

Janith Homes Limited

The Rookery

Inspection report

Rookery Farm Road
Walcott
Norwich
Norfolk
NR12 0PF

Tel: 01692650707
Website: www.janithhomes.org

Date of inspection visit:
30 July 2019
06 August 2019

Date of publication:
04 September 2019

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 ●

Summary of findings

Overall summary

About the service

The Rookery is a residential care home providing personal care for up to 36 people aged 18 years and over. At the time of the inspection, 34 people were living at the service. The service comprised of one large converted house and separate self-contained units, called "cottages."

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 36 people. This is larger than current best practice guidance stipulates for people with learning disabilities or autism. However, the size of the service was mitigated by the building design and layout. Also, as it was located in large grounds and adjacent to a working farm, people were able to spend time here to enhance their wellbeing. Other activities were provided in group and one to one sessions in the home and in separate buildings on the same site.

Thematic Review

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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

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.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People living at The Rookery participated in one to one and group activities, including accessing the onsite working farm. Staff showed empathy, kindness and compassion. They placed value on their caring roles and involvement in people's lives. The care provided was flexible to meet people's needs and preferences.

The service worked with people and their families to complete end of life care planning to ensure people received high standards of care and support. People were involved in the planning of their care at that stage of their life. The service had good working relationships with the local GP practice and learning disability healthcare professionals.

The service worked in partnership with people and encouraged feedback on the care provided. We received positive feedback from people and their relatives about the service received. Staff told us they enjoyed working at The Rookery and spoke highly of the support and encouragement provided by the registered manager.

People had their care and support needs met by sufficient numbers of suitably trained staff. The care environment was clean and comfortable throughout. The service had governance arrangements in place and completed regular internal quality checks and audits. Findings from these were reviewed by the registered manager and provider and used to continually drive improvement within the service.

Rating at last inspection: The Rookery was previously inspected 30 and 31 August 2016, rated as Good in all key questions. The report was published 20 October 2016.

Why we inspected: This was a scheduled, comprehensive inspection, completed in line with our inspection schedule for services rated as Good.

Follow up: We will continue to monitor this service and will reinspect in line with our schedule for services rated as Good.

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

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

The Rookery

Detailed findings

Background to this inspection

The inspection

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

Inspection team

There was one inspector and one assistant inspector on the first day of inspection, and one medicines inspector on the second day.

Service and service type

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

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

Notice of inspection

The first day of the inspection was unannounced, the second day of the inspection was announced.

What we did before the inspection

Before the inspection: We reviewed information, we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We liaised with third party stakeholders. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection

During the inspection: We spoke with nine people who used the service, one relative and one healthcare

professional during the visit, and four relatives after the inspection visit by telephone. We observed care and support provided in communal areas. We spoke with the registered manager, deputy manager, three members of care staff and the chef. We looked at seven people's care and support records and thirteen people's medicine records. We also reviewed staff files as well as records relating to the management of the service, recruitment, policies, training and systems for monitoring quality.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person said, "Yes I feel safe here everyone is nice." Another person said, "Yes I do not have a problem." One relative told us, "This is the safest place [Name] has ever been. They are able to manage their behaviour really well. I know they [staff] know them well and can prevent any incidents."
- Staff demonstrated clear awareness of the service's policies and procedures in relation to safeguarding. They could recognise types of abuse and understood their individual responsibilities to report concerns. The service kept a log of safeguarding alerts submitted to the local authority and the corresponding notifications submitted to CQC.
- The registered manager told us that physical and mechanical restraint was not used at The Rookery, and that staff were trained in the use of de-escalation techniques to support people in the management of behaviours which challenge. Examples of incident reports reviewed during the inspection supported this information.

Staffing and recruitment

- People's relatives gave feedback on their experiences of liaising with staff. One relative told us, "Yes the staff update me about everything, they are marvellous, they let us know everything." Another relative said, "Yes we are [kept updated], we go in regularly and they tell us how [Name] has been or they phone us with an update if they need to."
- Safe recruitment practices were in place to ensure staff were suitable to work with vulnerable people.
- Staff and people told us there were enough staff on shift. Staff said they would cover for each other if needed in the event of sickness or absence to ensure consistency of service. The service used regular agency staff who were familiar with people's needs in the event of staffing shortfalls.
- The registered manager told us the staffing rota was designed with flexibility built into the staffing levels to allow for activities and attendance at medical appointments.

Preventing and controlling infection

- We talked to people and relatives about the condition and cleanliness of the care environment. One person told us, "Yes the home is clean I like it here." A relative said, "Yes, it is spotless." Another relative said, "Yes I have no issue with the home or the cottage; they are always clean."
- The standards of cleanliness were good throughout the service, with no malodours identified. Regular audits of the environment including checks of cleanliness, were in place including spot checks of people's rooms and communal areas. Where able, people were encouraged to keep their rooms clean with support from staff as required.

- Staff had access to personal protective equipment such as aprons and gloves.
- The kitchen had been awarded a food hygiene standard rating of four stars from the Food Standards Agency which meant it had a good standard of hygiene.

Learning lessons when things go wrong

- A written log of accidents and incidents was recorded. The registered manager oversaw the monitoring of this information, completing internal investigations and implementing actions to reduce the risk of reoccurrence where applicable.
- The registered manager reviewed incidents for themes and patterns and liaised with healthcare professionals. For example, they had identified that some people had a high use of medicines to help support their behaviour. Therefore, they had arranged for these medicines to be reviewed to ensure they were appropriate.

Assessing risk, safety monitoring and management

- Detailed Personal Emergency Evacuation Plans (PEEPS) and fire risk assessments were in place, recognising specific support needs for people with learning disabilities and autism. Staff had up to date fire safety training.
- Care records contained detailed assessments and risk management plans for areas of care including changes in people's behaviour, mental health presentation, malnutrition and falls. For people living with long term conditions such as epilepsy, their care plans gave staff clear guidance on what to monitor and what action needed to be taken. We observed staff implementing this guidance into the care they provided.
- Environmental risk assessments were in place, with regular checks of the care environment including for management of infection prevention and control.
- Equipment for fire safety and water quality checks were regularly completed, and equipment used with people was regularly maintained to ensure it was safe.
- We identified some environmental risks such as access to steep flights of stairs, that we felt should be incorporated into the environmental audits and safety checks being completed by the management team and into certain people's care records. We discussed this with the registered manager who was responsive to our suggestions and agreed to include these areas in their monitoring going forward.

Using medicines safely

- We asked people about their experiences of receiving support with medicines. One person told us, "Staff give me my medicines, they are on time." Another person said, "Yes they [staff] bring it to me. I do not think they have got it wrong."
- There were systems in place for ordering and giving people their medicines as prescribed. Medicines were given by staff and recorded on Medicine Administration Records (MARs).
- There were regular checks of medicines and their records and there was a system in place to report incidents and investigate errors relating to medicines. Members of staff handling and administering people's medicines had received training and had been assessed for their competency to handle and give people their medicines safely. People received regular reviews of their medicines by healthcare professionals.
- Medicines were stored securely, and medicines requiring refrigeration were being stored within the correct temperature range, however, daily temperature records were not in place to give assurance that the temperatures had been correctly maintained. The registered manager told us that immediate steps would be taken to address this.
- There was guidance to help staff give people their medicines prescribed on a when required basis consistently and appropriately. However, pain assessment tools were not in use for people prescribed pain-relief medicines in this way. This could help staff identify people who were in pain where they were unable to tell staff verbally. We also found, there was a lack of person-centred information available for staff to refer to

about how people preferred their medicines given to them. Following the inspection visit, the registered manager implemented additional paperwork to address this.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care records were written in a person-centred way, detailing people's preferences, likes and dislikes. They contained detailed personal profiles and documents that would be used if a person was admitted to hospital to support them while in an unfamiliar care environment. These were completed with involvement from people and their families (where appropriate) to source people's life histories, hobbies and interests. Care records were reviewed and added to on a regular basis.
- Where people experienced behaviours which challenge, the service had implemented Personal Behavioural Support (PBS) plans and staff were confident telling us about the proactive strategies they used to effectively and safely meet people's needs.
- The service completed pre-admission assessments with people before anyone new moved in and considered the needs of existing people living at the service.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff demonstrated a clear understanding of the MCA, and what it means to make decisions in a person's best interests. Staff had received training in MCA and DoLS and we observed examples of how they implemented this into their practice. The registered manager told us about the management plans they implemented, including use of Personal Behavioural Support (PBS) plans to minimise use of restrictive practices such as use of seclusion and segregation. Staff had received training in use of de-escalation techniques and were familiar with people's individual preferences and interests.
- The service had some people with authorised DoLS in place and for other people, applications had been submitted to the local authority and were awaiting authorisation. From discussions with staff and the

registered manager, they gave examples of how they supported people to minimise restrictions whilst maintaining their safety.

- Where applicable, people's care records contained capacity assessments. People were encouraged to be fully involved in the decision-making processes relating to their care. Staff worked with people to minimise restrictions and use alternative methods of communication to aid understanding.
- Staff consulted with healthcare professionals and family members when they considered making decisions on behalf of people in their best interests.

Staff support: induction, training, skills and experience

- People's relatives told us about their observations of the care and support provided by staff. One relative said, "It is the best place [Name] has ever been, they are so happy there and they look after [Name] so well. [Name] has had placements at other services and this is the only placement where staff have been able to manage and meet their needs."
- The service held a training matrix listing completion of courses and dates for when refresher courses were due. Staff demonstrated implementation of training into their practice.
- The registered manager gave us details about the specialist support and training provided to ensure staff had the skills and confidence to support people with behaviours which challenge. Following incidents, staff were offered support and supervision with the registered manager or deputy manager, and incidents were recorded and reviewed to determine if any changes to practice was required.
- The service had an induction process, with staff shadowing shifts with an experienced member of staff to ensure they were familiar with people's care and support needs before working on their own.
- The management team held regular staff meetings and incorporated discussions around policies and procedures, incidents and areas of improvement, for example identified through their quality auditing processes.
- Staff received regular supervision and annual performance-based appraisals. Staff told us about their opportunities to set personal development goals and about being encouraged by the management team to gain new skills and experiences.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The service had a good working relationship with the local GP practice and learning disability healthcare professionals.
- Care records showed that people had been supported to visit the dentist, chiropody and hospital appointments. They also showed that staff supported people with management of their oral hygiene, with guidance for staff to follow if a person did not like cleaning their teeth, or needed specific support linked to the condition of their teeth and mouth.

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

- The service was accessible, with equipment in place to assist people's individual support needs including a people carrying lift in the main building.
- Bathrooms, toilets, bedrooms and communal areas did not have signage to assist people with familiarising themselves within the environment. The registered manager told us they had experienced difficulties keeping signage in place as some people repeatedly removed the signs from walls and doors. The registered manager told us they would explore alternative ways to address this issue, such as changing the colour of door frames or using alternative methods of putting signage in place as an outcome of our inspection feedback.

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

- The service recognised the importance of people having a healthy and varied diet in relation to the maintenance of good health and wellbeing. One relative told us, "The food looks good, they have a very balanced diet and they have a good choice." Another relative said, "The food is amazing [Name] has lots of choice and loves the food. If they ask for more, they can have it."
- There was a daily meal plan, and people were able to choose what they wanted to eat. Communal eating was valued as a social activity, and we observed people interacting during their lunch and enjoying eating outside.
- People we spoke with gave feedback on the food provided. One person told us, "The food is nice I do like it. They ask what you would like or if you would like something else." The chef told us about people helping out in the kitchen, "I do have people help me in the kitchen with staff supervision. They have chef whites and they know food hygiene, they help with the washing up."
- People's weights were monitored with any concerns referred to the GP. Some people had received specialist advice from dieticians and speech and language therapists. People were supported to eat healthily to assist with the management of healthcare conditions such as diabetes or to aid weight management. We identified some gaps in the recording of people's weights. This was discussed with the registered manager who identified there had been a recent issue with their weighing scales, but that everyone's weights had now been checked and issues with the scales had been addressed.
- We identified some variation in the recording of people's food and fluid monitoring paperwork. The management team told us they regularly checked the quality of paperwork completion and were working with staff to ensure consistent levels of recording were achieved.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; equality and diversity

- People told us they felt staff treated them kindness. One person said, "Yes they [staff] are all lovely to me. I like all of the staff." A second person said, "Staff are good they are kind to me." One relative told us, "I cannot fault the staff they are all friendly, when I call they are all polite and when I come to visit they are all polite and kind." A second relative said, "They are the kindest people in the world. They all have a caring attitude and they are so kind to everyone. You can see they care about the service users. They are just incredible."
- Staff placed value on the things that were important to each person, including protected characteristics such as relationships, hobbies and interests. Care records contained lists of relatives and friends important to people with dates of their birthdays as a way for enabling people to maintain relationships and social networks.
- When people approached staff or showed signs of distress, staff responded immediately to their requests, provided reassurance and nothing was too much trouble.
- We observed staff to knock before entering rooms and explain to people what they were going to do before and during the completion of tasks.
- Staff told us how important it was to treat people with kindness. One staff member said, "You treat people how you would want to be treated, or you would want a member of your family to be treated."
- We observed staff treating people with compassion and affection and taking the time to have meaningful conversations, the atmosphere was relaxed and staff put people at ease.

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

- The service had a running programme of meetings for people living in the home. Agenda items were discussed, and people were given the opportunity to give feedback and suggestions for ways to improve the service. This gave people choice and control over forthcoming activities and feed their ideas into the running of the service.
- People and their relatives were encouraged to attend regular care reviews, and to contribute to the development of people's support plans. Where people were experiencing behaviours which challenge, or incidents had occurred, people's relatives were kept informed by the service.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence and personal choice. Bedrooms were personalised, with people having objects and items of personal importance on display.
- If people experienced changes in their behaviour, mental health presentation or became unwell, staff told us about support and measures put in place to maintain the individual's privacy, dignity and safety.

- People were empowered to be as independent as possible and placed at the centre of the care provided. For example, care plans detailed the personal care tasks people could complete independently or with encouragement, to prevent staff taking away people's independence.
- Staff told us about techniques used to encourage people's levels of independence and to maintain their privacy and dignity. One staff member said, "We encourage by getting them to do activities on their own like helping in the kitchen. Encourage them to do their own washing." Another staff member said, "When helping someone to get changed, I will close the door and curtains and I will make sure they are covered." One person told us about how they felt when receiving personal care, "Yes staff are kind they help me change and I feel safe."
- Care records contained clear guidance for staff on methods of communication and interaction for people with sensory impairments or experiencing changes in their behaviour or mental health presentation. The guidance emphasised the need to support people to maintain their independence and level of involvement in decision making.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained rated as good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

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

- Care plans contained detailed information for staff to follow to support people with completion of tasks including personal care, eating and drinking, and other aspects of daily activity. Care records contained a breakdown of how people wished for their needs to be met at different stages of the day such as preferences on what time they wished to get up, go to bed or to have a shower.
- Staff told us about how they used technology for example, to maintain people's safety overnight when assessed to be at risk of getting out of bed and having a fall without staff being present to assist them. People had access to call bells or assistive technology to enable them to source assistance when in their bedrooms.
- Guidance was in place for staff, to ensure people were able to express their wishes, preferences and daily needs. This included use of pictorial daily planning boards, books personal diaries.
- Where needs were identified, the service implemented accessible communication standards for example providing information in alternative formats or providing information face to face rather than in a written format. Staff worked with health care professionals to provide tailored information and support, for example when supporting people with making important decisions about their lives.
- People were supported by staff who demonstrated a good understanding of their needs, preferences and interests which gave them choice and control over the care provided. Staff were aware of people's interests, hobbies and worked closely with people's families to provide tailored support. We saw examples of where people were developing new skills such as helping the chef in the kitchen and working on the farm based on site, to maximise their independence, develop life skills and confidence.

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

- Staff supported people to choose and purchase gifts and cards to give to relatives to celebrate birthdays, to ensure they maintained regular contact with families and people important to them.
- People's care records contained details of people's hobbies, interests and personal goals. Where possible, staff supported people to access activities in the local community to reduce social isolation.
- People told us about the activities available. One person said, "We do lots of things and we go out too. I go to the art barn." Another person said, "The activities are good we were outside playing snakes and ladders, there is always something to do. We went to the pub this morning." One relative said, "They have very good

activities, [Name] often is in the art barn or out and about. They go on holiday."

Improving care quality in response to complaints or concerns

- People and relatives consistently told us the registered manager and deputy manager were approachable, and that if they had any concerns or needed to raise a complaint they would feel comfortable to do so. One person said, "I would go to the manager, [Name] would listen, they are kind, but I have never needed to make a complaint." A relative told us, "I have not raised a complaint but if I was upset I would talk to the manager." A second relative said, "If I was worried or unhappy about something I would tell the staff or the manager." A third relative said, "If I had an issue I would go to the manager or deputy but I have not had a complaint in 20 years, I cannot fault the place I am so happy with [Name] being here."
- The service regularly sent out questionnaires to people and their relatives to encourage feedback on the service provided. The service held regular resident meetings and people had one to one key worker meetings with designated staff members, offering an opportunity for people to raise concerns, make complaints or suggestions.
- Where the service had received complaints, these had been investigated in line with the service's policies and procedures, and a response provided to the complainants once the investigation had concluded.

End of life care and support

- There was no one receiving end of life care at the time of the inspection. However, care records contained information on people and their relatives' wishes and preferences in relation to care provision at that stage of their lives.
- Care records contained details of protective characteristics such as people's cultural, religious and spiritual needs and preferences.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained rated as 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 a commitment to providing consistently high standards of person-centred care. A healthcare professional we spoke with told us, "I have regular contact with the staff and manager, they update me how people are settling in. I have previously placed people here and the staff have been really good, they work well with people, they adapt to their needs. They do ask for help if needed."
- People's care records contained examples of collaborative working with healthcare professionals. This offered support and guidance for people and staff, both at home and when people accessed the community.
- The registered manager encouraged and supported staff to be open and honest, to ensure that if a mistake happened, staff felt able to talk to them about it and any issues could be addressed.
- The registered manager encouraged staff to take accountability for their own actions. Staff were assigned tasks for completion at the start of each shift. This enabled the management team to monitor individual staff member's performance if tasks or corresponding paperwork was not completed.

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

- The registered manager was clear of their regulatory responsibility in relation to completing notifications to CQC and in monitoring performance and risk. Where concerns around staff practice or approach were identified, the registered manager followed internal disciplinary procedures to address any shortfalls and to ensure continuous development and improvement. The service had sustained a rating of good since the last inspection and continued to maintain consistent quality standards.
- The service benefited from consistent leadership and stability to identify and address shortfalls and continue to drive improvement. Staff described the management and leadership of the service as supportive and approachable. People living at the service knew and recognised the registered manager and were observed to feel comfortable spending time with them in their office.
- Staff gave positive feedback about the support provided by the registered manager and deputy manager. One staff member said, "The manager and deputy are brilliant, I can't knock them." Another staff member told us about the morale within the team, "Good morale within staff team. I enjoy it and give 100% when I am on shift."
- Relatives gave feedback on the management of the service. One relative said, "[Registered Manager] is

good, caring and has the service users at the heart of everything." Another relative said, "[Registered Manager] is an angel, always positive, always wants the best for the person and wants them to flourish."

- We found the management team to be responsive to feedback. They demonstrated a desire to drive improvement for the benefit of people and the overall care experience.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The service sent questionnaires to health and social care professionals to source feedback. Feedback from a GP in 2018 stated, "Staff are very helpful. I find the registered manager at the Rookery especially good." Feedback from a social care professional in 2018 stated, "The service provided is open, friendly, well appointed."

- People and their relatives could provide feedback through the compliments and complaints process in place, with information posters and leaflets accessible when visiting the service.

- Staff meetings and supervision sessions were being held regularly. There was a clear agenda of information being disseminated and discussed with staff. Staff confirmed that if they were unable to attend meetings, the minutes were shared to ensure everyone had access to the information discussed.

- Staff told us they felt listened to by the management team and encouraged to make suggestions about ways of improving the service.

- Where issues arose, the management team looked at creative ways to resolve these through a problem-solving and adaptive approach. They actively tried to get families on board to work collaboratively to support people to be able to maintain living safely at the service.