

ROOKERY COTTAGE

Rookery Cottage

Inspection report

5 Church way
Thorpe Malsor
Kettering
NN14 1JS

Tel: 01536 482776

Website: www.rookerycottage.co.uk

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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?

Good 

Overall summary

This inspection took place on the 8 December 2015 and was unannounced. At the time of our inspection the service was supporting 13 older people

The service provides care for older people both on a long term basis and for short stay respite care.

The service has 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.

Rookery Cottage was led and managed by a family who were dedicated to providing care which met individual needs. We saw that people were well cared for and the home had a relaxed and friendly atmosphere. Everyone

Summary of findings

we spoke to spoke highly of the staff that supported them and families felt welcomed and involved in the care of their relative. People commented that nothing was too much trouble for anyone.

There were enough staff to support people. The registered manager had a thorough and robust recruitment process in place which ensured that people were being cared for by people whose background had been looked into before they were allowed to care for people. People felt safe in the home and staff understood their responsibilities to safeguard people and knew how to respond if they had any concerns.

Staff were supported through regular supervisions and were well trained. The staff undertook regular training which focussed on helping them to understand the needs of the people they were supporting. People were involved in decisions about the way in which their care and support was provided. Staff understood the need to undertake specific assessments if people lacked capacity to consent to their care and / or their day to day routines. People's health care and nutritional needs were carefully considered and relevant health care professionals were appropriately involved in people's care.

People received care from staff that respected their individuality and were kind and compassionate. Their needs were assessed prior to coming to the home and individualised care plans were in place and were kept under review. People and their families were encouraged to spend time at the home to ensure it felt right for them

and to ensure that their needs could be met. The registered manager also ensured that the local health professionals were able to meet the medical needs of people.

Staff spent time with people and had gathered a good understanding of people's likes, dislikes and past life's; this enabled people to continue with any interests or hobbies they may have enjoyed prior to coming to live at Rookery Cottage. The home also provided activities and encouraged people to take part in events within the village.

People were cared for by staff who were respectful of their dignity and who supported people in the way they wished to be supported, always asking people how they wished their support to be given. Relatives commented positively about the care their relative was receiving and it was evident that people could approach management and staff to discuss any issues or concerns they had.

The registered manager and provider were visible and open to feedback. They strived to ensure the level of care was of a high standard, regularly seeking feedback from people and acting on the feedback given to drive improvements within the home. They were pro-active in looking outside of the home to learn from other services and work with health professionals to ensure people were getting the best possible care they could have.

There were a variety of audits in place and action was taken to address any shortfalls.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People and their families said they felt safe.

Staff understood their role and responsibilities in relation to keeping people safe.

There were risk assessments in place to identify areas where people may need additional support and help to keep safe.

There were regular health and safety audits in place and fire alarm tests were carried out each week.

Disclosure and barring service checks had been completed and satisfactory employment references had been obtained before staff came to work at the home.

There were sufficient staff on duty throughout the day and night to meet the needs of the people.

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

Good



Is the service effective?

The service was effective

All staff, the registered manager and the provider knew people well and were dedicated in providing person – centred care.

People were supported and cared for by a well trained and motivated staff team.

Staff had regular supervision and end of year appraisals which ensured they had the support they needed.

People were fully involved in decisions about the way their support was delivered.

People were regularly assessed for their risk of not eating and drinking enough and supported at mealtime's if needed.

People had access to healthcare as and when required.

Good



Is the service caring?

The service was caring.

People and staff were all happy at the home.

Staff and people had worked together to personalise their environment to make them feel at home and comfortable.

People were treated as individuals and their dignity and right to privacy was respected.

People were encouraged to express their views and to make choices.

Family and friends were welcomed at any time.

Good



Summary of findings

Is the service responsive?

The service was responsive.

People's needs were assessed before they came to live at the home to ensure that all their individual needs could be met.

Care plans contained all the relevant information that was needed to provide the care and support for each person.

Staff appeared relaxed and responded quickly if people needed any support.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint.

People's feedback was sought and improvements made to the service following the feedback.

Good



Is the service well-led?

The service was well-led

People consistently commented how happy they were with the care provided at the home.

The views of people's experience of the care and support were actively sought to enable the leadership to look at ways to continually improve the service.

There was a culture of openness and a desire to continually improve to provide the best possible person centred care and experience for people and their families.

Quality assurance audits were regularly completed by the registered manager to ensure that standards were maintained and action taken to address any shortfalls.

Good



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 inspection took place on 8 December 2015 and was unannounced. The inspection team comprised of one inspector.

We looked at information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who help place and monitor the care of people living in the home and other authorities who may have information about the quality of the service.

We spoke with seven people who used the service, six care staff, the registered manager and the provider. We also spoke to a health professional and a relative and a friend who were visiting at the time.

We looked at three records for people living in the home, two staff recruitment files, training records, duty rosters and quality audits.

Is the service safe?

Our findings

People we spoke to said they felt safe living in Rookery Cottage. One person said “I feel safe and at home here, if there is anything wrong they will call the GP, everyone is very attentive.” Another person said “Staff are all very patient never get frustrated.” Everyone seemed supportive of each other and there was a family feeling to the relationship displayed between the people living in the home and the staff.

Staff understood their roles and responsibilities to safeguard people and knew how to raise a concern. All the staff we spoke with said they would not hesitate to raise any concerns around people’s safety to the manager and outside agencies if they felt they needed to. They were supported by an up to date policy and information about how to raise a concern and who to contact was held within a folder which all staff accessed on a daily basis. Staff told us that they had received regular refresher training in relation to safeguarding of vulnerable adults and we could see from the information the registered manager kept about staff training that everyone was up to date with their training. In the last twelve months they had not needed to raise any safeguarding concerns.

There were risk assessments in place to identify areas where people may need additional support and help to keep safe. For example, people who had been assessed as having the potential of becoming malnourished were weighed regularly and the dietitian was contacted if concerns were identified. Anyone who may have difficulty with their mobility had plans in place to ensure they maintained their mobility. We observed how staff encouraged and supported people to walk and use equipment safely when moving around the home.

There were regular health and safety audits in place and fire alarm tests were carried out each week. Each person had a personal evacuation plan in place which detailed how they were to be supported in the event they needed to be evacuated from the home. Equipment was stored safely and regularly maintained. The registered manager collated any information around accidents/incidents and falls and took appropriate action to mitigate and potential future risks to people. The registered manager had undertaken training around falls and had become the Falls Champion for the home; they had trained all the staff in the management of falls and had revised the home’s fall

assessments so they were in line with those of the Falls Service. This has meant that Rookery Cottage can make referrals directly to the Falls Service which has prevented any delays in getting advice and support.

Rookery Cottage is a well maintained, clean and tidy home. There were detailed cleaning schedules available within the home and all staff had completed infection control training. There were safety notices left in areas where a floor had just been cleaned to ensure that people did not slip over whilst the floor was drying.

The provider followed safe and robust recruitment and selection processes to make sure staff were safe and suitable to work with people. We looked at the files for two of the most recently employed staff. Appropriate checks were undertaken before staff started work. The staff files included evidence that pre-employment checks had been carried out, including written references, satisfactory Disclosure and Barring Service clearance (DBS), and evidence of the applicants’ identity. Staff were aware that if they became involved with any activities that would impact on their suitability to provide care to people they had a duty report this to the registered manager.

People said that they felt there was enough staff available throughout the day and night. One person said “The staff are very attentive, they come when needed and we are never on our own for long.” We found three care staff were on duty throughout the day and two staff slept in each night. This meant that during a 24 hour period there was continuity of care and people knew that the staff assisting them to bed would be the same staff to assist them in the morning. Additional support was provided whenever needed and the registered manager regularly worked alongside the staff which ensured they were kept up to date with people’s needs and the demands on staff. This helped provide an opportunity for informal supervision and to maintain an open and accessible relationship. Records showed that staffing levels were always in line with the assessed needs. The registered manager explained that they had never had to use agency staff as everyone was always prepared to work additional hours if needed to ensure that the people knew who was caring for them.

There were call bells available in each room and in addition people wore pendants which were easier for some people to use. The calls went straight through to a mobile monitor worn by the staff. We observed that staff responded to call bells within a couple of minutes and people were very

Is the service safe?

rarely left without a member of staff being around. Relatives and staff felt there were enough people on shift. The staff felt that working during the day and then sleeping in benefitted people as they always had assurances that they were being cared for. If people did need support during the night the registered manager ensured that those staff who had been up to support people would be relieved in the morning.

There were safe systems in place for the management of medicines. Staff received training before taking on the responsibility to administer medicines and their

competencies had been assessed. Two staff were always present when administering medicines. Records were well maintained and regular audits were in place to ensure that all systems were being safely managed. The registered manager had liaised with the Care Home Advice Pharmacy team and the local pharmacist to ensure that only the quantity of medicines required were being ordered which reduced the amount of unwanted medicines which has ensured that the management of medicines was both safe and efficient.

Is the service effective?

Our findings

People were supported and cared for by a well trained and motivated staff team, a number of staff had worked at the home for almost 15 years. All new staff undertook an induction programme which was specifically tailored to their roles. In addition to classroom and ELearning based training, staff shadowed more experienced staff over a period of time and had regular supervision with the registered manager to support their on-going training and development needs. New staff were not allowed to care for people independently until they had undertaken all mandatory training which included moving and handling, health and safety and first aid training. The registered manager had revised the induction programme for new staff to enable them to complete the new Care Certificate which came into place in April 2015. The Care Certificate helps new members of care staff to develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care. One member of staff said “The induction is good and thorough, lots to learn and having a mentor was good.”

Staff had regular supervision and end of year appraisals which ensured they had the support they needed and enabled them to continuously develop their own knowledge and skills. The staff we spoke to said they felt able to speak to the registered manager at any time as they spent a lot of time in and around the home supporting them.

People commented that they felt the staff were well trained and they were confident in the care given. We saw that all staff had completed a comprehensive training program and that monthly training sessions were held to refresh and enhance everyone's skills and knowledge. Staff who had undertaken dementia awareness training said that this had really helped them to better understand the needs of those people living in the home who were experiencing memory loss. We observed that one person had a daily journal which staff completed with them to help them remember what they had done during the day; this enabled them to tell their family when they visited. Various health professionals had delivered some of the training; one health professional who was visiting the home during the inspection told us that they felt the staff had developed their skills and understanding and were confident in the

way they delivered care and support to people. Staff said they were encouraged to develop their skills and knowledge. A number of staff had completed NVQ level 4. One member of staff said “The provider wants us to all be over trained.”

In addition to training the home had taken part in the Northamptonshire Care Home Improvement Project (NHCIP). The aim of the project was to implement a toolkit – Care Homes Wellbeing TM which facilitates a positive organisational and culture change in care home practice for the benefit of people living in the home by focussing on safety, efficiency and experience to strengthen communication and relationships. As part of the project the staff along with the registered manager had carried out a piece of work – ‘Organising our Workplace’; this involved monitoring the number of telephone calls which came into the home which were not related to the people living at the home. As a result of this piece of work the registered manager was able to establish that there were 25 minutes per day being spent on answering non essential phone calls. A second phone line was installed to take the calls which were not for or about the people living in the home, which has freed up the care staff increasing the time available to them to deliver care and support.

People were fully involved in decisions about the way their support was delivered. We observed staff talking to people about the task they were undertaking with them, asking what they wanted and explaining what they were doing, constantly reassuring people if needed. For example one person liked to be involved in household tasks; staff ensured there were different jobs for them to do throughout the day such as drying up dishes and general cleaning around the home, we could see this really helped the person who looked very happy and contented and when we spoke to them they said how happy they were and felt useful. Everyone's care plan was regularly reviewed and people and their families were fully involved in this process. We observed when relatives were visiting there was an open and friendly dialogue between staff and relatives.

Staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care. They were supported by appropriate policies and guidance and were aware of the need to involve relevant professionals and others in best interest decisions and mental capacity assessments. Applications for

Is the service effective?

authorisation under the Deprivation of Liberty Safeguards (DoLS) had been appropriately made. The Mental Capacity Act provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves and DoLS provides a process by which a provider must seek authorisation to restrict a person's freedoms for the purposes of care and treatment.

People received the support they needed at mealtimes. There was a different menu each day and alternatives were offered if someone did not want what was on the menu. If anyone needed support during the meal this was done discreetly. Those people who chose to eat in the lounge chatted together and there was a nice relaxed atmosphere. People could eat at their own pace and came and went as they pleased. Some people had requested to have their meals in their room which they did. All the staff were aware of any special dietary requirements and staff knew what people liked and did not like; the registered manager was happy to meet any special requests from people and would go out of their way to ensure everyone had what they wanted. For example someone had expressed a desire to have some pork chops one day and these had been purchased and enjoyed so much they were likely to be offered to others too who wished to have them. People told us that the food was very good – “top notch” one person said. Another person said “I can ask for food whenever I want it, it is very good.” There was a choice of drinks before and after lunch and we observed that drinks were available to everyone throughout the day.

People were regularly assessed for their risk of not eating and drinking enough. Staff used an assessment tool to inform them of the level of risk people presented and as

part of this process people were weighed on a regular basis. Where people were deemed to be at risk staff recorded what they ate and drank and made referrals for people to health professionals such as the dietitian and diabetic health service. We observed staff encouraging people to eat and where someone appeared to have no appetite for the food being presented to them staff then offered the person other food which the staff said had always been a favourite of the person.

People had access to healthcare as required. People, in the main, had been able to stay with their GP practice and if necessary they were supported to attend the surgery or the GP would come out to them. One person told us “I was not well the other night, I rang my pendant and the staff came quickly and called the GP out. [Name of staff member] stayed with me until the GP came.” The registered manager ensured that either they themselves or a staff member would accompany people to hospital or any other appointments if families were not available. On one occasion the registered manager had liaised with the hospital, prior to a hospital admission, for pre-op tests to be done locally to avoid a person becoming distressed by having to travel to the hospital for a pre-admission assessment. Nothing appeared to be too much trouble to the staff to support the people living there. A professional who was visiting the home during our inspection told us “Everyone is well looked after here, staff will call us out if they have any concerns and are keen to ensure they are doing the best they can for people.” Staff told us that when one person had been admitted to hospital the registered manager had ensured that a member of staff went in each day to support them with their eating.

Is the service caring?

Our findings

People and staff were all very happy at Rookery Cottage. The atmosphere throughout the day of the inspection was warm and friendly with a lot of laughter. People received their care and support from a staff team who treated everyone with respect, kindness and compassion. People told us that Rookery Cottage felt like a home from home. People were treated as a member of the family. We observed all staff working at the pace of the individual they were supporting. One person said “The staff are lovely, very patient and very caring.” Another said “The staff are very good and very kind.” All the visitors we spoke to said they felt everyone was well looked after, one person said “The staff have time for everyone; [Name] looks healthier and appears happier since they moved in.” Another person commented “There is such a friendly atmosphere, [relative] is very happy here.”

Staff respected people’s dignity and right to privacy; we saw that when people were supported with personal care doors were closed and staff explained what they were doing. Some people had their own rooms and staff were considerate of their wishes when asking if they could enter their rooms. Where people shared a room there was a curtain which could be drawn around the person whenever they wished which ensured that their privacy and dignity was maintained. One person who shared a room said that their privacy and dignity was always respected when staff supported them in their bedroom. When offering support to people staff spoke politely and made efforts to ensure that the person they were speaking to could hear them without raising their voice, making sure they were at their eye level and speaking closely to them. One person told us they preferred to spend time alone and felt staff respected this but always ensured they came down for tea to spend the evening with everyone.

People were treated as individuals being spoken to by their chosen name. It was clear from the interactions we witnessed that the staff knew people very well and were able to respond to people when they were unhappy or anxious. There was a friendly banter between everyone. During the staff hand over the staff shared information as to how people were that day and what encouragement they may need, everyone contributed during the handover.

People were encouraged to express their views and to make choices. Care plans were detailed containing

information about the person’s life history, their likes, dislikes and preferences, including in some cases end of life plans. Where appropriate relatives had been involved and the plans were regularly reviewed with everyone. We read a comment from one family who’s relative had recently passed away which said “Thank you for all the care and devotion afforded to [relative] during their many years in your care. The constant love, kindness and support shown to

[Relative] was very much appreciated.” The registered manager told us that their aim was to try and care for people to the end of their life. A health professional confirmed that staff were keen to learn how best they could care for people at the end of their life. They had sought advice and followed the guidance given to them and liaised well with the health professionals.

The registered manager was aware of advocacy services which could support people to ensure their voice was heard, however, the people that were living in the home were either able to express their needs and wishes and those who needed some support had families to support them.

The communal living areas were sensitively furnished to reflect the age and design of the house. People had access to reclining chairs and chairs at different heights to meet their needs. Staff and people had worked together to personalise their environment to make them feel at home and comfortable. People were able to bring in personal items from their homes and we could see pictures and photographs of people’s families and friends hung up in their rooms. People had telephones in their rooms so that they could keep in contact with family and friends. One person said that having a phone in their room meant they could speak to their family and friends whenever they wanted to and their family could easily contact them.

As part of a project ‘Turning ideas into actions’ a number of people and their families along with the staff team had helped in the design and planning of a new outdoor area; this had increased the opportunity for people to spend time outside relaxing and for families and friends to have a space they could enjoy with their relative. We saw the new area which even though it was winter time looked welcoming and easily accessed for everyone.

Family and friends were welcomed at any time. We read from surveys completed by family’s comments such as

Is the service caring?

“[name of relative] is made to feel like an individual not a patient.” “Staff are very welcoming, nothing is too much trouble.” and “Staff are wonderful, caring and professional.” Our own observations would support such comments. The staff clearly enjoyed their job and as one said “I must like it I

have worked here for nearly 15 years.” The benefits of having a static staff team showed in the way everyone worked together and provided the care and support in the way individuals preferred.

Is the service responsive?

Our findings

All staff, the registered manager and the provider had taken time to get to know the people in their care. They spoke fondly of the people they cared for and demonstrated their knowledge of people's care needs and individual personalities. One person told us how the staff had an understanding about what they needed to do to support them following the loss of a close relative which had led them coming to live at Rookery Cottage. There was genuine warmth displayed between the staff and people living in the home and everyone commented how they felt as being part of a family. One person said "It's very homely here just like living at home."

People's needs were assessed before they came to live at the home to ensure that all their individual needs could be met. People and their families were encouraged to visit the home before moving in or coming for respite care. This gave people the opportunity to meet the people, who lived there, get to know the staff and gain an understanding of how the service operated. Anyone planning to come to live at the home came on a trial basis first to ensure for both the individual and the home this was the right place for the person and they felt happy and confident that their needs could be met. People were given 'Admission Packs' prior to admission which provided them with information about coming to live at the home and a 'Care Pack' when they arrived at the home which provided them with lots of information about the home and what they could expect. We saw detailed assessment information which was used to build a person centred care plan detailing what care and support people needed and their likes and preferences. In one case the registered manager had sought further advice on a person's medical condition to ensure that the GP would be able to offer the level of support which may be needed to manage the person's condition if they came to live at Rookery Cottage.

The care plans 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. Staff demonstrated a good understanding of each person in the home and clearly understood their care and support needs. One person commented in reference to one carer that she stayed with her throughout the time she called for assistance and when the GP arrived. This had given them assurance and helped to keep them calm

which the person clearly appreciated when they spoke to us. Care plans were reviewed on a regular basis and people had a care plan agreement in place and where appropriate relatives too had been involved. The registered manager described how they were developing the care plans further to make them more accessible to people. Care plans were in both paper and electronic format; there was an IPAD available for both staff and people to use should they need or wish to access information. The staff said they felt this was helpful.

New staff commented that they felt the staff team knew everyone very well and were able to pass on information to help them support people in the way they preferred without always needing to ask people all the time; for example when someone was being supported to eat the carer explained how the person communicated their dislike of something and responded by providing them with something else they liked. Staff were friendly, confident and polite in their manner when they supported people and were responsive to individual needs. For example when staff noticed someone had food left around their mouth they discretely drew it to the person's attention and offered to help them to wipe their mouth rather than leaving the person unaware of what had happened.

People chose how and where to spend their time. Meals were served in either people's own rooms or in the lounge. Some people liked to have a leisurely morning in their bedrooms before they got dressed; others spent time in the lounge chatting with each other and staff. The staff checked on people who chose to stay in their rooms throughout the day ensuring their needs were met.

People were encouraged to follow their interests; for example one person loved puzzles and crosswords and due to difficulties with their vision the staff had ensured they got hold of crosswords in large text format. People told us about some of the entertainment they had; a person who lived locally and sang on cruise ships regularly came to perform. There were also regular motivational sessions which everyone was encouraged to take part in to support both people's physical and mental health well-being. People were encouraged to take part in physical exercise. The registered manager had also arranged regular visits from Pets as therapy (P.A.T). A person comes in with their dog which gives everyone the pleasure of having contact with a dog which for some people had helped them remember and reminisce about the time they

Is the service responsive?

had a pet of their own. Some people went out with their families and friends or were supported by staff to attend the local church or activities within the village. Throughout the day people chatted with each other, read books or listened to the radio in their own rooms or watched TV. Everyone we spoke to said they were happy with the amount of activities available to them and people looked contented throughout the day.

Staff appeared relaxed and responded quickly if people needed any support. They encouraged people to remain as independent as possible and only assisted where necessary. One person said "If I ask for help I don't have to wait long before someone comes." We read several comments from families and saw they were all positive and thankful for the care their relative received. Comments included "The care and attention that [relative] receives is very good. Staff always seem very attentive and aware of everyone's individual needs." Another person had

commented "Exceptional care and devotion." There was also a comment from a health professional "The care and attention given to residents always seems to be to a high standard."

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint. People told us if they had any concerns they were happy to speak to any of the staff or the registered manager. Visitors we spoke to said that the registered manager and provider were 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. The registered manager told us that they always tried to resolve any concerns as quickly as possible. All feedback we received was positive and we could see that people were asked about the care and support they received through daily contact with the registered manager and satisfaction questionnaires.

Is the service well-led?

Our findings

People consistently commented how happy they were with the care provided at Rookery Cottage House. One person said “It’s a good place to live, it’s clean and friendly and you can talk to anyone.” Staff commented they would not want to work anywhere else. Some staff had worked for almost 15 years at the home and were very proud of the service they provided. The communication between people, their families and the service was very good. Visitors were made to feel very welcome. One relative said “I can come in anytime, it’s a fantastic home and everyone is very informative.” People spoke about the registered manager and provider with great respect and comments from both staff and the people living in the home showed that the management were well liked and took time to listen to people. We observed a good rapport between the management and everyone who lived and worked at the home.

The registered manager and provider were proactive in encouraging and enabling people and their families and friends to share their experience of the care and support received. They were keen to look at ways to continually improve the service this included asking prospective people and their families about the admissions process. Comments had helped the registered manager to review the information given to people prior to admission and they had developed an ‘Admissions Pack’ and Care Pack’. People and their families were not only made fully aware of the facilities in the home and how individual needs were met; they were also provided with guidance on where people could seek advice on the financial implications of coming into care.

Regular audits and surveys were undertaken and these specifically sought people’s views on the quality of the service they received. Rookery Cottage is a small home which benefitted from a registered manager and provider living in close proximity who were very visible and committed to ensuring everyone was well cared for and happy. The provider had responded to a comment made by one family about there not being anywhere, other than a person’s own room, to meet privately with people. We saw during our visit that work had begun on creating a small sitting area on the ground floor which people could use. We also read a comment from a family who were considering whether the home would meet the needs of their relative

“We were really impressed with the thoughtful and loving appeal you obviously have. It’s great to find a place where not only the residents, but also the team seem so happy working together – a great family atmosphere.”

It was evident that the staff worked well together as a team. At the daily handover meeting all staff, including the registered manager, contributed to how things had gone on the previous shift and how people were. There was a genuine commitment from all the staff to ensure they were providing the best possible care. Although there were no separate team meetings as such, the daily handover gave staff the opportunity to share good practice and raise any concerns they may have had. Staff commented that they felt that they were listened to and that the registered manager and provider took time to speak to them and communicated well with each other. There was a culture of openness and a desire to continually improve to provide the best possible person centred care and experience for people and their families.

The registered manager was an executive member of the Northamptonshire Association of Registered Care Homes (NorArch), a professional body which represents independent registered care homes across Northamptonshire and was currently undertaking a piece of work around care homes working with Healthwatch. A long with being part of the Northamptonshire Care Home Improvement Project the home showed a real commitment to continually improve their service and share their experiences with other care providers. The registered manager clearly strived to lead a well motivated and trained care team to ensure that they delivered a high standard of care and support to the individuals living in the home. Staff knew what was expected of them; on each shift the staff had a specific area of responsibility in addition to them providing care and support to people. For example one staff member would ensure that medicines were administered and meals were prepared, another member of staff ensured all laundry and domestic tasks were completed and the third staff member took responsibility of providing the care and support those people who had been identified as needing more enhanced care and support. We observed that on each shift staff knew their lead roles and were clear what tasks needed to be undertaken during their shift to ensure everything ran smoothly throughout the day.

Is the service well-led?

Quality assurance audits were completed by the registered manager. These enabled the provider and the registered manager to continually review that quality standards were maintained and legislation complied with. Where audits had identified shortfalls action had been carried out to address and resolve them; for example it was identified during an environmental health audit that the hand sink in the kitchen was not working properly. We could see from the records that this had been addressed almost immediately. Staff told us when they had raised concerns about the lighting and the impact this was having on people's ability to read effectively, all light bulbs had been replaced by LED ones which had illuminated the home throughout much more effectively. During the inspection

the provider was speaking to one of the people living in the home about a reading lamp they needed, the provider ensured it had been correctly assembled and was what the person had wanted.

The registered manager supported all new staff whilst they undertook training to gain their Care Certificate. It was evident how passionate and committed they were to ensuring that they had the right staff that cared for the people and that they, them self, kept up with training to ensure they were up to date.

Rookery cottage was a well led home with a lovely friendly atmosphere striving to provide the best possible care to meet individual needs.