of the photographs set to music. There were also forget-me-not seeds to plant and helpful information about next steps and further support. One relative wrote, 'Just watched MP4 file. Crying but loving what wonderful people you all are at Rustington Hall for making my Mummy so happy and loved'.
- People were treated with the utmost dignity. A 'Dove' sign board was placed outside a person's room requesting people to be quiet. When a person passed away a 'Dove' stamp was added to the name on their door. This was a discreet symbol to inform staff. One carer shared, "(Name of person) responded better to men so after he passed I went in with another male carer and we got him washed and dressed so he looked his absolute best before he left the building".

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

- During our visit we observed people engaged in a variety of activities. There was a projector in the lounge and people were throwing beanbags to make selections in a virtual game shown large on the floor. One person told us how they enjoyed 'stamping on the strawberries' in a particular game. We also met the home's mascot, Rusty the bear, engaged in a game of hoopla with people. He was chosen collectively from a variety of possible mascots and it was clear people really enjoyed his company during activities and at special events. One person had requested a dance with Rusty the bear as part of their birthday celebrations.
- Even with the restrictions due to COVID-19 activities had continued and adapted. Live singers continued to visit but performed outside on the decking area with substantial screens in place. Staff told us how one person had particularly benefitted from music, including being able to select their own music via the home's virtual assistant using voice commands. They had made a great improvement in their speech and even sang a few lines of a song. Another person had benefitted from weekly Tai Chi classed via Zoom, saying they had noticed a difference within their fingers and hands and can move them more freely.
- Significant events were celebrated in style. When it was not possible to attend a family wedding overseas, staff laid on a wedding party complete with wedding favours, food and drink that they enjoyed as a family

whilst watching the ceremony live. One of the relatives wrote, '(staff member) turned a sad day into the most amazing, memorable day. A day that will be forever in our hearts. Above all we managed to share with Dad, making memories to last a lifetime.' Speaking of this event, a staff member said, "The smile which you get from the residents, cannot be compared to any monetary benefits."

- People were asked for their activity ideas and suggestions for themed days during residents' meetings. Themed days had included visiting reindeer and a Santa's grotto at Christmas, Royal Ascot where everyone donned their finery and a 'wacky tacky' day of games and karaoke. These events had lifted people's spirits during and after restrictions due to COVID-19.
- People were supported to join in activities in line with their preferences and comfort. When one person was low in mood, a staff member spent regular time with them in their room until they built up the confidence to go out. Another person was accompanied down to the communal areas by a staff member they had a special rapport with. A staff member told us, '(Name of person) will now come to the communal areas independently and socialise with others.'
- Where people were unable to leave their rooms, staff or volunteers spent regular one to one time with them. There was an activity trolley that included games and puzzle books. Where a person had a particular interest, staff encouraged this, for example they had bought in old sea maps for a person who had written a book on a related subject.
- People were supported in their relationships with loved ones. Relatives told us how proactive staff had been in facilitating video calls when visiting was not possible. At Christmas people were given cushions with photos of their loved ones printed on them and at Easter people sent personalised cards to their relatives. One relative told us, "At Easter I received a lovely card from them with a photo mounted of my wife. It is marvellous picture, (Name) looked really happy. It is those little touches that mean so much."

Improving care quality in response to complaints or concerns

- People understood how to raise concerns and complaints. One person told us, "Managers are approachable, no bother. I am able to raise concerns." Another said, "Problems have been easily dealt with."
- Staff used residents' meetings to invite people to raise any issues and to ensure they understood how to complain if needed. A copy of the complaints guide was also available in each person's room, including in an easy to read format. In the guide we read, 'We want to make you happy!' and 'It is OK to complain!'
- Relatives told us staff were available and willing to listen to any concerns they had. One relative told us, "(Registered manager) seems quite charming. Her door is always pegged back so if anyone has anything to say they can just tap on the door and walk in." In a response to a relative's concerns the registered manager wrote, 'Please don't ever apologise for contacting us. I always want to know if someone is unhappy or has any issues or concerns. My saying is very much 'if I don't know I can't fix it'.'
- We reviewed the handful of complaints that had been received and looked at how they were addressed. Each complaint had been investigated thoroughly and any actions were followed through to completion. Following their complaint, one relative wrote, "Thank you so much for coming back to me with such comprehensive answers."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were clearly documented in their care plans. Where one person was not able to lip read due to face masks, additional communication plans were in place, which included the use of a white board for written communication.
- A hearing loop system had been installed in the lounge and dining room as part of the renovations. An

audio version of the service user guide was available to people on a USB stick.

- There was also a low vision magnifier and computer with a large keyboard in the activities suite. We saw photographs of one person looking at Christmas cards from local school children through the magnifier.
- Staff were also supported to maximise good communication. The system used for policies and procedures had the facility to change language so it could be read in their first language. It could also be set to be read out audibly and the text font and colour changed to ease reading on the screen.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection people's care records were inconsistent and the governance framework had failed to identify and address issues found during the inspection. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was a clear auditing and improvement process in place. A new registered manager was in post and a senior team had been appointed. A visiting professional told us, 'The home has improved over the last two years. It is better organised and has improved, structured leadership with more defined staff roles.'
- Feedback about the registered manager and senior team was very positive. One staff member told us, "Management are massively approachable. (Registered manager's) door is always open. She is always there with a listening ear. We are a real team. Concerns always listened to." A nurse told us, "(Registered manager) is visible, has a door open policy and very much gets involved with everything going on within the home. She is very approachable and incredibly supportive."
- There was a schedule of regular audits carried out by the senior team. This included audits of accidents and incidents, care plans, call bell response times and infection prevention and control. These were reviewed and followed up with clear timescales for completion in place. Although we identified some gaps in recording and stock for some medicines (please see the Safe section of this report), these had been picked up in the most recent audit, just days before our visit, and were already being addressed by the clinical lead. A subsequent audit by the pharmacy did not identify any concerns with how medicines were managed at the service.
- In addition to the formal audits, the senior team were regularly observing practice. This included some managers staying late or arriving early so they could meet with night staff. A staff member told us, "(Infection control lead) is on it big time. He's always testing us. We could be doing something, and he'll ask how we wash our hands or say to us "show me how you don/doff PPE." A staff member told us, "The care coordinators are really good, they are on the floor a lot." The board of governors completed monthly unannounced visits that focused on a different area of care of the facilities each time.

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

characteristics

- People were asked for their views during monthly care plan reviews and at regular residents' meetings. One person told us, "I can suggest (ideas) and something will be done." We saw people had made suggestions for the menu with one person asking for a mid-week roast dinner to be added to the menu. Most people agreed with this suggestion and it was implemented.
- The staff member responsible for customer liaison had an individual monthly catch up with each family. One relative told us, "The communication has improved enormously, it wasn't dreadful, but it is now even better." Staff had used innovative ways to keep in touch with relatives during the pandemic. A social media page had been set up at the start of the pandemic and relatives had enjoyed seeing pictures and commenting on activities at the home. In addition, relatives had received photographs of their loved ones at events, such as when the home's ducklings hatched. One relative commented, 'These little gestures are so invaluable at these times when we are not able to visit'.
- Staff were encouraged to share their ideas or concerns. One staff member told us, "(Registered manager) always says to us, if we have an idea on how to do things better to let her know." Another said, "I genuinely would be comfortable going to the management with concerns. I had to raise a few minor concerns and they were dealt with straight away."

Continuous learning and improving care

- There was a focus on continuous improvement. A staff member told us, "I've worked in a few care homes and I like the way it is run. I like what the provider puts back into the home. There's a lot of focus on improving, nobody is perfect, but we are aiming to be." A relative said, "It is nice to see they are not standing still; they are going ahead all the time. I've noticed this in lots of areas."
- Staff felt valued and were keen to share ideas for improvement with the management team. One staff member told us, "It is the carers themselves that are coming up with the ideas. It makes it a safe home because it is being constantly reviewed by the carers and they can go to the management and it will be changed very quickly. It is not a stagnant home, things are evolving constantly and it is changed to the individualised needs of people we are caring for."
- Where improvement actions were noted, either through audits or meetings, these were clearly recorded and followed through to timely completion.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and staff spoke enthusiastically about the home. There was a happy and calm atmosphere but with a lively activity programme. One person wrote in an online review, 'The staff there are very friendly and helpful and have a lovely welcome.' A relative told us, "Some days you walk in and it sounds like a holiday camp, with performers in the lounge, everybody clapping and banging their feet!"
- There was an open culture. Following the last inspection and rating of Requires Improvement, a letter was sent to residents and relatives outlining the areas for improvement and the action taken. There was a contact for further information if anyone had questions or concerns.
- Achievements were celebrated. People were able to recognise staff on a commendations board and there was a monthly employee of the month award. In the reception area there was a screen showing photographs of people, staff and events within the home. We observed some people stopping to watch and enjoy these.
- Staff felt proud to work at Rustington Hall. One staff member told us, "I love my job. I've told my Mum and Dad I've reserved a room for them!" Another said, "We've got an amazing team. We do outstanding things. We are emotionally invested and a lot of us have spent a lot of time here." A third, "It is honestly one of the best homes that I've worked in and I've been knocking around the care sector for a while now. I have absolutely no plans to leave here."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

Working in partnership with others

- Professionals who supported people living at the home spoke highly of the care they saw and of the working relationship with staff. One GP told us, 'The team and staff were very enthusiastic and worked well with our team to get the vaccination done for the patients.' Another GP wrote, 'The nurses have been flexible in adapting practice to accommodate the social distancing restrictions.'

- The registered manager was part of the 'West Sussex Partners in Care' forum. This involved sharing of best practice, webinars and was a place to ask questions. The registered manager told us, "It has been fantastic, they are a really good service for us".

- The home was actively developing partnerships within the community. They had been selected as a community partner for a large retailer with the aim of jointly building a mural at the home once it was safe to do so. During the pandemic some people had exchanged correspondence with local school children and there were plans for a school choir to visit and give an outdoor concert.