

Mr & Mrs C B Ellis

Rookwood Residential Care Home

Inspection report

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16 August 2018

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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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection was unannounced and took place on the 14 and 16 August 2018.

We last carried out a comprehensive inspection of this service on 18 December 2017. At that inspection we found seven breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. The breaches related to the person-centred care, need for consent, safe care and treatment in relation to risks within the environment and people's health and well-being, safeguarding from abuse and staff training and development. We also issued a warning notice with regards to the lack of evidence to demonstrate Good Governance. Due to the breaches found the service was rated Inadequate in the Safe and Well-led domains and Requires Improvements in the Effective, Caring and Responsive domains. The service was given an overall rating of Inadequate and placed in Special Measures.

Following the inspection, we required the provider to complete an improvement action plan to show how they would improve all key questions; safe, effective, caring, responsive and well led to at least good.

Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Rookwood is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

Rookwood is a large Victorian building providing accommodation for people over three floors. An office and laundry are sited in the basement. The home is situated on a main road on the outskirts of Bury town centre. On street parking is available to the side of the home. The home is registered to provide accommodation and personal care for up to 17 people. At the time of our inspection there were 16 people living at the home.

The service had a registered manager. A registered manager is a person who has registered with the 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.

Systems were in place to monitor and review the service. It is recommended that the development of a business improvement plan would help to demonstrate on-going and sustained improvements were being made to enhance the service and experiences of people.

Systems were in place to safeguard people from abuse. Staff were aware of their responsibilities in reporting any issues or concerns so that people were protected.

People were supported by sufficient numbers of staff. Relevant recruitment checks were carried out to make sure people applying to work at the service were suitable.

Action had been taken to ensure that safety and suitability of the environment and equipment so that people were kept safe.

The management and administration of people's medicines was safe demonstrating people received their medicines as prescribed.

People living at Rookwood were involved and consulted with on decisions about how they wished to be supported. Lawful authorisation was in place for those people being deprived of their liberty.

Opportunities for training and support had been provided. This helps staff to develop the knowledge and skills needed to support people safely.

The home was found to be clean and well maintained with good infection prevention and control systems in place. Communal areas provided a good standard of accommodation for people and suitable aids and adaptations were in place to promote people's independence.

Care records contain sufficient information about people's needs, wishes and preferences. This helped to guide staff in the support people wanted and needed. Areas of potential risk to people had been assessed and planned for ensuring their health and well-being was maintained.

People said they enjoyed the choice of meals provided. Advice and support was sought where people were identified at nutritional risk. On-going support was accessed from relevant health care professionals so that people's health and well-being was maintained and people received any treatment they needed.

People were happy with the care and support they received and said staff were caring and friendly. Routines were relaxed, with some people enjoying more relaxed routines whilst others had more structured days with planned activities of their choosing. Staff encouraged people to be as independent as possible.

Opportunities were provided for people and staff to comment about the service. People felt confident any issues or concerns brought to the registered manager's attention would be taken seriously.

Information in respect of people's care was held securely, ensuring confidentiality was maintained.

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.

The staff team remained stable. Required checks had been made when appointing new staff. Staff had received training on identifying and responding to allegations of abuse so that people were protected.

Systems were in place to ensure the safe and effective management of people's medicines.

Risks identified within the environment and to people had been assessed and planned for so that their health and well-being was maintained.

Is the service effective?

Good ●

The service was effective.

Where people were unable to consent to their care and treatment the principles of the MCA had been followed so that decisions were made in the persons 'best interest'. The provider had sought the necessary authorisation for those people deprived of their liberty.

Opportunities for staff training and development were provided helping to ensure staff had the knowledge and skills needed to meet the specific needs of people safely and effectively.

Suitable arrangements were in place to meet people's nutritional needs. Relevant health care support was provided to ensure people's health and well-being was maintained.

Is the service caring?

Good ●

The service was caring.

Most people living at Rookwood had done so for many years. They were seen to enjoy a good rapport with staff who were clearly aware of their individual's needs.

People said they enjoyed living at Rookwood and that staff were

kind and friendly and supported them when needed.

We saw people's care records were stored securely within the downstairs office. This meant people's information was kept confidential.

Is the service responsive?

Good ●

The service was responsive.

Activities and opportunities were made available depending on people's individual wishes and preferences. These helped to promote people's health and wellbeing as well as maintain links with the local community.

Care plans contained sufficient information about the current needs, wishes and preferences of people.

The provider had a system in place for the recording and reporting of people's complaints and concerns. This helped to demonstrate people's views were listened to and acted upon.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Systems to effectively monitor and review the quality of service had been introduced to help identify improvements required. It is recommended that a period of sustained improvement is needed to help demonstrate continued development and enhancement of the service.

The service had a manager who was registered with the Care Quality Commission (CQC).

The provider had notified the CQC as required by legislation of all events, which occurred at the home which potentially impacted on the health, safety and well-being of people. The homes quality rating was displayed, as required, within the home.

Rookwood Residential Care Home

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.

Before our last inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service, including notifications the provider had sent us. A notification is information about important events such as, accidents and incidents, which the provider is required to send us by law.

We also contacted the Bury local authority quality monitoring team, Rochdale adult social care team and Healthwatch Bury. It was acknowledged by the quality team that improvements had been made since our last inspection in December 2017.

This inspection took place on 14 and 16 August 2018 and was unannounced on the first day. The inspection was undertaken by one adult social care inspector.

During our inspection we spoke with five people who used the service, the registered manager and three members of the staff team.

We looked at the environment and the standard of accommodation offered to people. We also reviewed three care files, medication administration records (MARs), staff training and development records as well as information about the management and conduct of the service.

Is the service safe?

Our findings

During our last inspection in December 2017 we found the registered provider was not meeting the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment and Safeguarding service users from abuse and improper treatment. Due to our findings requirement actions were made and the overall rating for this key question was rated as Inadequate. Following the last inspection, we asked the provider to complete an improvement action plan to show what they would do and by when to improve the key question to at least good.

At this inspection we looked to see if the required improvements had been made. We found improvements had been made to meet the regulations.

During our last inspection in December 2017 we found that the home was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not protected from abuse and improper treatment to ensure their safety and well-being. Due to our findings we raised a safeguarding concern with Bury local authority safeguarding team.

We discussed the use of 'consequences' with the registered manager and people living at the home as well as reviewed care records. We found these arrangements were no longer in place. Reviews had been held by the funding authorities to check people were receiving the care and support they wanted and needed. No issues had been identified. The registered manager told us staff were reinforcing to people the need to smoke outside, instead of bedrooms, and signs had been displayed to remind people. One person told us that most people were doing this.

We were aware of another concern raised by the registered manager with the local authority regarding the safety of one person when out in the community. The registered manager was liaising closely with the local authority to address the concerns. All the staff we spoke with were aware of the issues and knew what additional support was required to keep the person safe. We also spoke with the person concerned who told us why the additional support was being provided.

We found the service had policies and procedures in place to guide staff in safeguarding people from abuse. A review of records and discussion with staff confirmed that training had been provided and staff knew what action to take to ensure people were protected. People we spoke with responded "Definitely" when asked if they felt safe.

At our last inspection in December 2017 we found that the home was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider was failing to adequately identify, assess and manage risks to people in relation to choking. Due to our concerns this matter was also raised with the local authority.

During this inspection we checked to see what action had been taken to help protect the person. We found an assessment had been completed by the speech and language therapist (SALT). Information had been

provided about how best to support this person and minimise potential risks. A care plan and risk assessment had also been put in place to provide additional guidance for staff. Staff spoken knew how to support the person in a consistent way so that potential risks were minimised.

A review of people's records also showed that other areas of risk were assessed and planned for to help maintain their health and well-being. For example; risk of falls, smoking, behaviours that may challenge others, specific health conditions such as diabetes and personal safety. This information helps to guide staff about how best to support people safely. Where additional advice and support was required relevant health care teams had been contacted.

During our inspection in December 2017 we found that the home was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not taken reasonable steps to ensure the premises and equipment were safe. This included risk assessments for hot surfaces such as radiators, legionella assessment as well as the safety and security of the building.

At this inspection we saw that internal risk assessments had been completed regarding legionella and hot surfaces. Where necessary, radiator covers had been fitted to minimise potential risks to people. We were also told and heard an alarm had been fitted to the front door. This alerted staff to people potentially entering or leaving the building so that they could respond in a timely manner. Immediately following the inspection, the registered manager confirmed arrangements had also been made for a formal legionella assessment to be completed throughout the building immediately following the inspection.

We saw up to date servicing certificates were in place to show the premises and equipment were safe and in good working order. Checks included, small appliances, fire equipment and the 5-year electric circuit check. We also found the registered provider continued to maintain records of health and safety checks, including emergency lighting, the fire alarm, means of escape as well as periodic fire drills. The registered manager told us and information was provided to confirm that an up to date fire assessment had been scheduled to take place.

The provider had a business continuity plan, which provided information about how they would continue to meet people's needs in the event of an emergency, such as flooding or a fire that forced the closure of the service, the breakdown of the laundry or lack of staff. Each person had a personal emergency evacuation plan (PEEP) so that staff knew how to support people in the event of a fire or other emergency should they need to evacuate the building. The registered manager was to create a 'grab bag' so that information could be accessed quickly should an incident arise.

People were protected by the prevention and control of infection procedures in place. The home was clean and had no unpleasant odour. Domestic staff were seen throughout the inspection maintaining the cleanliness of the home. One person described them as, "Fab, harder worker and so thorough." We observed staff following infection control guidelines such as washing their hands and using disposable personal protective equipment (PPE) such as gloves and aprons before supporting people. Records reviewed also confirmed that staff had completed infection control training. The service had also been inspected by the local authority health protection team in November 2017. The service was given a rating of 98% compliant.

We asked the registered manager if there had been any turnover in staff. We were told the team had remained stable for many years. No new staff had been employed since our inspection in December 2017. We reviewed the recruitment records completed at that time and found that all relevant checks had been completed. One person commented, "The staff are very settled."

We looked at the staffing arrangements in place at the home. We were told and records showed that in addition to the registered manager there were two support staff and a domestic throughout the day, evening cover had also been increased to two support staff due to the assessed needs of people. A 'wake-in' staff member was available throughout the night time. This means staff are awake throughout the night to help and assist people should support be needed. On-call support was also provided by the registered manager should staff need additional advice and support. Staff spoken with told us, "[Registered manager] always responds if needed" and "[Registered manager] is responsive and supportive."

We looked at the management and administration of people's prescribed medicines. We were told and records showed that all staff had completed training in the administration of medication. We checked the systems for the receipt, storage, administration and disposal of medicines. We found this continued to be managed safely. Whilst the service was not holding any controlled drugs, suitable arrangements were in place to ensure they would be managed safely, where necessary. Controlled medicines are classified (by law) based on their benefit when used in medical treatment and their harm if misused.

Is the service effective?

Our findings

During our last inspection in December 2017 we found the registered provider was not meeting the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the need for consent and staffing. Due to our findings requirement actions were made and the overall rating for this key question was rated as requires improvement. Following the last inspection, we asked the provider to complete an improvement action plan to show what they would do and by when to improve the key question to at least good.

At this inspection we looked to see if the required improvements had been made. We found improvements had been made to meet the regulations.

During our last inspection in December 2017 we found that the home was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider was failing to work within the requirements of the Mental Capacity Act (2005) and there was a risk that people were being deprived of their liberty without proper lawful authority.

Prior to this inspection we had received, as required, formal notification from the registered manager advising of DoLS authorisation which had been approved by the supervisory body (local authority).

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During this inspection we checked again whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We were told that six people were currently subject to a DoLS. Regulation notifications had been forwarded to the CQC as required.

From our discussions with people, our observations and a review of people's care records we saw people were consulted with and consented to their care and support, where able. We found people made decisions about their support and routines. People had support from independent mental capacity advocates (IMCA's) where they needed help to make decisions in their best interests.

Those people we spoke with told us they could decide things for themselves. People told us, "I choose what I do each day", "I do my own thing" and "The staff always ask me if I need help with anything."

Policies and procedures were in place with regards to MCA and DoLS. This information is essential to help inform and guide staff where people lack the mental capacity to consent to their care and where restrictions are in place ensuring practice is lawful. A review of training records and discussion with staff showed that training in mental capacity was included in the recent training. Staff were also able to tell us which people were subject to a DoLS and could demonstrate how they sought consent from people when offering support.

At our last inspection in December 2017 we found that the home was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were gaps in training, which meant the registered provider could not be certain staff were adequately supported and skilled to provide effective support to people living at the home.

During this inspection we spoke with the registered manager and staff and reviewed training records. The registered manager told us and records confirmed that training areas discussed at the last inspection had been provided for all staff. These included, mental health, dementia and learning disability awareness, managing challenging behaviour and moving and handling. In addition, those files we looked at showed that staff had also completed training in safeguarding adults and medication. Further areas of training and development were to be identified and planned through the local authority partnership training group or distance learning. Those staff we spoke with also confirmed the training completed. One staff member said they had found the recent training 'had helped a lot' as this had given them a better insight into people's needs and behaviours. Other staff told us, "We all do the training that's provided" and "There's been a lot of training recently."

In addition to the training there was also a programme of induction and supervision. The induction included familiarising new staff with the environment as well as information about their daily responsibilities, people's support needs, emergencies, fire safety and medication. Records had also been made of occasional staff meetings, supervision meetings and an annual appraisal. The registered manager acknowledged that some recent supervision meetings had not been completed. Plans were in place to address this. Following the inspection further evidence was provided by the registered manager to show that meetings had been held with staff. All the staff we spoke with felt supported by the registered manager adding, "She will do all she can to help" and "Supportive manager, know each other and how we work."

Daily handovers were also provided during each shift change so that information about people's changing needs or appointments were communicated fully to all members of the team. This was confirmed by those staff we spoke with.

Whilst no new admissions had been made to the home for some time the registered manager told us that a pre-admission assessment would be completed prior to admission so that relevant information could be gathered about the person's individual needs. Additional information would also be requested from the funding authority. This helped to make an informed decision about the suitability of placements.

Suitable arrangements were in place to help ensure people's nutritional and hydration needs were met. We saw there were sufficient food items available and staff were seen baking cakes for later in the day. There was a menu in place offering a choice of meals and refreshments were made available throughout the day. People we spoke with told us they enjoyed the meals provided. One person told us that they supported staff by running errands to get some of the weekly shopping items, which they liked to do.

Rookwood was last inspected by the local authority food hygiene inspectors in September 2015. The home was rated 5, which is the highest rating.

Care plans provided details of people's nutritional needs. Additional monitoring was also made to check people were not losing weight. Advice and support would be sought from the person's GP or dietician if it had been identified people were at risk. We were told alternative mealtime arrangements had been put in place for one person due to their dietary needs and risk of choking. This was observed during the inspection.

We saw that people had regular access to health care support when needed. People were registered with a GP and had access to dieticians, psychiatrist, community learning disability team, community psychiatric nurses, diabetic nurse and dentists. Those requiring or wanting support to attend appointments were accompanied by the registered manager. One person we spoke with confirmed what we had been told, adding, "[Registered manager] goes with me if I have an appointment, I like that."

Rookwood is a large Victorian building providing a good standard of accommodation and facilities over three floors. People had access to several lounge areas and a dining room. There were several toilets and bathrooms available on each of the floors. In addition, there was an office and a laundry in the basement. We found the home was clean, comfortable and well maintained and people living at the home personalised their rooms with items of their choosing. People told us, "They keep on top of the building" and "Always kept nice."

Is the service caring?

Our findings

When asked people what was 'good' about living at Rookwood. People told us, "It's got a family feel", "People's needs are catered for", "We're well looked after" and "I don't feel like a number."

The atmosphere at the home was quiet, friendly and relaxed. Many of the people had lived at the home for many years and had developed friendships with each other. People were seen spending time together watching television and chatting with each other.

We looked at how people were supported to maintain their autonomy and independence. People told us they could make their own decisions about their preferred routine, for example, how they spent their time each day or rising and retiring to bed. People were seen to spend time in the communal areas with others or in the privacy of their own rooms and this was respected by staff. One person told us, "I have the best of both worlds, I have my independence as well as support if needed."

We looked at how staff cared for people in a respectful and dignified manner. We found staff knew people's individual preferences and personalities and treated people with kindness. People were referred to by their preferred names and were supported in a patient, unhurried manner. Interactions between people and staff were pleasant and friendly. We saw people ask for support when needed and staff responded appropriately. From our observations and discussions with staff, they could demonstrate their understanding of the individual needs of people and how they wished to be cared for.

We were told that not many people had visitors to the home however some people maintained relationships with friends and family away from the home. During the inspection we spoke with one person who said they visited family for tea each week. Another person told us they had been out shopping with their partner.

Information about advocacy services was available and had been used where people needed help to make specific decisions about their care and support. This helped to ensure people's wishes and feelings were taken into consideration.

We were told and saw people's records were stored securely in the office so that confidentiality was maintained.

Is the service responsive?

Our findings

During our last inspection in December 2017 we found that the home was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was a lack of action plans to meet people's identified needs supporting them to recover, rehabilitate and become independent. Due to our findings requirement actions were made and the overall rating for this key question was rated as requires improvement. Following the last inspection, we asked the provider to complete an improvement action plan to show what they would do and by when to improve the key question to at least good.

At this inspection we looked to see if the required improvements had been made. We found that people followed routines of their own choosing but in and away from the home. This varied dependent on people's individual interests, age and abilities.

Most of the people living at Rookwood had lived there for a considerable number of years. Dependent on their age and abilities some people choose to follow a more relaxed routine spending time at home, shopping and visiting friends and family. One person we spoke with said they had now 'retired'.

Other people had a more active daily routine, for example, one person had support from occupational therapists. This was to help them learn daily living skills as they wished to move to more independent living. Another person had a car and enjoyed doing errands to help staff, they also liked to visit a local animal sanctuary and could make regular visits to see family members. This person felt they were able to maintain their independence whilst knowing staff were available to support them should they need it. Other people attended college or day centres. So that one person could continue with their daily routine, additional staff support was being provided as concerns had been identified whilst out in the community alone.

We were told there was no regular hairdresser visiting the home, however arrangements would be made if requested or those people able to would make their own appointments at a preferred salon. Those wishing to follow their cultural and spiritual needs were encouraged to do so and support would be provided if necessary. One person told us they enjoyed attending the local church.

We looked at how the provider considered areas of equality and diversity when planning people's care and support. The service had a policy on equality and diversity. The policy was available to guide staff about areas of equality and diversity including people's age, gender, race, disability, religion or belief and sexual orientation. We were told and care plans showed that consideration was given to people's 'emotional well-being' including their religious, cultural and spiritual needs. This helped to promote people's human rights.

A review of three people's records showed that care plans contained sufficient information to guide staff in supporting people to meet their needs. We saw plans explored people's mental health needs, medication and activities of daily living as well as potential risks. People's records also contained details of their individual goals and aspirations. A further document, 'All about me' was also completed and provided further personalised information about their people's 'hopes and dreams' and 'things they would like to

change'. There was evidence that care records were reviewed on a regular basis by the registered manager together with the person so that information reflected their wishes and feelings.

We saw the complaints procedure was displayed within the home and contained within the service user guide, which was given to people upon admission. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. The provider had developed an 'easy read' service user guide, which provided pictorial and written information which was easy to follow. This also included the how people could make a complaint.

The registered manager said that any issues brought to her attention would be recorded and dealt with accordingly. We were told that no issues or concerns had been raised since the last inspection. People we spoke with said they were happy and settled. One person added, "I just speak to [registered manager] if I've got any questions."

Is the service well-led?

Our findings

The service had consistent and stable management in place. The registered manager had worked at the home for a considerable number of years. They were supported by the provider, who visited several times a week and a stable staff team.

People living at Rookwood and staff spoke positively about the registered manager and provider. One staff member told us, "We've upped our game a bit!". Other comments included, "You can talk to them both, they understand", "[Registered manager] is brilliant", "They've been making lots of improvements" and "It's well run."

During our last inspection in December 2017 we found that the home was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured the service had an effective quality monitoring system in place. Due to our findings a warning notice was issued to the registered provider requiring them to take immediate action to address the breach and the overall rating for this key question was rated as Inadequate.

During this inspection we looked at what action had been made to demonstrate on-going assessment, monitoring and improvement of the service. We found checks were completed with regards to medication, people's finances, cleaning, health and safety, infection control and staffing. Any accidents or incidents were monitored and care plans were reviewed monthly. Plans were made to address any action required. We also saw evidence of two registered provider reports. These were completed periodically and explored any issues in relation the safety of the building and grounds, management issues as well as discussions with people and staff.

We discussed our findings with the registered manager. It is recommended that findings from the audits and feedback received are consolidated to inform the development of the homes business improvement plan. This would help to demonstrate on-going and sustained improvements were being made to enhance the service and experiences of people. This will be reviewed during our next inspection.

Opportunities were also made available for people, their visitors, staff and visiting professionals to comment about the service through the annual feedback surveys. These had last been distributed in November 2017. The registered manager told us these would be distributed again for 2018. Following the inspection, the registered manager confirmed this had been done. Responses received in 2017 were positive about the service offered to people. Two health professionals commented, "High quality establishment, which I would recommend highly. High standard of care" and "As a visiting [professional] I have found the staff to be very helpful and they keep me informed of any changes/problems noted with my patient." The relatives of two people also commented, "[Relative] loves it at Rookwood, it's her home and couldn't wish for a better home. Excellent management and staff" and "It's a lovely home and always made welcome. [Relative] is very happy and is treated kindly by all."

At the last inspection we also identified a breach of Regulation 18 of the Care Quality Commission

(Registration) Regulations 2009 as the registered provider had failed to submit notifications of events to CQC as required by law. Prior to this inspection we reviewed information sent to us by the registered provider. Formal notifications had been sent to us as required. This information helps us to monitor the service ensuring people are protected.

Policies and procedures were in place to help direct staff in areas of their work. These were reviewed and updated. This helped to ensure information was accurate and up to date. Policies included; safeguarding, mental capacity, confidentiality, whistle blowing, bullying, recruitment and philosophy of care.

The service had a service user guide and statement of purpose. These documents gave people who used the service and professionals the details of the services and facilities provided at Rookwood. This helped to ensure people knew what to expect from the service. We saw the service user guide was also provided in an easy read format with pictures to help explain the information to people.

From 1 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. The provider had displayed the CQC rating in the main hall.