

ROOKERY COTTAGE

Rookery Cottage

Inspection report

5 Church Way
Thorpe Malsor
Kettering
Northamptonshire
NN14 1JS

Tel: 01536482776
Website: www.rookerycottage.care

Date of inspection visit:
05 March 2019
06 March 2019

Date of publication:
28 March 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:

Rookery Cottage is a small residential care home providing personal care and accommodation for up to 13 people, some of whom have dementia. There were 10 people living in the home at the time of our inspection.

People's experience of using this service:

- There were sufficient staff to meet people's care and support needs. Staff had been recruited safely and improvements had been made with regards to retaining proof of staff identity.
- The management team had developed and implemented comprehensive audits to monitor the quality and safety of the service..
- People, relatives, staff and healthcare professionals told us Rookery Cottage had a homely atmosphere and a strong emphasis on the importance of family and community connections.
- The environment had recently been refurbished to a high standard; people had a comfortable and clean place to live.
- Staff felt a strong sense of ownership and pride in the service and felt well supported by the management team. Any concerns raised were effectively responded to and acted on appropriately.
- Plans of care had been developed and reviewed with people and their relatives, and the staff team knew people they were supporting well.
- People's personal preferences had been identified and they were supported to attend a diverse range of activities.
- People and relatives fed back they were happy with the care provided.
- Risks associated with people's care and support had been appropriately assessed and managed. People told us they felt safe living at the service and with the staff team who supported them. The team were aware of their responsibilities for keeping people safe and had received the relevant safeguarding training.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- People received kind and compassionate care at the end of their lives.

More information about the inspection is in the full report.

Rating at last inspection:

At our last inspection, the service was rated Requires Improvement in Safe and Well Led and Requires Improvement overall. Our last report was published on 23 March 2018.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received and assess if improvements have been made.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was Caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Rookery Cottage

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors.

Service and service type:

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

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

Notice of inspection:

The inspection was unannounced. We visited the home on 05 March and made telephone calls to relatives on the 06 March 2019.

What we did:

Before the inspection the provider completed a Provider Information Return (PIR), this is information the provider is required to send us at least annually that provides key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service such as notifications of events the provider is legally required to tell us about.

We sought feedback from the local authority who monitor the care and support people received and Healthwatch Northamptonshire, the local consumer champion for people using adult care services.

We used all this information to plan our inspection.

During inspection: we spoke with five people and three relatives. We spoke with both registered managers, four care staff, the maintenance worker and three visiting healthcare professionals. We observed support being provided in communal areas of the service.

We reviewed three people's care records to ensure they were reflective of their care needs. We reviewed three staff recruitment files, and other documents relating to the management of the service such as policies, audits, meeting minutes, safeguarding and training records.

During our inspection we requested further information from the provider which was received in a timely manner.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely:

- The provider followed safe protocols for the receipt, storage, administration and disposal of medicines.
- Improvements had been made following the last inspection. Improved systems and processes had been implemented and were embedded in practice. This ensured all medicines were accounted for and minimised the risk of medicines errors occurring.
- People received their medicines on time, in a safe way and as prescribed by their GP.
- Staff responsible for administering medicines had appropriate training and their competency assessed.
- Medicines were appropriately stored in a locked cupboard and appropriate checks were made on a regular basis of stock levels to ensure no discrepancies and prevent over ordering.
- Protocols for medicines required 'as needed' were in place but awaiting GP review. We saw staff were administering medicines 'as needed' for pain as prescribed.

Systems and processes to safeguard people from the risk of abuse:

- People were safeguarded by the systems and processes in place. The management team understood their responsibilities for keeping people safe, including appropriately reporting and investigating concerns.
- People confirmed they felt safe living at Rookery Cottage. One relative told us, "For the first time [name] has needed care, we feel we can go away on holiday knowing that [name] is safe."
- The staff team had received regular safeguarding adults training. Staff knew how to keep people safe from avoidable harm and how to raise concerns.
- There was a whistleblowing policy for reporting concerns. Staff told us they were confident any concerns would be addressed appropriately.

Assessing risk, safety monitoring and management:

- Risks associated with people's care and support had been properly assessed and managed, including pressure sores, malnutrition and falls. Where concerns had been identified, appropriate actions had been taken to reduce risks and keep people safe. For example, one person's risk assessment detailed the measures and specialist equipment needed to assist with the management of a pressure ulcer.
- People in need of assistance to move around the home were supported by staff members that had received training in the safe moving and handling of people.
- Checks had been carried out on the environment and on equipment used, for example moving and handling equipment to ensure they were safe to use.
- An up to date fire risk assessment and personal emergency evacuation plans (PEEP's) were in place. These showed how everyone must be assisted in the event of a fire or other emergency.

Staffing and recruitment:

- We found the provider flexibly increased staffing where required to ensure there were always enough staff. One staff member told us "They [the management team] will not stretch us. If someone rings in sick one of the team will cover it."
- People confirmed, and we saw there were enough staff available to meet people's individual needs. One person told us, "I ring the bell and they [staff] come quickly."
- Comprehensive recruitment checks had been undertaken to ensure staff were safe and suitable to work at the service. This included seeking an enhanced disclosure and barring service (DBS) check and references. Proof of identity for staff was in place, which had been missing at the last inspection.

Preventing and controlling infection:

- Staff followed infection prevention and control procedures to protect people from infection.
- We saw gloves and aprons were available and used appropriately by staff.
- The home was clean, tidy and odour free in all areas.
- The service had a five-star food hygiene rating from the local authority. Five is the highest rating awarded by the Food Standards Agency (FSA). This shows the service demonstrated good food hygiene standards.

Learning lessons when things go wrong:

- The management team individually investigated all reported accidents and incidents to identify if any improvements or changes were required to reduce the risk of the incident happening again.

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

Good: 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:

- People's care and support needs had been assessed and their needs identified prior to admission.
- People's needs were detailed in their care plans. This included support required in relation to their culture, religion, likes, dislikes and preferences.
- The staff team were supported by a range of health care professionals in the community. Care and support were provided in line with national guidance and best practice guidelines.

Staff support: induction, training, skills and experience:

- The staff team had the skills and knowledge to meet people's needs. Appropriate training had been completed and ongoing refresher training was provided.
- An induction process was in place for new staff. This included undertaking training the provider deemed as mandatory and shadowing experienced staff until assessed as competent.
- The management team had increased the focus on staff support since the last inspection by introducing a clear supervision and appraisal schedule which had been embedded in practice.

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

- People were supported to maintain a healthy balanced diet. A menu was available for people to make meal choices, menus were developed taking into consideration people's likes and dislikes.
- People could request alternative meals and told us they were asked if they wanted to order additional food items. This meant people's choices were flexibly catered for.
- We observed food to be plentiful, healthy and easily accessible. A fruit bowl was in a communal area, so people could help themselves.
- People spoke positively about the choice and quality of food and drink. One person told us, "We have a meal and sweet. We just eat!". Another person told us, "Meals are lovely!"
- Special diets were catered for. People needing a modified consistency of food received nutritionally balanced meals from an external supplier. People chose their meals.
- Nutritional risk assessments and care plans were in place to ensure people ate and drank enough. One person had been referred to a dietician. People's weight was regularly monitored and charts used to document intake for people at risk of malnutrition or dehydration.

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

- The staff team worked with external agencies to provide consistent, timely care. This included having key information readily available to support admissions to hospital and to promote consistency of care.

- Regular reviews were undertaken with commissioning authorities to ensure Rookery Cottage continued to meet people's needs.
- People receive timely support when they become unwell. One relative told us, "When my [relative] had pneumonia, they [staff] got the GP in very quickly."
- Records showed people made full use of community-based healthcare services. When needed people attended healthcare appointments with staff support. Advice and guidance from healthcare professionals was documented and followed.

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

- The service was well furnished and homely with indoor and outdoor communal areas.
- The provider had recently undertaken a refurbishment of the premises. The environment was bright and airy and the use of limited space well-considered.
- People told us their bedrooms were well maintained. We saw rooms were homely and contained personalised items such as pictures, photographs and soft furnishings.
- Bathrooms and other doors were clearly labelled which was beneficial for people with dementia.

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 were working within the principles of the MCA. We found the provider were compliant with the requirements of the MCA. One person's restrictions were authorised by the Court of Protection. A relative told us, the provider facilitated regular meetings with the person, family, and professionals to make best interest decisions and that a DoLS application was made.
- Staff supported people who did not have capacity to make decisions, in the least restrictive way possible; the policies and systems in the service supported this practice.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- People experienced positive caring relationships with staff. One person told us, "It's lovely here. [Staff] are very caring." A relative told us, "Staff are all keen and caring... having long conversations and laughing very much. There is an indefinable homely family atmosphere." Another relative commented "[Staff] cared for [relative] as well as a family member" when the person was unwell.
- The management team cared for visitors and people and were passionate about making sure people felt welcomed and cared for. Staff enjoyed spending time with the people they were supporting, visitors and each other. One staff member commented, "What I love here is there is no time restriction. I've got time if I need to stay with the person. Care is never rushed." We observed staff visiting people on their day off and warm, kind and caring actions between staff and visitors.
- People received compassionate support from staff following a death in the service. We saw feedback from a relative of a person who had recently passed away complimenting the staff team for being 'heroes' whilst caring for their relative.
- The provider was passionate about ensuring people's whole family's needs were met when they needed to access healthcare services. One relative told us that following a diagnosis with a health condition "We were informed about the consultant appointment and went as well. The whole family was involved as much as possible."
- People living at the home had developed warm and caring friendships with each other.
- Staff completed training in equality and diversity and were committed to ensuring people's equality and diversity needs were met. They had the information they needed to provide individualised care and support, for example respecting people's religious beliefs.

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

- People were supported to make decisions about their daily care. One relative told us, "[Relative] likes to go to bed later, so sits in the kitchen with the carers until [name] decides to go to bed."
- People were supported to make decisions about staff recruitment. One person told us they had interviewed the most recent member of staff.
- People told us staff involved them in making decisions about their care. One person who had previously fallen had a written reminder to 'Call before you fall'. The person had not fallen since this joint initiative between the person and staff.
- We observed staff responding to people's needs in a person-centred way throughout the inspection, including if people became distressed. One person became upset during a Chiropody visit. A staff member distracted the person by chatting about their holiday, saying "Shall I show you the pictures to take your mind off it?" The person responded positively to the interaction, enabling the appointment to continue.
- The management team knew how to access advocates for people if they needed to have someone to help

them speak up about their care.

Respecting and promoting people's privacy, dignity and independence:

- People privacy and dignity was respected. We saw staff knocked and sought permission before entering people's bedrooms, and there were privacy screens in shared bedrooms.
- Care plans specifically promoted people's independence. One person's care record stated "[Name] will wash her face and throat if you give her the cloth."
- Information about people was stored in a locked cupboard to maintain their confidentiality.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received care and support based on their individual needs. Plans of care had been developed when people first moved into the home.
- People's plans of care included information about their life history, cultural needs and the hobbies and interests they enjoyed. This ensured staff understood what was most important to people.
- Care plans had been reviewed at least weekly with people and their relatives. Where necessary healthcare professionals were involved. When appropriate, any specific care plans were agreed in consultation with the person and other agencies.
- People were supported to continue with their hobbies and interests and take part in activities of their choice. A range of activities were available such as crafts, quizzes, exercise classes and visiting entertainers. People had access to books and newspapers of their choice and were reading them in the communal areas. One person told us "I occasionally go to activities, but I'm in my element reading, watching documentaries and chatting to people, reading the paper. It keeps my mind occupied."
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. People's care plans included a section about how staff should communicate with people who experienced communication difficulties.

Improving care quality in response to complaints or concerns:

- The management team knew their role and responsibilities when dealing with complaints. The provider had a complaints policy with a clear procedure to manage complaints.
- The management team advised there had been no complaints since the last inspection. People and their relatives told us they felt confident raising concerns with staff or the management team. One person told us "Any concerns, I would tell the [staff], they will tell [management team] and they will sort it out."

End of life care and support:

- People living at Rookery Cottage were supported when they reached the end of their lives. End of life care plans highlighted spiritual and emotional support as well as addressing physical needs. They were completed in liaison with the District Nurse and GP.
- We saw some people had Do Not Attempt Cardiopulmonary Resuscitation (DNAR) forms completed, so staff knew what action to take in an emergency.
- The staff team knew how to support people at the end of their life. One member of staff told us "When people are dying they receive extra support. It really is a privilege to help keep people comfortable."
- The Registered Manager had plans for the service to be accredited to the Gold Standards Framework for End of Life Care.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Robust monitoring systems had been implemented to monitor the quality and safety of the service and identify areas of further development. Audits for medicines, infection control and health and safety had been implemented and were embedded in practice.
- The management team understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service. This meant we were kept informed and could check whether the appropriate action had been taken in response to these events.
- The management team were aware of their responsibility to have their rating from their last inspection on display. We saw the rating was clearly on display on the provider's website and within the service.
- People, relatives, staff and healthcare professionals consistently spoke positively about both registered managers. One staff member said, "We feel very well supported. Staff are happy, we don't feel nervous about the managers. They're very open and they lead well. If we say something needs doing they will act on it quickly."
- Staff were delegated tasks to each defined role which meant they were clear about their roles and responsibilities.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The management team demonstrated a commitment to provide person-centred care by engaging with people and relatives. Care and support plans were developed taking people's varied needs into account.
- The staff team understood the provider's vision for the service; they knew people and their families, and there was a strong emphasis on family and community which filtered through the service.
- The management team understood their duty of candour responsibilities and engaged people in investigations and ensured outcomes were communicated following any incidents.

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

- The management team had introduced an innovative way for people and visitors to rate their experience of the service using coloured counters. Feedback since implementation had been positive.
- Annual surveys and meetings had been used to seek the views and opinions of people and relatives to influence improvements. People and relatives consistently fed back how well the management team consulted with them.
- Staff meetings were held every three months to share best practice and keep the staff team updated with

any changes to people's care delivery.

- The management team ensured staff were rewarded for their loyalty to the service, for example by organising a Christmas meal and pay day bingo with cash prizes.
- Staff felt valued and supported, they told us personal commitments and medical conditions were considered when planning rotas, the management team always thanked them for their work and they "loved" working at the service. Many staff had worked at Rookery Cottage for several years.
- Staff and visiting healthcare professionals told us they would be happy for their relatives to live at Rookery Cottage.

Continuous learning and improving care:

- The management team had improved overall oversight of Rookery Cottage since the last inspection and had planned to undertake training to further improve quality assurance systems and processes.
- The management team kept up to date by accessing training provided by the local authority and had developed links with the local Care Home Advice Pharmacy team (CHAPS) and the Northamptonshire End of Life Practice Development Team (NHFT). They had also obtained support and guidance from resources such as Skills for Care .
- Staff felt central to the process of learning and driving improvements in the service. One member of staff commented "They're fabulous bosses. They always ask for your input. There is no hierarchy, it's more a team effort."

Working in partnership with others:

- The management team worked in partnership with commissioners, the local authority safeguarding team and other healthcare professionals.
- One registered manager attends Registered Managers Network events and is a volunteer executive member of the Northamptonshire Care Home Association. Meetings enable the management team to share and develop good practice with other local providers of adult social care services.
- The management team had developed links with the local school and art club and had recruited a volunteer. This broadened activities available for people whilst offering work experience for young people who planned to work in adult health or social care.