

ROOKERY COTTAGE

Rookery Cottage

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Rookery Cottage is a residential care home providing personal and nursing care to up to 13 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 12 people living in the service.

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

People were cared for safely. Risk assessments were in place and reviewed regularly, and as people's needs changed. Staff understood safeguarding procedures. Safe recruitment practices were followed to ensure staff were suitable for their roles.

There were consistently enough staff to meet people's care needs. People were supported with their medicines and good infection control practices were followed. Accidents, incidents and falls were recorded and followed up appropriately. Lessons were learned when things went wrong.

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 providers had embedded an open and learning culture in their family run service. They were passionate about people experiencing a caring, home from home service and this was at the heart of the values of the service.

All of the feedback from people, relatives and staff was positive about the approachability, availability and responsiveness of the providers, and the friendliness and warmth of the staff team. Staff told us they were happy in their roles and felt valued as part of a strong and effective team.

The providers were committed to investing in the training and continuous learning of their experienced staff team for the benefit of people living in the service. Staff felt they had opportunities to progress in their roles and took on mentoring of others and specialist areas of care, as part of their ongoing development. A high number of staff were involved in studying for care qualifications, supported by the provider.

The providers worked in an open and transparent way and staff knew how to raise concerns should they have any. The providers had effective oversight of the running of the service. An electronic care planning system had recently been introduced and was embedded into practice. This helped staff have easy access to care records and gave the management team instant access to oversee people's care.

The views of people and relatives were regularly sought and used to drive continuous improvements of the service. Communication within the staff team was effective and staff felt their opinions mattered.

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

Rating at last inspection

The last rating for this service was good (published 28 March 2019).

Why we inspected

We received some concerns in relation to the care people received. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We did not find any evidence to substantiate the concerns.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rookery Cottage on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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. 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an inspector who visited the service on the first day and an Expert by Experience who made phone calls to relatives on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Rookery Cottage is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rookery Cottage is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were 2 registered managers in post. They were also the providers.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who lived in the service and 12 relatives for feedback on their experience of care provided. We spoke with both registered managers. We spoke with and/or received email feedback from 11 members of staff which included senior care staff, care staff and the maintenance technician. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance audits, training records and safeguarding records were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from abuse and knew how to follow local safeguarding protocols when required. A tracker was used to log and monitor any safeguarding issues.
- People were cared for safely and felt safe living in the service. This was confirmed in feedback from everyone we spoke to. One relative told us, "[Family member] is absolutely safe. I have no issues at all. They moved [family member's] room so they don't come out right on top of the stairs. There is always someone around." Another relative said, "I definitely think that [family member] is safe. They are treated as though it's their own home. [Family member] loves it there."
- Staff received training to recognise abuse and protect people from the risk of abuse.

Assessing risk, safety monitoring and management

- People's risks were assessed regularly or as their needs changed. Risk support plans were comprehensive and covered a range of known risks such as falls, skin integrity and eating/drinking. Care and risk support plans provided guidance to staff on how to provide care that reduced known risks.
- People used a variety of equipment to help keep them safe. For example, pressure relieving equipment or call bells and sensor mats to summon assistance. People received prompt support from staff and had mobility equipment such as walking frames close to where they were seated for easy access.
- Hospital grab sheets and personal evacuation plans were available on people's care records. This ensured up to date essential information could be shared in the event of a hospital admission or emergency evacuation of the building.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were applied for to deprive a person of their liberty.
- MCA assessments were completed for specific decisions. For example, receiving personal care or using bed rails. Best interest decisions were made in consultation with people's relatives or representatives when

required.

- When people did not have the capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staffing and recruitment

- The provider followed safe recruitment practices. This meant checks were carried out to make sure staff were suitable and had the right character and experience for their roles. Not all application forms included full employment histories and the registered manager followed this up immediately when it was brought to their attention.
- There were enough staff to provide safe care to people. One relative said, "There are always plenty of staff. They are always approachable and friendly." Everyone we spoke with gave similar feedback.

Using medicines safely

- Systems were followed for ordering, receiving and storing medicines. An electronic medicine system had been introduced and this reduced the risk of errors due to the cross checks and safeguards in place. A senior carer told us about the additional checks completed when medicines were booked in to ensure items received were accurate.
- People received their medicines safely. Medicines were administered by staff who were trained to do so. Some people had difficulties swallowing, and we saw GP authorisation had been received so that some tablets could be crushed and given with a food, for example, yogurt.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The registered manager confirmed visitors were welcome to attend the service at any time without restriction. Some relatives told us they still made appointments before visiting. When this was brought to the registered manager's attention, they immediately contacted all relatives to clarify and ensure everyone knew this was not a requirement.

Learning lessons when things go wrong

- Processes were in place for accidents, incidents and falls to be recorded by staff and appropriate follow up action was taken.
- The registered managers had effective oversight of incidents and appropriate referrals were made when support from other health professionals was needed. A document to formally record oversight and analysis on a regular basis was being embedded into practice.

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 has remained the same. 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

- The registered managers of Rookery Cottage were a mother and son team who had embedded an open and positive culture in their family run service. They were very committed to providing person centred care, with drive and passion for delivering a home from home experience for people living in the service.
- All relatives and people we received feedback from knew the registered managers and spoke highly of their approachability, availability and responsiveness. Some of the comments included, "The management are 100%", "[Registered managers] are approachable, it's a family home," and, "[Registered manager] is always on hand."
- All of the staff we spoke with enjoyed working at the service, found their roles rewarding and placed people living there at the heart of everything they did. They felt supported by the management team to do their jobs well and ensure people received excellent care. One staff member told us, "Management are brilliant, very friendly and issues get sorted quickly," and another said, "It's the best home I've worked in. I will happily work here until I retire, I can honestly say that."
- Due to the small size of the service, staff undertook a variety of roles including care tasks, domestic, housekeeping and night shifts. There was a collective responsibility for ensuring all areas of the service ran smoothly and the staff team worked together to achieve this. Staff told us, "I feel our team is a very strong supportive one and we all work well together." Relatives noticed staff were happy in their roles and one told us, "It is excellent, there are good vibes as soon as you walk in, there is a happy, lovely vibe."
- People experienced very positive outcomes because staff understood and prioritised their needs and preferences. A relative told us, "We had a feeling they would do what they said they would do. Within 2 to 3 weeks they had got on top of the diabetes, they hope to get [family member] walking again, they are getting [family member] back to the person we knew. We feel listened to."

Continuous learning and improving care; Working in partnership with others

- There was a strong emphasis and embedded culture of continuous training and learning in the staff team. Most staff had achieved or were undertaking NVQ Qualifications and those with more experience were responsible for mentoring other staff and championing a specialist area of care such as skin integrity, falls and nutrition. Staff had opportunities to develop and progress in their roles and their enhanced knowledge and skills ensured staff were motivated to deliver high quality care.
- The provider was accredited with the Gold Standard Framework in end of life care. This meant they had high quality and effective processes and practice in place to support people as they approached and experienced the end of their life. This included practical as well as emotional systems to support the person,

their loved ones and staff. We saw very positive written feedback from 2 relatives about the care and compassion shown during their loved one's end of life care.

- Staff continued to work in partnership with health and social care professionals involved in the care and treatment of people living in the service. Recent feedback from a district nurse was very positive about all aspects of care people received and in particular people not acquiring pressure sores whilst living in the service due to good care by staff.

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 worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew how to raise concerns if they had any. A newer member of the team told us they learned about safeguarding and whistleblowing from early in their training, "We all know reporting procedures."

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

- The provider had invested in an electronic care planning system to improve the quality of care planning and oversight. This gave staff instant access to people's records and gave the management team robust oversight of people's care planning, review and delivery. Any identified improvements were actioned promptly to improve people's care and quality of life.
- Quality assurance audits took place in key areas and were being expanded to ensure effective management oversight and analysis was documented regularly. Both registered managers were present and involved in every aspect of the day to day running and oversight of the service.
- The registered managers were aware of their regulatory responsibilities and submitted notifications to the Care Quality Commission as required.

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

- The registered managers actively sought the views of others. People, relatives and staff were involved and their feedback sought on a regular basis. This included formally via questionnaires which had been sent out recently.
- Feedback was also sought by monthly phone calls to relatives and positive feedback was received about these calls. One relative told us, "A young woman calls once a month to ask whether we have any concerns or can they do anything else to keep [family member] happy, and have a general chat." Where a concern had been raised during a call, it was followed up promptly by a staff member and also the registered manager.
- Staff were engaged and involved in the service and felt their views and opinions mattered. Staff told us there was good communication at all levels and a WhatsApp group was used to cascade useful and necessary information to the staff team.