

Carpenters Company

Rustington Convalescent Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Rustington Convalescent Home is a residential care home providing personal care for up to 30 people. The home primarily provides short term convalescence to adults following an operation, accident or illness, although short term respite care is also provided. At the time of our inspection there were 14 people using the service. The home is a Grade II listed building located on the Sussex coast. The home has 26 single rooms and two twin rooms, all of which had en-suite bathrooms.

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

People's experiences at the home were positive. People told us that staff were helpful, caring and friendly in their approach and they provided a good standard of care and support. One person said, "The care and the place itself is charming."

People told us they felt safe living at the home, and relatives said they felt that their loved ones were safely cared for. Risks to people's health and wellbeing were assessed and mitigated by staff who knew them well. People were protected from the risk of abuse. There were enough staff to support people safely while staff had been recruited in line with the provider's policy. People's medicines were managed safely and effectively.

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.

People, staff and relatives spoke positively about the registered manager. Management were approachable and open to feedback and discussions about people's care. The quality of people's care was supported by effective quality assurance systems.

The registered manager encouraged feedback from people, staff and professionals involved in people's care. Staff worked closely with health professionals and external agencies to promote good outcomes for people. People spoke positively about the openness, engagement and involvement of the registered manager. One professional said, "On each visit to Rustington Convalescent Home I have witnessed care and respect to all residents by all staff. The atmosphere is always welcoming and friendly and residents always seem happy and relaxed."

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

Rating at last inspection

The last rating for this service was good (published 24 August 2016)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remained the same.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Rustington Convalescent Home' on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Rustington Convalescent Home

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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors. One inspector conducted a site visit, and another carried out telephone calls to people, relatives and staff members to obtain their feedback.

Service and service type

Rustington Convalescent Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rustington Convalescent Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we currently hold about the service which includes statutory notifications. This is information the provider is required to send us. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people and 2 relatives about the service they and their loved one were receiving. We spoke with the registered manager, 1 nurse, and 2 care assistants. We spoke with 1 professional on site about their experience of working with the home. We contacted 3 professionals to obtain feedback about the home.

We reviewed records that included 3 people's care plans, risk assessments and medicine administration records. We also looked at records relating to the management of the service, including safety management records, quality assurance systems, and staff recruitment.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were kept safe from avoidable harm because staff knew their needs well and understood how to protect them from abuse.
- Staff we spoke to had received training in safeguarding. They were aware of their responsibilities under safeguarding, were able to describe how they would recognise signs of abuse and knew how to report any concerns that they had about people's safety. One person said, "(Staff member) was excellent as I was anxious but able to ask a lot of questions. I feel very safe."
- The registered manager was clear about their responsibilities under safeguarding and for reporting incidents. They had consistently made local authorities aware of some incidents in line with their safeguarding policies.
- Lessons had been learnt when things went wrong. Incidents and safety concerns were reviewed to ensure and mitigate further risks. For example, when one person responded adversely to a particular pain medicine, staff acted quickly to obtain a different prescription.
- Staff had responded in an appropriate and timely manner when incidents had occurred.

Assessing risk, safety monitoring and management

- Risks to people's health and social care needs had been assessed on admission and were being managed appropriately. Most people required short term convalescence placements at Rustington following procedures such as hip and knee replacements or cardiac surgery.
- Safety considerations to the environment had been assessed while people were offered professional support such as occupational therapy to support with their recovery. Regular checks and auditing had been completed to identify what maintenance work was needed. One person said, "They've provided a stool to shower. Adequate bath supports, toilet was the right height everything was pristine. They adjusted the room so I could move around without any fuss."
- Other risks such as pressure areas and potential complications following cardiac surgery had been addressed. One person said of the wound care they'd received, "They checked it closely and they've done it very well. It's healed perfectly." People who were recovering from cardiac surgery were weighed daily to monitor the potential build-up of fluid, which is a common risk following heart procedures.

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

- We found the staff were working within the principles of the MCA. Most people admitted to the home were assessed as having capacity although, if needed, appropriate legal authorisations would be put in place to deprive a person of their liberty.

Staffing and recruitment

- There were enough staff in place to ensure people remained safe and met their needs.
- People's needs were assessed prior to admission and the registered manager ensured that sufficient staff were available to meet those needs. We observed sufficient levels of staffing throughout the inspection.
- People and staff told us there was enough staff to respond to their support needs. One person said, "Whenever you ask for help, they are immediately there." Another person said, "They answer the bell so quickly. There's always someone around."
- Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Some people needed support with medicines. There were safe systems in place to ensure that medicines were monitored and administered safely.
- Many people were assessed as being independent and administered their medicines themselves. The provider had systems in place to support and monitor this if required. One person said, "The nurse was great when I came in. She set me up a chart so I could monitor what medicines I was taking which made it easier to manage."
- Medication Administration Records (MAR) showed people received their medicines as prescribed and these records were completed accurately. Some people were prescribed 'as and when needed' or PRN medicines. There were clear protocols in place for staff to follow when PRN medicines were needed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

Some people and relatives stated that, while the home was very Covid conscious in its practices, visits were often facilitated in the large conservatory area. We discussed this with the registered Manager in feedback.

However, we were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 and staff demonstrated an ethos for providing good, quality care for people, based around the needs and support they required.
- There was an open and relaxed culture within the home where people were comfortable and happy around staff. Staff told us that the management were inclusive and supportive. One staff member said, "It's so open here, staff talk to managers all the time."
- People told us they were happy with the support they received at the home and with the professionalism of staff.
- 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. The registered manager said, "I wrote to the person or family if there is a fall and or a fracture. I invite them to come and speak to us!"

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager understood their regulatory requirements. Where accidents or safeguarding concerns occurred, the relevant local authority and CQC were notified. The provider had displayed the rating from their last inspection so that people, relatives and visitors could see how they were performing.
- Quality assurance and auditing systems were completed regularly and allowed staff to monitor people's care effectively. Quality checks on areas such as infection control, medication, mobility and accidents equipment were completed regularly, while the provider conducted monthly audits in different areas of the service. The registered manager used these audits to drive improvement.
- Staff understood their roles and responsibilities. Feedback, together with our observations, demonstrated that they worked well together. One person said, "Staff are good at multitasking and are flexible. They seem to work well as a team." One professional said, "The staff are always professional and available to assist residents when needed and happy to help them with whatever they require."
- Since the last inspection, the provider had made positive changes within the home, including extensive refurbishment and modernisation of people's rooms and communal areas.

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

characteristics

- Management ensured that people were given the opportunity to comment and feedback about their care and support during their short convalescent periods. Feedback questionnaires were provided to people on admission, and these were reviewed during and after people's time at the home to determine if any changes or improvements could be made.
- Staff told us they felt supported and listened to in their roles. People received supervisions to support them in their roles and stated that the registered manager was supportive. One staff member said, "She is very approachable. She also explains her decisions which gives context." Another staff member said, "She is a supportive and approachable manager and I feel her door is always open."

Working in partnership with others

- Staff worked successfully with a range of professionals and stakeholders involved in peoples care to ensure they received timely and responsive support.
- For example, staff supported people to access occupational therapists to provide the treatment they needed to be able to transfer to their own homes successfully and safely. One professional said, "The atmosphere is always welcoming and friendly and residents always seem happy and relaxed. The staff are always professional and available to assist residents when needed and happy to help them with whatever they require."
- Staff worked closely with a local surgery to ensure that people had the appropriate medicines and medical support during their stay at the home. Systems were in place to ensure that peoples transition from hospital and then back home worked well.