



Inspection Report on

The Rookery

**The Rookery
School Hill
Newcastle Emlyn
SA38 9LL**

Date Inspection Completed

08/07/2021

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About The Rookery

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Bramble Bay Ltd
Registered places	8
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service

Summary

People have choice and control over their day-to-day lives. They feel they are listened to and their views are considered. Risk assessments are in place for individuals care and support, as well as for Health & safety. Care staff work from personal plans that are coproduced by people living in the home, their family, and staff. However, these are not being reviewed regularly and kept up-to-date.

People are cared for and supported by staff who are committed to making a positive difference.

Care staff are motivated, cater for people's preferences, friendly and are able to offer to communicate in Welsh or English. The care staff told us they have a good knowledge and understanding of their roles and responsibilities, including safeguarding and infection control. However, no training records were provided to evidence this.

The responsible individual (RI) has oversight of the service and although they gain feedback from people living in the home, care staff, families and professionals. Significant Improvement is required in the auditing, reviewing, updating and checking of policies/guidance/care file's/documentation in place in order to improve quality.

The home is clean and having decoration carried out.

Well-being

People have choice and control over their day-to-day lives. The care files we saw had key information on communication, needs/support required, likes, and dislikes. However, these are not updated and reviewed to ensure people receive the correct care. The manager has only been in position for a few weeks and has put in place a clear action plan to review and update all care files and documents.

People are protected from the risk of abuse, this is because Care workers told us they have good knowledge of safeguarding and the importance of reporting any incidents or concerns, they have a clear understanding of their role in protecting people from the risk of abuse.

We cannot be assured people are protected from the risk of harm; this is because necessary policies and guidance's are not up to date with best practice and do not mitigate risk.

People's voices and individual opinions and ideas are considered, we saw documented evidence that the RI or manager consults and talks with people to gain their individual opinions regarding decoration, menus, and activities.

People cannot be certain that care staff have the necessary training and therefore knowledge to meet their individual needs. This is because although care staff told us they have good knowledge of their roles, there was no evidence of training and development for staff.

Care and Support

Assessments are completed for each person to ensure that The Rookery is the correct service to meet their needs. The manager told us that personal plans are developed in collaboration with individuals and their families. Personal plans are not reviewed and updated regularly or as and when a person's need changes. This was evidenced in the care files we saw and by the new to post manager. The manager has completed an action plan to priorities the work needed to be completed; We saw the first action, which is being done, is the updating of each person's care file. This work has started with a couple of files nearly finished.

Care staff do not have access to up-to-date personal plans and/or risk assessments in relation to the support and care people need. Although staff have a good knowledge of people's needs and the support they require. The RI does not have effective oversight of the service; significant improvement is required in the oversight of audits and documentation in care files. We expect the service provider to take action to address this and we will follow this up at the next inspection.

The manager told us they have implemented individual timetables with everyone. These will be reviewed regularly and include daily tasks as well as activities. The manager told us *'We sit with each person and look at the things they would like to do and when, they are fully involved in this process'*.

People feel valued, respected and that they are given choice and control, people stated, *"I'm happy here "*, *"I can't do somethings myself so they (care staff) help me"*.

People have access to visits indoors and outdoors, telephone calls and video calls. One person has support to see their partner in the community and have visits.

Environment

The home is undergoing re-decoration throughout. The hallway has been re-wallpapered and is clean and homely. People are able to have their rooms the way that they would like them. The work on the decoration is ongoing at present.

The manager's office has moved to a larger room and has an open door policy to all staff and people living there to come at any time. If there is a meeting, the door is closed but people are encouraged to come up and knock.

The manager told us that health and safety checks and audits are done including fire drills. However, we have not seen documentation to evidence this. The new in post manager has included this in the improvement action plan and is working on clear documentation for auditing and monitoring. Significant improvement is required from the RI in auditing and checking procedures in the care home. We expect the service provider to take action to address this and we will follow this up at the next inspection.

Leadership and Management

We saw that quality of care reports are clear and take into account the opinions of people living in the home, their family, the care staff and visitors (including professionals). However, the policies are not reviewed or checked for accuracy. We were told that some of the policies have the last review date as 2014. There is no record of audits by the RI on care files, staff files, health and safety audit checks or guidance/procedures.

The RI does not have effective oversight of the service; significant improvement is required in the oversight of audits, policies/guidance and reviewing to ensure that people are safe and have the correct information available to them. We expect the provider to take action to address this and we will follow this up at the next inspection.

The RI is not ensuring that the required training for care staff is maintained and up to date. Care staff told us they had received induction training and had clear knowledge and understanding of their individual roles and responsibilities. However, this is not documented/recorded in an effective way, so that audits of required training needs can be completed. Therefore, people cannot be assured that care staff have the necessary training required to provide the care and support needed support them. The RI must significantly improve their oversight of staff training and personal development. We expect the service provider to take action to address this and we will follow this up at the next inspection.

We read reports that the RI had completed following visits to the service; these were very clear in the wellbeing of the people living in the home. Their feedback and ideas are documented and actioned where necessary. This is also the same for the staff, family and visitors. This however is not sufficient oversight from the RI, the oversight of the service must include the auditing/reviewing of documents/policies/guidance/procedures and care/staff files. There is no evidence of effective oversight from the RI. We expect the service provider to take action to address this and we will follow this up at the next inspection.

The manager told us that the RI is in regular contact with the home, and is supportive to both management and care staff. They have a clear understanding of the work that is required to ensure that the service is running to the best of its ability, and so that it is in line with requirements for CIW and local health and commissioning boards. We have not issued a 'priority action notice' at this time, as we found there is no immediate risk to people's health safety and wellbeing. The RI along with the manager are working on the improvements required and there has been some progress but there is more work to be done. We expect the service provider to take action to address this and we will follow this up at the next inspection.

Areas for improvement and action at, or since, the previous inspection. Achieved**Areas for improvement and action at, or since, the previous inspection. Not Achieved**

None

Areas where priority action is required

None

Areas where improvement is required

Service provider does not maintain a clear record of core training or specialist training required to support people in the service

Regulation 36(2)(d)
Regulation 36(2)(e)
Regulation 36(2)(f)

The RI does not ensure personal plan are reviewed as and when required but at least every three months.

Regulation 16(1)
Regulation 16(3)
Regulation 16(4)
Regulation 16(5)

The service provider does not ensure that the content of the policies and procedures which are required to be in place are kept up to date with the correct information and are clear.

Regulation 12(4)(c)

The responsible individual does not ensure that systems and processes are in place which enable them to collate information about the service and any areas that may need closer observation/consideration and/or improvement.

Regulation 74(1)

The area(s) identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

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