

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?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Outstanding ☆

Summary of findings

Overall summary

This inspection took place on the 8 and 9 December 2016 and was unannounced.

Rustington Hall provides accommodation for up to 62 older people who require nursing and personal care. At the time of our inspection there were 51 people staying there.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was dedicated to providing the best possible standard of care and inspired the staff to provide care which focussed on the individual. Staff were well supported and encouraged to continually develop their skills and knowledge to deliver excellent person centred care. People were treated as individuals and their wishes and preferences respected.

The provider was committed to making Rustington Hall as 'homely' as possible in order to meet people's individual needs; they had invested in their staff and environment. The home had been decorated and furnished in a way which helped people living with dementia remain as independent as possible and there was up to date, well maintained equipment available to support people's personal care needs effectively.

People received care from staff that knew them very well and who were kind, compassionate and respectful. People received care that was person centred and there was an ethos of 'how can we' not 'why we can't'. Staff strived to enable people to continue to live rewarding and fulfilling lives. People's needs were assessed prior to coming to the home and care plans were written in a person centred way ensuring people had choices and opportunities to receive their care in line with their personal preferences. Care plans were kept under constant review and every effort was made to ensure people and their families stayed involved with the planning of people's care. People participated in a range of activities and received the support they needed to help them do this.

Staff supported people in a manner that ensured that their health and well-being was maintained and actively promoted. The service provided very good end of life care. People experienced a comfortable, dignified death in line with their wishes.

Staff had received training in the Mental Capacity Act 2005 (MCA) to make sure they understood how to protect people's rights. There was guidance in relation to the MCA and people were asked for their consent before staff carried out any care or treatment. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager, registered provider and staff ensured that people were supported in ways that did not restrict their freedom and were supported appropriately to uphold their rights.

There were sufficient staff to meet people's needs; staffing levels were kept under review and adjusted to meet people's changing needs. Staff were not rushed in their duties and had time to talk with people. Throughout the inspection there was a friendly and calm atmosphere; staff responded promptly to people who needed support. The service had appropriate recruitment procedures and conducted background checks to ensure staff were suitable for their role.

Staff understood their responsibilities to safeguard people and knew how to respond if they had any concerns. Care plans contained risk assessments which gave detailed instructions to staff as to how to mitigate risks; these enabled and empowered people to live as independent a life as possible safely.

People were cared for by staff who were respectful of their dignity and who demonstrated an understanding of each person's needs. This was evident in the way staff spoke to people and the activities they engaged in with individuals. Relatives spoke positively about the care their relative received and felt that they could approach management and staff to discuss any issues or concerns they had. People felt listened to and knew how to make a complaint if they needed to.

A quality assurance system was in place and people could be assured that action would be taken to address any shortfalls. People's feedback was actively sought and there was commitment within the management team to strive to continuously improve and be the best they could be.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe in the home with people who cared for them; staff understood their roles and responsibilities to safeguard people and kept them safe.

Risk assessments were in place to ensure people's safety and maximise their potential to remain independent.

There were sufficient staff; staffing levels were reviewed regularly to ensure people's needs could be met.

Recruitment practices ensured that people were safeguarded against the risk of being cared for by unsuitable staff.

There were safe systems in place for the administration of medicines.

Is the service effective?

Good ●

The service was effective.

People received support from a motivated staff team which was skilled and trained to meet their needs and who received on-going support and supervision from management.

People were involved in decisions about the way their support was delivered; staff clearly understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care and worked in accordance with the Mental Capacity Act 2005 following the principles of the Deprivation of Liberty Safeguard.

People had access to a healthy balanced and varied diet and attention was paid to keeping people well hydrated; their health care needs were closely monitored and they accessed other health professionals when needed.

Is the service caring?

Good ●

The service was caring.

People received their support from staff that were friendly and kind and who always showed respect and compassion. Staff continually strived to provide individualised person centred care and ensured that people's privacy and dignity was protected.

People were encouraged to express their views and to make choices and influence the development of the service. Family and friends were encouraged to contribute to care plans and all visitors were made to feel welcome at any time.

The service provided very good end of life care. People experienced a comfortable, dignified death in line with their wishes.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before they came to stay at the home and a person centred care plan was put in place.

People's needs were continually kept under review and relevant assessments were carried out to help support their care provision and care adjusted as needed.

People were encouraged and enabled to take part in group or individual activities to support their interests and general well-being.

People were encouraged to raise concerns and make suggestions and there was information provided to them and their families as to how to make a complaint.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

The provider put people at the heart of everything and was proactive in seeking people's views and experience of their care and support to enable them to continually look at ways to improve the service and enhance people's experience.

There was a culture of openness and transparency; the management team led by example and inspired the staff to provide the best possible person centred care and experience for people and their families.

People could be assured that the quality assurance systems in

place were effective and any shortfalls found were quickly addressed; there was a constant strive to ensure that standards were maintained.

Rustington Hall

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 and 9 December 2016 and was unannounced. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted social and healthcare professionals who visited the service, and commissioners who fund the care for some people using the service, and asked them for their views. 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 improvements they plan to make.

During the visit we spoke with eight people who lived at the service, the relatives of three people and a health professional. We also spoke with five members of care staff, three members of the housekeeping staff, the cook and members of the management team which included two care team leaders, two nurses, clinical lead manager, facilities manager and the registered manager.

We observed care and support in communal areas including lunch being served. We looked at the care records of six people who used the service. We also saw a range of records which related to the running of the service, which included staff training records, records of internal audits carried out and maintenance records.

A number of people who used the service lived with a dementia related illness and so some of them could not describe their views of what the service was like; we undertook observations of care and support being given. We also 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.

Is the service safe?

Our findings

People looked relaxed and happy in the presence of the staff. One person told us "The staff make me feel very comfortable here and I could speak to anyone if I had any worries." Another person said "Everyone is lovely; they ask me if I need anything and I feel very comfortable and safe here." A relative told us that when their relative first moved into the home they visited at different times of the day and night, they said "We wanted to assure ourselves that [relative] was safe and we found no matter what time we came in the staff were welcoming and [relative] appeared at ease with everyone."

There was information displayed around the home about who staff, people or their relatives could contact if they were unhappy or concerned about the safety of people. In a monthly newsletter distributed to everyone there was information about how a complaint could be raised and information about Healthwatch – West Sussex which is an independent advice service. Each person had access to a phone in their rooms and there was Wi-Fi available throughout the home which meant people were able to contact their family and friends or other outside agencies if they needed to at any time.

People were protected from the risks of harm as they were supported by staff who understood how to keep them safe. One member of staff told us "I did have a concern once and reported it straight to the senior on duty; everything got sorted and there were no repercussions for me; I definitely would not hesitate to report anything." One of the members of the management team confirmed that any concern or poor practice issue would be managed in a way to ensure that people were safe and any staff training issues were addressed appropriately. We saw from staff training records that all the staff had undertaken training in safeguarding and that this was refreshed every year. There was an up to date policy and the contact details of the local safeguarding team, who take the lead on safeguarding issues, were all readily available to staff. We saw that the registered manager had contacted the local safeguarding team when any concerns had been raised and notified the Care Quality Commission (CQC). There had been no safeguarding investigations in the last 12 months.

The registered manager had taken steps to protect people from staff who may not be fit and safe to support them. Staff we spoke with told us that the registered manager had undertaken checks to ensure they were suitable to work in the home prior to them commencing employment. Before staff were employed the registered manager carried out checks to determine if staff were of good character and requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions. Staff records confirmed that no member of staff had started working at the home until their DBS check had been completed and at least two satisfactory references had been received. The DBS check was repeated again after five years of employment for all staff to ensure that people continued to remain safe with the staff that cared for them.

Risks to individuals had been assessed. There was detailed information for staff to follow which maximised the opportunities for people's independence whilst at the same time minimised the risks they faced. For example, we saw records relating to one person who had a history of falls; there was information about the person's medical condition which may impact on their mobility at times. The information for staff detailed

the equipment the person had in place to minimise any risk of falling, such as a walking frame and sensory mat in their room which would alert staff if the person was moving around; this enabled the person to retain some independence whilst at the same time ensuring staff were around to support the person if necessary. We spoke to the person who told us "I like to move about and always have this [pointing to a call bell in the basket of their walking frame] if I need any help; the staff are good they always come." The registered manager monitored the levels of falls for anyone at risk of falling which was discussed with staff and consideration given as to whether any fall could have been avoided and what else needed to be put in place for people to mitigate the risks further.

People told us that they felt there was a sufficient number of staff to meet their needs. One person told us "The staff have told me not to hesitate to call them if I need their help and not struggle on; when I do call they always come as soon as they can to make you comfortable again." A couple of people did comment that sometimes the staff took a while to come and thought it would be helpful if they could at least respond and say they would be with them as soon as they could be. We spoke to the registered manager about this who was very receptive and responsive to the comments made and took steps to improve the situation. We observed throughout the day staff spent time talking to people and assisting them in any way they could.

The staff we spoke to said they felt there were enough staff and that staffing levels depended on the needs of the individuals living in the home. We saw that there was a dependency tool in place which ensured that staffing levels met the assessed needs of people; this was reviewed regularly by the clinical nurse manager. The registered manager kept this under review and told us that the provider was supportive if more staff were required. We saw from staff rotas that the level of staff was consistent and any absences covered. The nursing staff and care staff were also supported by catering and housekeeping staff and an activities co-ordinator.

People received their medicines, as prescribed, in a safe way and in line with the home's policy and procedure. We saw staff spending time with people explaining their medication and ensuring they had taken their medicines. One person told us "They are very good and make sure I have enough water and take my tablets on time as I have difficulties sometimes when I swallow." Medicine records were organised and provided staff with information about each person's medicines and how they worked. There was also information about medicines people could take on a flexible basis, if they were required and when and how they should be used. People's medicine was stored securely in a locked cabinet; there was a cabinet for each area of the home and each were secured when not in use. The clinical lead nurse undertook monthly audits of the medicines and any issues identified were dealt with in a timely fashion to ensure medicine errors did not happen, and if they did they could be rectified. There was a system in place to safely dispose of any unused medicines.

People were living in a safe, well maintained environment. There were systems in place to ensure any maintenance needed was responded to promptly and to ensure that routine checks were made to confirm the environment and equipment used were safe. Records confirmed that contracts were in place with suppliers of equipment such as bathing aids, fire alarm system and call bell system which ensured regular checks were carried out.

Is the service effective?

Our findings

People and their relatives were confident in the ability of the staff that supported them; they felt that the staff were competent and skilled in providing the care that people needed. One person told us "The staff here are very good; they all know what they are doing." One relative commented "I have observed how the staff work with everyone; it is impressive; they always encourage people to participate in things and don't just leave people in their rooms they sit and chat with them; they seem to have a great understanding of people's needs."

People could be assured that they received the care and support they needed from a well-trained and motivated team of staff. All new staff undertook a thorough induction programme which was specifically tailored to their roles and experience. New staff needed to be able to demonstrate their understanding of the training they had received and undertook written tests which were monitored externally. One member of staff told us "The induction was very good; before I was finally allowed to work I had to complete my manual handling training; I was well supported throughout and everyone helped me with any questions I had; there is a really good team spirit here, people help each other out." Newly recruited staff also undertook the Care Certificate which is based on 15 standards. It aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff were expected to refresh all their mandatory training each year which ensured that they kept their skills and understanding up to date; this included safeguarding, manual handling and infection control. The nursing staff had the appropriate training and their competencies tested on a regular basis. The registered manager maintained a training matrix for all staff which ensured that staff training was kept up to date. Specialist training was also provided around administration of medicines, dementia, managing diabetes, pressure ulcer prevention and Palliative care. Staff were also enabled to undertake further qualifications such as a National Vocational Qualification (NVQ) Level 2 in leadership.

We observed staff using some of the techniques they had learnt through their dementia training; for example when a person became very anxious and tearful during lunch one of the nursing staff knelt by the person's side, took their hand and spoke to them in a very gentle and calm way, the person gradually calmed down and let the nurse assist them.

Staff told us they felt very well supported and felt confident with each other. One member of staff told us "This is one of the best homes I have worked in; you are always given opportunities to develop your skills and the senior staff are all very good at helping you." Staff received regular supervision and those staff who had worked at the home for over 12 months had annual appraisals.

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 decisions 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. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether Rustington Hall was working within the principles of the MCA and we saw that they were. The registered manager and staff were fully aware of their responsibilities under the MCA and the DoLS Code of Practice. All staff had training in the MCA and DoLS and had a good understanding of service users' rights regarding choice; they carefully considered whether people had the capacity to make specific decisions in their daily lives and where they were unable, decisions were made in their best interests. There was information available in easy read about the MCA and DoLS Code of Practice. DoLS authorisations were in place for people who had restrictions made on their freedom. Every effort had been made to ensure that restrictions on people's freedom was limited; everyone was able to move around the home and come and go as they please, which meant that everyone, apart from those people who were subject to DoLS, had access to the front door code.

People were involved in decisions about the way their support was delivered. We observed staff seeking people's consent before they undertook any care or support. We heard one member of staff say "Where would you like to sit; would you like a blanket?" Another asked "Do you need me to help you sit up?" People were encouraged to do as much for themselves as possible. One person told us "The staff are very good they encourage us to do as much as we can ourselves but will help us when we need; it's like a 5* hotel."

We found that when staff had identified that people's mental capacity may be limited, mental capacity assessments had been completed. The home had involved people and professional staff to help with these assessments, and where necessary decisions were made in people's best interests if they could not make a decision for themselves.

People told us how good the food was and that there was always plenty to eat all the time. One person said "The food is very good here; there is a different choice each day and you can always ask if you want something different." Another person said "The food is good; they know I find it hard to swallow so always make sure I have something softer to eat." Bespoke menus had been developed for a number of people who had various dietary needs. We saw that throughout the day people were offered drinks and snacks. The staff had suggested they adopt the DEAR approach i.e. drop everything and rehydrate; specific times of the day had been identified to ensure everyone stopped and had a drink and chat with each other. This ensured people were getting enough to drink and stay hydrated.

People were regularly assessed for their risk of not eating and drinking enough; staff used a tool to inform them of the level of risk which included monitoring people's weight. A daily record kept in each person's room demonstrated that staff monitored people's fluid and food intake if they were at risk. If there were any concerns about people not getting enough nourishment referrals had been made to the dietitian for advice and guidance. The cook was regularly updated on any special dietary requirements, the need for fortified foods and any specific likes or dislikes for people. Staff took time with people who needed support. Different coloured plates were used to help people who were partially sighted or living with dementia to differentiate between the plate and food. This had helped people to concentrate on eating and drinking, which had led to maintaining good nutrition and hydration.

At mealtimes people chose whether they ate in one of the dining areas or in their own room. People were encouraged to eat in different areas which helped them to maintain their mobility and socialise. We saw people encourage each other to finish their meals which had helped people to maintain good nutrition. Families and friends were encouraged to join people for meals. We saw one visitor sitting with a small group

of people; the social atmosphere created stimulated people to eat.

A proactive approach to healthcare needs was used to support people with varying health issues. As people were admitted their health needs were assessed so that care plans could be implemented to ensure they received the monitoring and support they needed.

The provider ensured effective healthcare by monitoring clinical health indicators such as blood pressure and respirations and responding to changes. We saw this included planning people's care based not only on people's current health but also preparing for the risk of health decline in relation to their known medical conditions, and how their support may need to change to reflect this.

People's physical and mental healthcare needs were monitored and supported. We saw from the care files that a variety of health professionals had been contacted such as speech and language therapists, occupational therapists, community nurses and GPs.

People were able to retain their own GP if they wished and visits were made to the dentist and opticians. A chiropodist visited on a regular basis. People told us they could call the GP themselves and the staff would support them to attend appointments if necessary. The provider had recognised the need to provide easily accessible transport for people to use to enable them to attend various health appointments and with the agreement of the people living in the home had purchased a vehicle which everyone could use. The vehicle was also used by the people living in the home for other visits such as to family and friends. This helped people to maintain their links with other health professionals and families and friends.

There were Dignity Champions who actively supported staff to ensure that people experienced a good quality and meaningful life; for example being supported to access health professionals outside of the home, supported to purchase gifts for family which made them feel valued and a part of their family's lives.

Is the service caring?

Our findings

People were treated with care and compassion and there was an overall welcoming and friendly atmosphere in the home. People told us that they felt very happy living at Rustington Hall. One person told us "You are treated as family; everyone is very kind and considerate." Another person said "They [staff] are all marvellous; they will do anything for you; I can say nothing horrible about any of them, they are all lovely." One person's relative commented "Everyone is very friendly here; the care is good; they can't do enough for [relative]." Another relative commented "The staff have compassion and are very welcoming."

During the inspection we observed many very good positive interactions between the staff and the people living in the home. We heard a member of the care staff comment to one person "I do like the way you have had your hair done, it really suits you." then followed a lively conversation about the person's day. Another member of staff laughed with someone and said "I suppose with all that boogying you will want a drink of orange now?" There was music being played and people were enjoying moving and dancing to it.

The staff spoke fondly of the people they cared for; there was a real feeling of pride about the level of care and support they offered people. We observed staff ensuring that they were at the same level of people when they were speaking to them and encouraged people as they assisted them. We read a number of comments sent in via cards, letters and emails from families which confirmed how happy they were with the standard and consistency of care given to people. For example 'Whatever problems come along nobody works to grade; you all do whatever needs to be done and with very good humour.' 'Your team of carers and nurses are always kind, cheerful, comforting and conscientious; always friendly and never patronising; the caterers too offering alternatives to encourage [name of relative] to eat; the cleaning staff were always considerate and thorough.'

The registered manager told us about an innovative approach they had taken when supporting people who needed to be hoisted. Staff sang to people as they manoeuvred them; people had commented that they found the singing had helped them to relax and maintained a cheerful and loving disposition.

People's individuality was respected and staff responded to people by their chosen name. One person told us they always call me [name], which I prefer. People told us that they felt respected and attention was paid to protecting their dignity and privacy. Staff knocked on bedroom doors before entering and checked with people whether they were happy for them to enter. People met with health professionals in their own room which ensured confidentiality and dignity was maintained. When people needed assistance such as with eating staff ensured that they sat in a position which was not overlooked by everyone. Doors were kept shut when any personal care tasks were undertaken. Staff spoke politely to people and asked people discretely if they needed any assistance. We heard one member of staff say "Do you want a blanket on or are you okay as you are?" Staff ensured that the clothes people chose to wear were clean; if anyone spilt anything on themselves staff assisted them to change without making a fuss.

There was information around the home which reminded and encouraged people to treat people with respect and dignity. The provider had taken account of the Department of Health and NHS Commissioning

Board Report 2012 'Compassion in Practice' which focussed on the six C's – care, compassion, competence, communication, courage and commitment which were embedded in how the staff delivered the care and support to people. For example we heard staff speaking to one person who had only recently come to stay at the home; it was clear from the conversation that the person was having difficulty accepting they needed care and that their family were unable to support them; the staff were very patient and listened carefully to the person. The registered manager told us a meeting had been planned with the family to look at how the home could support them all so that they and the person could have a more positive experience.

A set of 'Golden rules' had been agreed which set out what people should expect, these included 'the residents will be treated with dignity and respect at all times; staff always ask before entering a residents room.' Staff without exception demonstrated throughout the inspection their commitment to following the 'Golden rules' and ensured people's dignity was respected at all times. The registered manager shared with us comments they had received from families which included 'the standard of care and dignity was exceptional.' 'All the staff from reception to nursing and health care assistants are exceptional in their treatment and compassion not only to patients, but also to the entire family.'

People told us that their wishes were respected; we heard staff asking people whether they wished to take part in activities. One person told us "I like to spend time in my room in the morning and then go and spend time downstairs if there are activities on I like." We heard another member of staff ask a person "Shall we go and find a seat [name of person]; where would you like to sit." At the time of the inspection a number of people had been supported to go Christmas shopping; this had enabled them to choose gifts for their families and friends to express their love for the people they most cared for and how much they mattered to them.

People were encouraged to express their views and to make choices. On admission detailed information was gathered from people and where appropriate their families. This information included information about people's cultural and religious needs. People confirmed that the staff involved them in decision making and allowed them to make choices. One person said, "I can get up and go to bed when I like; the staff will help me when I need them to."

Another person told us "I can do what I want and spend my time wherever I like; the staff are good they come and help me if I call them."

People's care plans were reviewed regularly and were adjusted when needed to meet people's current needs and preferences. One person told us they would prefer to get up earlier; when we spoke to the registered manager about this immediate action was taken. The person met with one of the nurses and we saw that the care plan was updated to reflect their change in preference.

Each month the people living in the home met at a 'Tea party'. This was a social event where people could raise any concerns or suggestions as to how the home ran and, share ideas about activities people may enjoy. We observed one of these meetings; action was taken immediately following a suggestion to have the day and date displayed in reception so everyone could see.

We could see in people's rooms that people had been encouraged to bring in personal items from home to make them feel more settled. One person told us how pleased they were to be able to bring a particular piece of equipment with them which ensured they continued to enjoy one of their pastimes. Every effort had been made to make people feel at home and comfortable.

Relatives told us that they could visit at any time and were always made to feel welcome. The provider had ensured that there were areas people could meet with their families in private other than people's own

rooms if they wished. One relative told us "I am always made to feel very welcome; the staff will take time to chat to you." Visitors could also join people for meals if they wished. One person was entertaining a few friends during the inspection. Their relative told us "They always use to meet up but as [relative] is not as able now they have come to them, we are pleased we have been able to organise this for them."

There was information for people about advocacy services available to them in the area should they need one. The registered manager was aware that if people were unable to make decisions for them self and had no identified person to support them that they would need to find an advocate for them. At the time of the inspection there was no one who needed the support of an advocate.

People could be assured that if they wished to remain at Rustington Hall until the end of their life that every attention to providing a good and dignified death would be taken. An advance person centred end of life care plan was completed, which supported the specific wishes of people and their families. This meant that people could spend the last few weeks of their lives being supported by people who knew them and in familiar surroundings. The staff knew what the person wanted and were able to offer the support and care both the person and family needed. We read a number of comments received from families which all thanked the home for the care shown one read 'Thank you for taking the time with [name of relative] and ourselves to ensure [name] had everything they wished.'

Staff had received specialist training in palliative care; one of the Nurses had enhanced their knowledge and understanding through further study and practice so was able to provide the level of care and support needed for people and their families. Families were able to stay at the home when a person was nearing the end of their life and were supported by a designated member of staff. The provider had liaised with the local hospice who worked in partnership with them providing training when necessary and visiting to give support and guidance to staff. The local GPs provided a 14 day visiting plan for 'expected deaths' which avoided the need for the involvement of a coroner and ensured that priority was given to any prescriptions needed. This meant there were no delays in getting the right medicines a person required and ultimately there was no delay in arranging the funeral as there would be no need for a coroner to be involved. The provider had established a very good relationship with the local pharmacy; this ensured that they maintained a good supply of specialist and palliative care end of life medications.

Following a consultation with people living in the home, the provider had ensured that that there were two bedrooms available within the home which was equipped to support people at the end of their life. Families were able to stay and spend time with their loved ones when they were nearing the end of their life. There was a multi-faith minister who visited on a regular basis and offered support to both the person and their family if they wished.

Rustington Hall had received many letters and cards thanking them for the care given to people at the end of their life. Some of the comments included 'Your sensitivity and care at the end was hugely appreciated and we will always be grateful [relative] died at Rushington Hall and not in a noisy hospital.' 'You made a huge difference at a difficult time; thank you for the extra special care and thoughtfulness.' A professional told us "The staff are all very well trained in end of life care which has such a positive impact on people."

Is the service responsive?

Our findings

People's needs were assessed before they came to live at Rustington Hall to ensure that all their individual needs could be met. The clinical lead manager met with people and their family if appropriate and spent time with them gathering as much information as possible about the person. This ensured that all the staff who would be supporting the person had the knowledge and understanding of people's needs and preferences and any equipment that may be needed to support them, for example, a hoist for those people with mobility difficulties was in place. People were encouraged to visit the home if possible before making the decision as to whether to live there. We saw the information gathered through this assessment process was used to develop a person centred care plan. One family member commented "Our [relative] was in hospital so it was down to us find a place for them; we visited and spent time with the registered manager who came across as very passionate and proud of the home and we were very involved in the care planning; the care team are all very good and reliable."

The care plans were detailed and contained all the relevant information that was needed to provide the care and support for the individual and gave guidance to staff on each individual's care needs. Throughout the care plan there was a consistent emphasis on treating people as individuals and with respect. There was a further opportunity for people and their families to provide more information about people's lives, the important people in their lives and past history through completing a 'Knowing me' document which was particularly helpful for people who were living with dementia. Staff demonstrated a good understanding of each person in the home and clearly understood not only their care and support needs but their interests too. One relative told us "Staff are very in tune with people; our [relative] has only been here a couple of months and when it was their birthday recently they [staff] gave them a CD player as they knew how much they enjoyed listening to music."

People's needs were continually kept under review and relevant assessments were carried out to help support their care provision. These included assessment of skin integrity and where necessary people were provided with appropriate pressure relieving equipment and were supported to change their position regularly. We saw that adjustable levels of the pressure relieving mattresses were set to the needs of each person. Daily records kept in people's own bedroom detailed when they had been moved or repositioned, what people had drunk and what personal care needs had been undertaken and how people were generally feeling each day. These ensured that the nursing and care staff kept up to date with people's changing needs and took appropriate action where necessary. Care plans were reviewed on a regular basis and adjustments made. Each person had a designated carer (keyworker) who was responsible for ensuring that the care plan was up to date with people and they were a point of contact for the family. This ensured that people and their families could easily share information and feel confident that the information was kept up to date.

Staff were responsive to people's needs. Time had been spent with people talking to them about their hobbies and interests. People were encouraged to follow their interests; for example we spoke to one person who told us about how they went out each week to attend a club in the community which they had been a member of before moving to Rustington hall. Another person told us about the Art group at the

home which they said how much they enjoyed as they had always loved drawing and painting, the home had arranged for a local artist to run it. Another person who spent a lot of their time in their room now attends the art group each month and painted a picture for the staff. We saw from the monthly newsletters a variety of activities people had taken part in throughout the year. One picture showed a group of people sat outside flower arranging. The home had been awarded the Royal Horticultural Society South East in bloom level 5 'Outstanding' awards in 2016.

There was an activity programme in place where people could take part in an activity each day if they wished. One person told us "There is always something to do if you want to." There was an activities co-ordinator who had spent time designing a programme of activities with people and people were encouraged to make suggestions as to what they may like to do. A variety of entertainers came into the home and people were supported to go on trips out. There had been a recent trip to a shopping centre; one person told us how much they had enjoyed it.

There was an emphasis on ensuring people did not get lonely or socially isolated. The provider had recognised that not all people liked to take part in group activities so arrangements were in place to support people in their own rooms. We saw from one person's record that they preferred to stay in their room but enjoyed a regular visit from an aroma therapist. Staff spent time chatting and reading with people if they wished them to. One person told us that the staff had helped them to meet with other people who they were able to socialise with. The staff also told us about the support one of the people living in the home had given to local school children by sharing their stories of world war II; the person enjoyed talking about their experiences and had been very pleased to help the children.

One of the staff we spoke to told us about a person who had difficulty in communicating following their illness. The person had become quite frustrated but with the help of staff a picture board had been developed to help them communicate with the staff. The staff member told us they had seen this work in previous job they had. The aim was to develop this further to ensure that the person could improve their communication with their family.

Those people who were able went out to pursue their interests. On the day of this inspection one person was collected by a friend from their local church to take part in a social event at the church. People's culture and religion was taken into consideration. A multi-faith minister visited each week spending time with individual people and there were opportunities for people to take part in the home and outside with religious events. To share an awareness around culture monthly food tasting sessions had taken place which had enabled people to taste various food from different cultures, for example food from India and China and different fruits from around the world.

The feedback we received from people and their families was very positive and no one expressed any unhappiness with the service they received. People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint. Relatives said that the registered manager was approachable and that if they had any concerns they would also be happy to talk to the staff that provided the care to their family member. One relative told us "When I was unhappy with something I just spoke to the nurse and everything was sorted out." The registered manager told us that they tried to resolve any concerns as quickly as possible; we saw that where complaints had been raised the registered manager had responded promptly and sought the relevant advice and support to resolve things; any lessons learnt were shared with staff to ensure the situation was not repeated again. One person said "I would talk to [registered manager] if I had any concerns."

Is the service well-led?

Our findings

People who used the service their relatives, friends, staff and the professionals who visited the home spoke highly of the exceptional leadership of the home and the visibility and involvement of the registered manager. One person told us "I chat to [Name of registered manager] when they come round to check on us; we often talk about the football." A member staff told us how passionate the registered manager was about the home and how committed they were to provide a good quality service. We could see from the conversations we had with the registered manager that they were passionate about providing the best possible service for people. One person told us how impressed they had been with the amount of time the registered manager had spent with them when they first moved in to ensure they were happy and settled.

The provider and registered manager placed a strong emphasis on continually striving to improve the service. The home had been awarded a certificate for Social Care Commitment; this is a Department of Health initiative in relation to adult social care. The home had demonstrated its ability to continually strive to deliver high quality care and invest in their staff which ensured that the people living in the home and their families could have confidence in the care and support provided. The provider had sought advice from the Alzheimer's society and Community Nurse when redesigning and refurbishing the home to ensure that the environment helped and supported people living with dementia. Good communication with the local pharmacy and hospice had ensured people's end of life experience was dignified and managed in a way that met their individual needs and wishes. The people we spoke to, without exception, consistently praised the care they received and the staff who supported them.

The culture of the service was open and transparent. The values of this service were reinforced constantly through staff discussion, supervision and behaviour. The ethos of the home was 'to provide its residents with a secure, relaxed, yet stimulating and homely environment in which their care, well-being and comfort is of prime importance.' Staff demonstrated their understanding of this throughout the inspection. We saw many positive interactions between staff and the people. The staff had created a stimulating and friendly atmosphere and were spontaneous in their actions; for example breaking into song and dancing with people as they listened to music. A professional commented 'I have visited Rustington Hall a number of times and have been so impressed with the home, particularly when observing the interactions between staff and residents; staff at all levels seem very caring, compassionate and enthusiastic about what they do; it feels a very positive environment; my perspective is that this is a reflection of the excellent leadership.'

The registered manager had a clear vision of the quality of service they required and this was shared by staff. This included the values of choice, dignity, independence, fulfilment and a feeling of being 'at home'. One staff member told us "We are all guests in the residents home; it is important we always remember that and show respect." Another member of staff said "We are all like one family here; I spend more time here than with my own family." A number of people we spoke to commented that staff were like members of their families or good friends. One person said "The staff work well together; they never speak negatively about each other which is nice, they all care."

It was evident from our observations and speaking with people that the whole staff team understood and

shared the culture, vision and values of the service in its main objective to provide high quality person centred care. We saw staff spend time with people checking with them how they wished to be assisted, chatting to them about their interests such as music and ensured people took part in activities if they wished to.

The registered manager had ensured that the staff that had managerial responsibility were well trained to provide consistent management support to the staff. This had ensured that a positive cultural was embedded which put people at the heart of the service. People consistently told us they were very happy with the quality and consistency of the service they received. One relative told us "There is a low turnover of staff here; everyone is very friendly and welcoming and you feel involved and know what's going on." The staff felt valued and respected; one member of staff told us "You are listened to and your knowledge and experience is respected."

Communication between people who lived at Rustington Hall, their families and staff was always open and transparent and this lent itself to forming positive open relationships where trust was upheld. The registered manager and the care staff talked positively about people's relatives and how important it was to maintain a good relationship with them. We saw staff speaking to relatives as they visited and could see how genuinely concerned they were to keep relatives informed and involved. Each person had a designated carer (Keyworker) who as part of their role was the first contact point for families; this made it easier for families to seek and share information. We spoke to one relative who said "We are always made to feel very welcome and we are kept up to date with what is happening; if we have any questions we just ask." The registered manager spoke to us about being able to support the family as much as the individual through what can be a difficult time for people. There was information freely available to families which included information about safeguarding, advocacy, Healthwatch and the commitment the home made to provide a care with dignity.

People, families and all visitors to the home were regularly asked for their feedback about the home to enable the home to continuously improve. We saw many examples of where there had been changes made following feedback from the people using the service, their families or staff. For example, the catering team had been given more time to spend with people each day to ensure people got the choice they wanted, prepared how they wanted and if needed a bespoke menu created; this had followed a discussion with a person and their family to ensure all their dietary needs were being met. A designated room had been established following feedback from families in relation to care plan review meetings. Staff uniforms had been changed making them more recognisable for people and breathable for staff following suggestions from staff. The provider was very receptive to any suggestions and ideas which would improve the quality of the service provided.

The staff told us they felt valued and able to speak up if they were not happy with anything. One member of staff told us "I was not happy with something and spoke to the team leader; it was all dealt with and there were no repercussions." There was openness and transparency within the home. If things had gone wrong lessons were learnt and shared with the staff through team meetings. The registered manager talked to us about the importance of learning from any mistakes made whether that was in the Home or elsewhere. The registered manager was proactive in reviewing any information available from serious case reviews and Care Quality Commission Reports which could have an impact on the way care was delivered. Changes to practices within the home had been made, such as the Drop Everything And Rehydrate initiative which ensured everyone maintained a good level of hydration.

Staff worked well together as a team, they were focused on ensuring that each person's needs were met and shared information to ensure all staff had the most up to date information on the person which enhanced

the care delivery and provided the best outcomes for people. One member of staff told us "We are a great team and communicate well with each other; everyone supports each other." Staff clearly enjoyed their work and told us that they received regular support from the management team. Many of the staff had worked at Rustington Hall for many years. One member of staff told us "It's very good here; I would not be here if I did not feel it was good." Staff meetings took place on a regular basis and minutes of these meetings were kept. Staff said the meetings enabled them to discuss issues openly and was also used as an information sharing session with the registered manager and the rest of the staff team.

The provider valued the dedication of the staff team and to show their appreciation and to continually build on the positive professional working relationship, staff were treated regularly to free pizza, fresh fruit platters, chocolates and cakes. The nursing staff were also encouraged to lead by example working alongside their staff teams; they had encouraged staff to take responsibility for various things within an area such as making sure mattresses were regularly checked and changed if needed. One of the team leaders we spoke to told us "We aim to be the best we can; [name of registered manager] is very supportive and guides us which helps us all to do the best we can for people."

The provider had very effective oversight of the service and completed regular checks on all areas of the service to make sure that it was of a good standard, such as medicines management and cleanliness and staff practice. Checks were made on audits completed by staff, such as health and safety and environmental checks, to make sure they were effective. The trustees visited regularly which gave a further oversight as to how the home was run. Any issues picked up by the trustees were discussed with the Board of trustees and the registered manager and action taken; for example following one visit three reclining mobile chairs were purchased to assist people with mobility problems.

Staff understood the whistleblowing policy and procedures. Staff told us they felt confident speaking with management about poor practice. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. One staff member we spoke with told us "If I had a problem I would tell [registered manager], they listen to what you say and I know they would do something about it."

Rustington Hall was led by a registered manager who inspired everyone to provide a 'home from home' where people felt valued and respected.