ROOKERY COTTAGE

Rookery Cottage

Inspection report

5 Church Way
Thorpe Malsor
Kettering
Northamptonshire
NN14 1JS

Tel: 01536482776
Website: www.rookerycottage.co.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

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

Rookery Cottage provides personal care for up to thirteen older people, some of whom are living with dementia. At the time of our inspection there were thirteen people living at the home.

At the last inspection, on the 8 December 2015, the service was rated 'Good'. At this inspection we found that the service 'Required Improvement'.

There were two registered managers in post at the time of the inspection, they were also the provider. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 quality assurance processes in place to monitor the quality and safety of the service and drive improvement required strengthening to ensure the provider had sufficient oversight of the service.

Staff did not consistently follow the procedures in place to ensure the safe handling of medicines. People did receive their medicines as prescribed; however, improvements were required to ensure sufficient oversight of medicines administration.

Safe recruitment processes were in place, however, the provider needs to ensure that appropriate documentation is retained after staff have started work at the service.

People continued to receive safe care. Staff understood their responsibilities to keep people safe from harm. Safeguarding procedures were in place and staff understood their duty to report potential risks to people's safety.

Risk assessments were in place to manage risks within people's lives. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

Staffing levels ensured that people's care and support needs were safely met. Staff induction training and on-going training was provided to ensure that staff had the skills, knowledge and support they needed to perform their roles. Staff were well supported and supervised by the provider.

People's diverse needs were met by the adaptation, design and decoration of premises and they were

involved in decisions about the environment. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and they gained people's consent before providing personal care.

People were encouraged to make decisions about how their care was provided and staff had a good understanding of people's needs and preferences. Staff treated people with kindness, dignity and respect, and spent time getting to know them and their specific needs and wishes.

Staff supported people to access support from healthcare professionals, and supported them to maintain a healthy lifestyle. The service worked with other organisations to ensure that people received coordinated and person-centred care and support.

The service had an open culture, which encouraged communication and learning. People, relatives and staff were encouraged to provide feedback about the service and this was used to drive improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff did not consistently follow the procedures in place to ensure the safe handling of medicines. However, people did receive their medicines as prescribed.

Safe recruitment processes were followed; however, improvements were required to ensure appropriate records were retained once staff had been recruited.

Staffing levels ensured that people's care and support needs were safely met.

People felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were reviewed and managed in a way, which enabled people to receive safe support.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Requires Improvement

The service was not always well led.

The quality assurance processes in place required strengthening to ensure sufficient oversight of the service.

Two registered managers were in post; they were also the provider and were active in the day-to-day running of the home.

There was a clear vision and a positive culture of person centred

care that was understood and put into practice by staff.

Rookery Cottage

Detailed findings

Background to this inspection

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

This second comprehensive inspection took place on the 22 and 23 January 2018. The first day of the inspection was unannounced and we completed the inspection on the second day with an announced visit.

The inspection was undertaken by one inspector.

Prior to the inspection, the provider had 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. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us; a statutory notification is information about important events which the provider is required to send us by law. We also reviewed information sent to us by other agencies, including the local authority, who commission services from the provider. We also contacted Healthwatch; an independent consumer champion for people who use health and social care services.

During our inspection, we spoke with five people who lived in the home and two people's relatives. We also spoke with four members of staff including care staff and both registered managers. We looked at three records relating to people's care needs and three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance, training and supervision information for staff and arrangements for managing complaints.

Requires Improvement

Is the service safe?

Our findings

The provider had a policy in place to guide staff in the receipt, storage, administration, recording and disposal of medicines. We observed staff adhering to the policy when administering people's prescribed medicines. However, we viewed medicines administration record sheets (MARS) for several people and found that these were not always completed correctly. For example for two people, we saw that a prescribed medicine that had been administered by staff had not been signed for on several occasions. Checks of medicines stock demonstrated that both medicines had been administered, but these omissions identified that staff were not consistently following safe medicines procedures. Some handwritten entries did not detail the amount of medicines that had been received for people; this did not allow staff to carry out effective auditing or stock control of medicines held in the home. In addition, two handwritten entries had not been signed to identify the member of staff who had taken responsibility for completing the instructions from the prescription or accepting the medicines into the home. Although weekly checks of MARs and medicines held in stock were carried out, these had not identified the shortfalls identified during the inspection. We discussed these concerns with the provider, who took immediate action to increase the checks and audits in place for medicines and introduced their own overarching audit to ensure safe procedures were followed by staff. These measures need to be sustained and embedded.

We saw that the service carried out safe recruitment procedures to ensure that all staff were suitable to work at the service. All the staff files we viewed contained evidence that criminal records checks and satisfactory references were in place before staff began work. However, copies of personal documentation obtained to carry out staff recruitment checks had not been retained. The provider needs to ensure that appropriate documentation is retained after staff have started work at the service.

People using the service continued to feel safe with the support they were receiving. One person said, "I feel safe and well protected. [Provider's name] who is in charge makes sure we are safe." All the staff we spoke with were aware of safeguarding procedures and understood their responsibility to protect people from harm. One member of staff said, "I would report to [provider's name] if something happened, I know they would deal with it straight away." People had risk management plans in place to mitigate the risks in different areas of their lives. These included; risks of falls, malnutrition and skin integrity. We saw that assessments were completed in a way that promoted people's choices and independence.

There were enough staff to support people safely. People consistently told us that if they needed help from staff they attended promptly. One person told us, "I wear a pendant around my neck, if I want staff I press it and they come quickly." Another person said, "You just ring and they come and help you straight away." Staff said they felt there were sufficient staff to meet people's needs and contingency plans were in place to manage unplanned absences. The provider was active in the service and available to support staff working in the home when needed. We observed sufficient numbers of staff on shift to support people.

People were protected from risks to their health and well-being by the prevention and control of infection. Staff told us that they had been trained in infection control and food hygiene and understood how to work in a hygienic way. One member of staff said, "We have aprons, gloves and wash our hands." An

environmental cleaning schedule was in place and the home was visibly clean and well maintained.

All staff understood their responsibilities to record and investigate any accidents and incidents that may occur. The provider monitored people's falls and senior staff regularly reviewed people's falls and moving and handling care plans. The provider described how they analysed the circumstances of each fall and looked for patterns such as the time of day or area of the home where the fall had occurred. Actions could then be implemented to minimise the risk of people experiencing further falls.

Good

Is the service effective?

Our findings

People's care needs were assessed to identify the support they required. Each person received an assessment of their needs before the service agreed to provide their support. The initial assessment included the person's health and medical background as well as their emotional and social support needs. The information gathered was used to produce a plan of care that was reviewed and updated as staff got to know the person.

Staff had a good knowledge and understanding of the needs of the people they were supporting. One person said, "They [the staff] are extremely good and look after me very well." Staff received the training they required to enable them to confidently and competently support the people living in the home. One member of staff said, "I had a really good induction and shadowed other staff to learn about the residents. I've had manual handling training, health and safety, safeguarding and I'm doing my diploma; the training is really good."

People received care from staff that were effectively supervised and supported. The provider was very involved in the day-to-day management of the home and was available to provide regular support and supervision to staff on an informal basis. Staff told us that they felt very well supported by the provider, one member of staff said, "It is so friendly and welcoming here, you can ask any questions you need to and [provider's name] is always on hand to help." Another member of staff said, "I have had supervision with [provider's name], I feel I can talk about anything, we are always encouraged to speak out." Although staff were happy with the support available to them, the opportunities for formal recorded supervision were minimal; the provider requires a more robust system to ensure staff receive regular appraisal and supervision. This was discussed with the provider during the inspection and they have initiated regular, planned appraisals and supervisions for staff.

People were supported to eat, drink and maintain a balanced diet. They said they enjoyed their meals, and had enough to eat and drink. One person said, "I'm having toad in the hole for dinner today, but whatever you want they will give you." Another person said, "The food is good, they always tell you what's on the menu but if you don't want it you get a choice of something else." Where needed staff acted upon the guidance of healthcare professionals that were qualified to advise them on people's individual nutritional needs, such as special diets. If a diet arising from cultural or religious needs was needed this would be highlighted when the person was admitted to the home and provided. There were drinks and snacks available throughout the day, one person said, "You can have food and drink outside of meal times, you just ask."

People were supported to access a wide variety of health and social care services. Staff had a good knowledge of other services available to people, including multi-disciplinary health services and mental health support. We saw information recorded in people's care plans regarding advice that had been provided by other professionals to ensure people were receiving support in the best way to meet their needs.

People had regular access to healthcare professionals and staff were vigilant to changes in people's health. One person said, "They [staff] take me to the dentist and they took me to the hospital recently. They make sure the consultant knows that I can't hear or see very well, which is a great help." We saw that input from other services and professionals was documented clearly in people's files, as well as any health and medical information.

People's diverse needs were met by the adaptation, design and decoration of premises. People consistently told us how comfortable they felt in the home because of the homely comfortable way it was designed and decorated. One person said, "I'm very comfortable here, it's so cosy and quaint." People were provided with appropriate equipment to ensure their needs were met. One person told us, "After I was in hospital I needed an air bed and they [staff] made sure they got me one before I was discharged."

People were encouraged to make decisions about their care and their day to day routines and preferences. One person said, "They always ask my permission before they do anything." People who lack mental capacity to consent to arrangements for necessary care and treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA 2005). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff understood people's rights regarding choice, and processes were in place to ensure appropriate assessments were carried out with people.

Good

Is the service caring?

Our findings

Staff treated people with kindness, respect and compassion. People told us that they had positive relationships with staff, one person said, "They [staff] are very, very good indeed, I enjoy talking with them, and you can have a laugh and a joke with them." Another person's relative said. "The staff are thoughtful and caring, it's like a family here and the staff care passionately about the people that live here." We observed staff engaging in a warm and caring manner with people, people were relaxed in the company of staff and clearly gained a great deal of comfort and enjoyment from their interactions with them.

People's choices in relation to their daily routines and activities were listened to and respected by staff. One person said, "I like to spend time in my room reading and watching television, the staff often pop in. They help me to the lounge whenever I want to go, but I mostly prefer it in here. I'm living life as I want to." Another person said, "I like to go to bed early and mostly I get up early. The staff help me get up, but if I want to stay in bed, I do." We observed interactions between staff and people and saw that people were given the time they needed to express themselves and guide staff in supporting them in the way they chose.

People and their relatives as appropriate were involved in planning how their care would be provided. One person told us, "They write down everything they need to know about you. I was involved, we sat down and had a meeting and then I signed what had been agreed."

The privacy and dignity of each person was respected by all staff. The people we spoke with confirmed this, one person said, "The staff help me to wash and dress, there is nothing they won't help with. If I need help in the toilet, they are so respectful." We saw that staff knocked on people's doors before entering, and that care plans outlined how people should receive care in a dignified manner. Staff we spoke with understood the importance of confidentiality and people's confidential information was stored securely.

People were supported to be as independent as they were able to be; staff encouraged people to do as much as they could by themselves. One person said, "They help me with my walking, we go together and they walk with me, which makes me feel more confident."

Good

Is the service responsive?

Our findings

People received individually personalised care and support. Care plans were person centred and comprehensive, identifying people's background, preferences, communication and support needs. All of the staff we spoke with were able to describe in detail the care and support they provided for people. We observed that people consistently received the care and support they needed in accordance with their care plans. People's care plans were regularly reviewed as their dependency needs changed over time.

People were encouraged to make choices about their care and how they preferred to spend their time. All the people we spoke with felt they were treated as individuals by staff that knew and acted upon their preferences and requests. One person said, "This is a very comfortable, homely place. I am able to do as I please and if I need something from the staff they get it for me."

Activities suited people's individual likes and dislikes and were tailored to their capabilities and motivation. The emphasis on activities was about providing people with the social stimulation they enjoyed. One person said, "I'm never bored, we have singers to entertain us, someone comes to play the piano and we do exercises, there is always something to do." Photos of recent events that had taken place in the home had been organised into albums and people enjoyed looking at photos of themselves and others enjoying past celebrations.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given . For example, the service user guide and statement of purpose were available in large print for people with sight impairment. Staff knew people well and were aware of their communication needs and the best way to support them with access to information. One person, who had significant sensory impairment said, "The staff are so patient, they couldn't do more to help me than they do now. They understand me and I've got no complaints at all."

People knew how to make a complaint if they needed to and were confident that their concerns would be listened to and acted upon as required. None of the people or relatives we spoke to had needed to make a complaint but they were aware of how to do so if needed. One person's relative said, "If we had any concerns about anything we would feel comfortable raising it with the staff or the manager." We saw that there was a clear complaints policy and procedure in place, although at the time of inspection the service had not received any complaints.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. The provider told us, "We collaborate with the wider health team to make sure everything is in place; the district nurses and the GP and the primary care team is available for out of hours support." The registered manager and staff were committed to providing good end of life care to people and sensitively supported people to have conversations about their wishes for the end of their life. When people reached the end of their life their

care plan reflected this as well as the action that needed to be taken by staff to ensure they were kept as comfortable as possible.

Requires Improvement

Is the service well-led?

Our findings

Minimal quality assurance processes were in place to monitor the quality and safety of the service, many of these were not formalised or recorded. The service was small and the provider was involved in the day-to-day running of the home. They relied upon this involvement to enable them to monitor the quality and safety of the service being provided to people and deal with any shortfalls as they arose. For example, they told us that they conducted regular walk arounds of the home to monitor health and safety, environmental cleanliness and equipment, but these were not documented. They also carried out checks of all care documentation and often sat in on staff handovers, but these checks were also not recorded. They relied upon their availability to people, staff and families and the conversations they had with them to maintain an awareness of any shortfalls or improvements that may be required.

There were shortfalls in the oversight of medicines. Checks of medicines stock and MARS charts were carried out weekly by staff responsible for administering medicines; however, these had not identified the concerns with record keeping that were identified during this inspection.

The provider was unable to reflect on audit findings and identify possible trends and areas for improvement. These concerns were discussed with the provider during the inspection and they have taken action to embed a planned system where audits are regularly undertaken and recorded.

Recruitment records were incomplete, although appropriate documentation had been provided when new staff were employed to enable the appropriate checks to be carried out. The provider had not kept details of individual staff's proof of identity and did not have a recent photo of staff on file.

There were limited formal opportunities for staff to meet together to discuss information about the service. Where staff meetings had been held these had not been recorded, this made it difficult for the provider and staff to assess the outcome of meetings and ensure that any necessary actions were completed.

The service had a clear vision and values that all staff were committed to working together to achieve. One member of staff said, "We all work together to make this a really relaxed, comfortable home where people are happy." The provider was very involved in the day-to-day running of the service and had a good awareness of all aspects of people's care and support. People who lived in the home knew who the provider was and had confidence in their commitment to provide a service that met their preferences and needs. One person said, "[provider's name] always comes to see me if I need them for anything."

The atmosphere within the service was positive and friendly. Staff told us that they felt able and confident to speak to the provider and that they felt they were listened to. One member of staff told us, "They [provider] has so much interest in the home, they're always working to improve things and they're always there if we need them."

The people using the service and their relatives were able to feedback on quality. We saw that quality questionnaires were completed by people's relatives, which enabled them to provide their view of the

service people received. We saw that feedback was generally positive, but where concerns were raised, staff had taken action to make improvements.

The service worked in partnership with other agencies in an open honest and transparent way. The provider was aware of the responsibility to submit notifications and other required information. Notifications had been submitted and where required the Duty of Candour complied with. (The Duty of Candour requires providers to be open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment).

The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required.