Robertson Nursing Home Limited

Robertson Nursing Home

Inspection report

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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?	Good

Summary of findings

Overall summary

The inspection took place on 13 July 2016 and was unannounced. This was a comprehensive inspection.

Robertson Nursing Home is registered to provide accommodation and nursing care for up to 41 older people, many of whom were living with dementia. On the day of our inspection there were 37 people living at the home.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

Staff understood their role in safeguarding people and had attended training. They demonstrated understanding of how to recognise signs of abuse and who to contact if they suspect abuse.

Accidents and incidents were being reported where appropriate. Staff routinely carried out risk assessments and created plans to minimise known hazards whilst encouraging people's independence. Policies and procedures were in place to keep people safe in the event of emergencies. Fire drills and fire alarm tests were carried out along with regular audits of emergency and contingency planning.

There were sufficient staff present to safely meet people's needs. Staff had undergone checks to ensure that they were of good character to be working with people. Staff had appropriate training and support to meet the needs of people living at the home.

People's medicines were administered safely. Healthcare professionals had a lot of input into people's care and staff observed their guidance in providing care to people.

People's legal rights were protected as staff provided care in line with the Mental Capacity Act (2005). Correct procedures were followed when depriving people of their liberty. Staff followed the guidance of healthcare professionals where appropriate and we saw evidence of staff working alongside healthcare professionals to achieve outcomes for people.

People told us that they enjoyed the food and we saw evidence of people being provided with choice and also being involved in writing menus. People had a good selection of activities to be involved in.

People's records were kept thorough and up to date with detailed assessments when people were admitted to the home and regular reviews.

People, their relatives and health care professionals were overwhelmingly positive about the care and management provided at this home. Comments about the registered manager, the staff and the service

included, 'Fantastic', 'Proactive' and 'Exceptionally good'. Staff felt very well supported by the registered manager. People were cared for by staff that were made to feel valued. Many staff had worked at the home for a long time. Staff had many opportunities to further their development and their careers.

The registered manager found creative ways to encourage staff to reflect on their practice and to improve. There was a positive culture amongst the staff team that permeated to the people that they supported and their relatives. Staff were encouraged to make suggestions and the registered manager created an inclusive atmosphere amongst staff and people.

The registered manager had made good links with the local community and other organisations to develop good practice amongst staff as well as improving practice in social care overall through participation in studies and initiatives.

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.

There were sufficient staff deployed to meet people's needs.

Staff followed safe medicines management procedures.

Risks to people's safety were known to staff and had been assessed and recorded.

The provider carried out appropriate recruitment checks when employing new staff.

Staff were trained in safeguarding adults and knew how to report any concerns.

There was a contingency plan in place in case of an emergency.

Is the service effective?

Good

The service was effective.

People were supported by staff who were appropriately trained and knowledgeable about their needs.

People were happy with the food served at the home and were able to make suggestions to the menu. Choices were available for people.

Staff understood the Mental Capacity Act (2005) and people were supported in line with its guidance. Where applicable, applications had been made to deprive people of their liberty.

People had good access to healthcare professionals and staff worked alongside them to meet people's health needs effectively.

Is the service caring?

Good

The service was caring.

People were supported by compassionate staff that knew them

well.

People were included in the running of the home and could make choices about their living environment.

People's privacy and dignity was respected by staff.

Is the service responsive?

Good

The service was responsive.

Assessments and care plans were person centred and reflected people's needs.

People were supported to engage in activities that were suitable for them based on their needs.

Complaints were responded to by the provider.

Is the service well-led?

Good

The service was well led.

Staff had support from management and felt valued working at the home.

Staff were encouraged to provide their feedback on how the home was run. This was always listened to and acted on.

The registered manager was committed to developing best practice and people and staff were participating in pioneering studies. These had led to improved staff understanding and as a result, better care for people, especially those living with dementia.

The registered manager had developed good links with the local community and other organisations.

Robust systems were in place to monitor the quality of care and to ensure that people received good care. Continual improvement was made as a result of the quality monitoring and feedback .

Robertson Nursing 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.

This inspection took place on 13 July 2016 and was unannounced. The inspection team consisted of one inspector and one specialist advisor in nursing care.

The home was last inspected in January 2014, when no concerns were identified.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

Before the 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.

As part of our inspection we spoke to six people who used the service, two relatives, six members of staff and the registered manager. We observed how staff cared for people and worked together. We read care plans for five people, medicines records and the records of accidents and incidents.

We looked at three people's mental capacity assessments and reviewed applications to the local authority to deprive people of their liberty.

We looked at three staff recruitment files and records of staff training and supervision. We saw records of quality assurance audits, a selection of policies and procedures and health and safety audits. We also looked at minutes of staff and residents meetings.

Good

Is the service safe?

Our findings

People told us that they felt safe. One person told us, "It is a secure place." Another person said, "If I need to ask for help, there is always somebody to hand."

People were protected against the risks of potential abuse. Staff demonstrated a good understanding of safeguarding procedures and knew their role in protecting people from abuse. All staff had attended safeguarding training. When asked, staff were able to describe how they would identify signs of abuse. For example, one staff member told us that somebody living with dementia may not be able to communicate that they were being abused. They said that changes in behaviour or bruising could be signs of abuse. Staff understood who to contact if they suspected that somebody was being harmed. People were provided with information on how to raise any safeguarding concerns that they had. Safeguarding posters were visible throughout the home and people felt comfortable talking to staff. One person told us, "If I was worried about anything I'd tell (staff member) and she'd sort it out."

There were sufficient staff present to meet people's care needs. In the PIR, the registered manager stated, "Our staff rotas, which are based on dependency assessments and workload analysis, show that our staffing levels are adequate to meet the needs of our service users at all times." The registered manager had a tool to calculate staff numbers based on the needs of people. We observed that staff were able to take time to attend to people's needs and where people needed support from two members of staff they were available. The registered manager had delegated duties to ensure staff were most effective in their roles. For example, the role of senior carer had been introduced to take some duties away from the registered nurses. Senior carers received extra training and worked alongside nurses to develop skills in areas such as medicines. This meant that nursing staff were then free to focus on meeting people's more complex health needs. One person told us, "Everything is always attended to, even though there's a lot to do."

Safe recruitment practices were followed before new staff were employed. Checks were made to ensure staff were of good character and suitable for their role. The staff files contained evidence that the provider had obtained a Disclosure Barring Service (DBS) certificate for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Staff files also contained proof of identity and references to demonstrate that prospective staff were suitable for employment.

Accidents and incidents were documented and staff learnt from these to support people to remain as safe as possible. The accidents and incidents log included a record of all incidents, including the outcome and what had been done as a result to try to prevent the same accident happening again. The registered manager reviewed all accident and incident forms and had a system in place to analyse them. Identifying patterns in incidents helped to ensure that people got the help they needed at the right time. For example, one person had suffered three falls in a day. This person rarely suffered falls so staff contacted the GP. The person was diagnosed with an infection and accessed the treatment that they needed quickly.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Care

records contained risk assessments and risk management plans to keep people safe. For example, one person was at risk of developing pressure sores. Staff told us that they identified this as a risk when the person became less mobile. The risk assessment identified that the person needed to be repositioned throughout the day and would be assessed by the nurse regularly. A repositioning chart and daily notes on checks were in the person's records and the person had not developed pressure sores. Risk assessments were reviewed regularly and new risks were considered. Following recent warm weather all people had a hot weather risk assessment. One person was identified at higher risk of ill health due to the heat. The risk assessment identified that this person should wear thinner clothes and be offered regular drinks. We observed staff offering this person drinks and they were wearing appropriate clothes.

Peoples' medicines were managed and administered safely. The registered manager had recently introduced an electronic system to monitor and record the administration of medicines. This system told staff which medicines were due and staff then scanned a barcode for each person to confirm they had taken them. The system also displayed a picture of each person to ensure staff administered to the correct person. The system would alert staff if medicines had been missed. The system could also record 'as required' (PRN) medicines and could accurately inform staff of how long it had been between doses. There had been no medicines errors since the electronic system had been introduced.

Staff had been trained to manage medicines and they were required to pass a competency assessment before being able to support people with medicines. These were documented in staff records. We observed medicines being administered. Staff did this carefully and safely. Best practice was followed when medicines were signed off electronically after staff had administered them. Medicines were stored safely in locked cabinets or a medicines fridge where necessary.

People told us that staff spoke to them about their medicines. One person on PRN pain medicine told us, "I tell them when I need one and they know if I can have one." People could receive their medicines in a personalised way. One person expressed a preference to have their morning medicine later as they did not like to get up early. Their records showed that they would have morning medicines at 11:00am instead of 8:00am. Another person wished to self-administer their medicines. This was clearly risk assessed in the person's records and they had signed to confirm their wish. The person told us that they liked being in control of their own medicines.

People could be assured that in the event of a fire staff had been trained and knew how to respond. Staff were able to explain what action they would take in the event of a fire. There were individual personal emergency evacuation plans (PEEPs) in place that described the support each person required and these had been reviewed to make sure they reflected people's current needs. For example, one person's PEEP identified that, as they were living with dementia, they would require calm reassurance and explanations from staff in the event of an emergency evacuation.

Good

Is the service effective?

Our findings

People told us that staff had the skills and knowledge to provide effective care. One person told us, "The staff are very good." Another person said, "They seem to know what they're doing." A visiting healthcare professional told us, "The nurses are very good in their roles. Very competent." In the PIR, the manager told us, "We have relatively low staff turnover, which has meant that we can help our team to achieve relevant, recognised qualifications in health and social care. 45% of our team have already achieved a qualification or are registered and working to achieve one." Staff told us that they had completed mandatory training in areas such as safeguarding, health and safety and medicines management. Staff told us that the training was informative and supported them in their roles. One staff member told us, "Over the years I've had lots of training and support to develop myself." The registered manager kept a record of training that staff had completed and a list of when training needed to be refreshed. The majority of staff were up to date in all training modules. Nursing staff informed us that they were supported to keep their practice up to date and that the registered manager was supportive of their development. Nursing staff were competent in practice that we observed and displayed good knowledge in our conversations with them.

All staff completed an induction and the registered manager worked through a checklist with new starters to ensure that they settled working at the home. A new member of staff told us, "I feel part of a team. I've been nominated a buddy and given my induction plan." All new starters were provided with an experienced mentor who they worked with to help them understand processes and also to get to know the people they would be supporting. This demonstrated that the registered manager recognised the importance and value of a mentor in supporting staff to start work at the home.

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether staff were working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the registered manager and staff understood their responsibilities in relation to the MCA and DoLS. The provider had delivered training in this area and staff understood how the principles of the legislation applied in their work.

The registered manager ensured that mental capacity assessments were carried out to determine if people had the mental capacity to make specific decisions. Where people did not have capacity then best interests meetings took place. If people were being restricted in their best interests, for example by being unable to leave the home unaccompanied, then DoLS authorisation applications had been submitted and received by

the local authority. For example, one person had been admitted to the home through social services. Records contained a mental capacity assessment which confirmed that the person lacked the mental capacity to make the decision to remain or leave at the home. A best interests decision was documented with input from relatives, health and social care professionals and staff. The appropriate DoLS authorisation had been sought from the local authority.

The home took a proactive approach to mental capacity. People's records were signed and where staff suspected the person may lack the mental capacity to sign their own care plans then assessments were undertaken and signatures sought from relatives or advocates. As part of reviews, staff asked people about the locked door and where necessary had considered a mental capacity assessment. For example, one person living with dementia had recently become more confused. They no longer understood that they were in a care home and had made attempts to leave. The registered manager had carried out a mental capacity assessment and had sought advice from healthcare professionals and the DoLS team.

People were very happy with the food available at the home. One person told us, "The food is good. You cannot fault it. The variety is very good." Another person told us, "It's very nice food." Another person said, "The food here is excellent, the chef deserves a medal."

During our visit we observed the chef speaking to people before lunch to confirm their menu choices. The food was discussed with people and the chef took any specific instructions that people had. Staff told us that they produced the menu using the feedback from people. The menu offered a choice and the kitchen would also be able to prepare something else for people who did not want either option. Food was discussed at resident's meetings and this was documented in meeting minutes. For example, at the last meeting one person had asked for more hot puddings and the chef had added more of these to the menu. When the chef spoke to people every day, people would ask them for specific foods they wanted. For example, liver was recently added to the menu. Some people had requested this because it was something they had eaten regularly whilst growing up and it evoked memories for them. This demonstrated that food was prepared with people's tastes and preferences in mind.

People's care records contained information about their dietary requirements and people's nutritional needs were met. For example, a speech and language therapist (SALT) had identified that one person needed to maintain a soft diet to reduce the risk of choking. Kitchen staff were aware of this person's need and maintained records of all people's dietary requirements and allergies to refer to. The chef told us that staff always alerted them quickly to any changes in people's dietary requirements. The chef and the clinical lead met monthly to discuss the menu and the dietary needs of people. Minutes of a meeting showed that each person was discussed with information from healthcare professionals used to update kitchen records.

The dining area was clean and uncluttered and people could choose where they sat. There was a choice of drinks available. There were sufficient staff present to respond to people's needs and to support those who needed one to one help with eating. For example, one person was eating independently and staff noticed that their sleeve had got food on it. A staff member quietly informed the person and assisted them to clean their shirt with a napkin. People were engaged in conversation as they dined, which created a warm atmosphere.

Healthcare professionals told us that the staff were very effective in working with outside agencies to keep people healthy. A visiting GP told us, "I think this is a fantastic home." The GP visited weekly for a ward round with registered nurses from the home. The GP had access to electronic records which meant that they could add important information to people's records quickly. People told us that the GP also visited when required if people became unwell. The home employed a physiotherapist for part of the week and this was

used to prevent people going into hospital. For example, one person was diagnosed with a chest infection. The GP was able to diagnose this and prescribe antibiotics. The GP was then able to ask the physiotherapist to work with the person to do appropriate exercises. This prevented the person having to be admitted to hospital. People's records contained input from healthcare professionals such as dieticians, SALT, physiotherapy and palliative care nurses.

Good

Is the service caring?

Our findings

People told us that they got on well with the staff. One person told us, "The staff are always very helpful and very nice." Another person said, "I can only praise them one hundred per cent. They're kind, considerate, helpful and always there when you need them." Another person told us, "At first I didn't want to be here but the atmosphere is so lovely. The staff are so patient." A relative told us, "(Person) appears to be well cared for. The staff are very friendly and always have time to talk." Another relative told us, "The nurses and carers are wonderful. They can predict what (person) needs, excellent care. I am reassured."

Interactions with people from staff showed kindness and compassion. One person told us, "I sometimes forget things and they are very patient." People were supported by staff who sat with them and encouraged them kindly when assisting them to eat, drink or take part in activities. Staff were enthusiastic and took an interest in people. For example, one member of staff arrived for their shift and spent some time chatting to people before starting work. Staff of all roles were observed interacting warmly with people throughout the day. An administrator was overheard complimenting a person's scarf and asking how people were.

The registered manager found ways to encourage compassion and empathy in staff. Every month one member of staff became 'Resident For The Day'. For six hours they sat with residents and experienced the home from their perspective. One staff member told us, "I noticed that sitting near the TV can be quite loud and disorientating." Another staff member said, "It can feel fast sitting in a wheelchair and being pushed. Since I tried it I am slower with residents now."

Staff knew the people that they were supporting. Staff were knowledgeable about people's preferences and life histories and the information they told us clearly matched with the information recorded in people's care records. For example, one person's care records stated that they liked their tea very hot. Staff were aware of this preference and were observed giving the person tea in the way that they liked it. Another person's records stated that they enjoyed knitting. Later a staff member said, "(Person) is happy, we are doing knitting today and it's their favourite activity."

The registered manager took measures to make people feel as comfortable as possible. An audit had been carried out on how people wished to be addressed, as some people preferred pet names and others preferred to be addressed more formally. People's preferences were clearly marked on their records. One person's records said, "(Person) likes to be called 'darling' or 'sweetheart'. If you call them this they will give you a big smile." The person had difficulty communicating verbally but we observed staff addressing this person as 'sweetheart'. The person responded warmly to their greetings. Staff kept people in mind when identifying improvements. For example, the handover meeting took place in the communal dining area, within sight of people. Staff identified that people would feel more comfortable and reassured seeing staff on the floor as well as this being more inclusive.

People's records included information about their personal circumstances and how they wished to be supported. One person had expressed a preference for female care staff. This was clear in the person's records and records confirmed that female staff had been providing care for this person. Where people were

not able to express their wishes, records showed input from relatives. For example, one person's records stated that if they became upset then they should speak to a relative. The relative's details were clearly in the person's records. The relative had suggested and agreed to this arrangement.

People told us that staff encouraged them to be independent. One person told us, "I can wander wherever I like." Another person said, "It is wonderful, you don't feel restricted at all." This person enjoyed spending time in the garden, which was documented in their records. They told us that staff allowed them to go outside whenever they wished. Throughout the inspection we observed people moving around the home freely and making use of the garden and communal spaces. People were able to prepare themselves drinks if they wished. There was a hot drinks machine to make the process easier which encouraged more people to be independent.

Staff supported people throughout the day in a way which maintained both privacy and dignity. For example, a person was sitting chatting in a group. A member of staff wished to speak to them about their medicines. The staff member waited until the conversation had ended and spoke to the person confidentially away from other people.

People told us that the home environment created a nice atmosphere. "It's homely. It doesn't feel like a hospital or a care home." Another person said, "It's a lovely place." In the PIR the registered manager told us, "Service users' private accommodations reflect their tastes and choices and they are encouraged to bring personal belongings." People's rooms were personalised with pictures, furniture and ornaments that were important to them. The communal areas were bright and clean. The furniture and decoration created a traditional homely feel. The garden area was well maintained and provided a peaceful place for people to go and spend time outdoors, alone if they wished. Two people told us that the garden was one of their favourite parts of the home.

Good

Is the service responsive?

Our findings

People told us that they enjoyed the activities at the home. One person told us, "I enjoy the exercises they do here." Another person said, "I just like watching everyone knitting."

People were encouraged to take part in activities that suited their interests and hobbies. Activity timetables were on display in the home. The activities timetable contained a range of activities covering different people's needs and interests. There were games, quizzes, films, visits from entertainers and arts and crafts. The activity co-ordinator had worked at the home for a long time and knew all of the people well. People helped to write the activities programme and minutes of residents meetings showed that activities were suggested and acted upon. For example, at the last meeting someone had suggested a group crossword activity. This had been added to the next timetable. The activity co-ordinator worked with people both in groups and individually with people who were cared for in their rooms, in order to prevent isolation.

Activities were used to create a family environment and strengthen links with the local community. For example, people and staff were planning for the summer party. This was an event relatives, visitors and community groups could attend.

People's needs had been assessed before they moved into the home to make sure their needs could be met. In the PIR, the registered manager told us, "We make sure whenever a person is transferred to our home from another service, such as admission to hospital, we gather full information to enable the person to be treated well, we co-operate fully with these other services. The feedback we receive from these other services about our role has always been very positive." Assessments contained information on health needs, including information from healthcare professionals. This ensured a smooth transition of care for people coming to the home from their own homes or hospital. Assessments also covered people's interests and provided information that staff could speak to people about. For example, one person's assessment had identified that their son played golf and it was something that they enjoyed talking about. This demonstrated that the assessment process supported people's health needs being met when moving into the home, whilst also allowing staff to get to know people by providing background information on people that they can speak to them about.

Care plans were personalised and information on what was important to people was clear. Information was stored electronically and staff had access to records. There were thorough care plans which identified people's needs with clear outcomes to achieve. A summary page identified the most important things to people. For example, one person's records stated that they enjoyed spending time listening to the radio whilst waiting for their relative to visit. This person sat listening to their radio during the inspection, they appeared content and happy. Another person's records stated that they needed the support of two staff due to the fact that they can become confused and may think a staff member has taken something. We observed two staff members supporting this person during our inspection.

People told us that they had seen their care plans and knew what was in them. Every person spent time with staff each month to sign and review their care plans. This time was also used to update the care plan with

any new information. Staff spent time talking to people about their background, their home life before coming to the home and their family. This information was recorded and updated and meant staff knew the people that they were supporting. Where people lacked the mental capacity to sign their care plan, relatives had been involved in signing the plan and helping with life story work.

People had regular reviews through a 'Resident of the Day' system. This allowed people to have an opportunity to raise anything about their care. 'Resident of the Day' was a set day each month when one resident had a full review of all areas of their care. These covered everything from care plans to room maintenance. This dedicated day also provided an opportunity to review care plans and to ensure that people were getting the daily support that they needed. People signed their care plans and any amendments or actions to be taken were documented.

People told us that they knew how to make a complaint. The complaints policy was visible within the home. Minutes of the last residents meeting showed that residents had been reminded of how to make a complaint and were provided with a copy of the complaints procedure. Staff told us that they would report complaints to the registered manager or senior staff. The complaints records showed that complaints had been dealt with. At the time of our inspection records showed that there had been very few complaints from people and relatives. Where there had been a complaint, the issue had been documented and a response provided. The registered manager had recorded the actions taken and the situation had been resolved.

Good

Is the service well-led?

Our findings

People told us that they thought the home was well led. One person told us "(Registered manager) is always around to speak to." Another person said, "Nothing is too much trouble." Staff told us consistently that they felt supported by the registered manager. One staff member told us, "(Registered manager) has been really supportive while I'm away from my family." Another said, "(Registered manager) is fantastic, proactive and very supportive." Another told us, "The management here is very good. Exceptional." Another staff member told us, "(Registered manager) attends all our handover meetings and walks the floor regularly. She knows all of us by name." Another said, "It is very well led."

People were supported by staff who felt valued and supported in their roles. The registered manager found ways to recognise and reward good work. Every month staff voted for who should receive an award. Staff voted for who best embodied that month's values. For example, during our inspection staff were voting on who was the 'Best Motivator'. The staff member with the most votes won a prize. A monthly awards ceremony was held in which staff took part in an evening of games and quizzes. The ceremony always involved a team working exercise that helped staff to reflect on practice. Staff spoke warmly and with a sense of excitement and humour about the events. In the PIR, the registered manager told us, "We put a high premium on staff development and training, encouraging initiative and innovation when this helps to improve service users' lives. The various professionals and agencies with whom we work with are always positive about our approach."

Staff wellbeing was considered on a daily basis at the home. Each day staff selected a motivational quote which was displayed in the staff office. Staff told us this was a nice way to start the day and it provoked discussion. It also encouraged staff to reflect on their own wellbeing. Because of this, people were supported by staff who were relaxed and evidently took satisfaction from their work. Staff interactions with people that we observed were upbeat, calm, friendly and meaningful.

The manager always attended handover meetings to ensure important messages got to staff and also to hear feedback on things they might need support with. The manager also undertook all supervision, they told us, "I like to do all of them as I know exactly what we're aiming to do."

Many staff had worked at the home for a long time and were given opportunities to develop or change role within the home. During our inspection, we spoke to four staff who had been employed at the home for over ten years. Staff were given additional training to develop into senior carer roles, they told us that they valued being able to do this. Staff also moved into other roles, such as working in the kitchen or the laundry, when they wanted to develop new skills. These staff told us that they wanted to remain working at the home despite desiring a change of role. Staff told us that the registered manager encouraged this and could facilitate any training that they needed in order to develop. People were supported by staff who knew them well and had long term experience at the home and in social care.

The registered manager understood the challenges facing the home and was taking proactive steps to address them. The registered manager told us that recruitment was their biggest challenge. The registered

manager told us how they were addressing this. They told us, "We're advertising everywhere and we take a stall into local universities and colleges when they have career fairs. This is to attract young people." Staff who recommended somebody to work at the home received a £300 bonus. Staffing levels remained consistent despite this challenge.

The registered manager was passionate about good practice and finding ways in which to develop it. At the time of our inspection, the care home was taking part in two studies. One study was for a new treatment for people living with dementia. Some people living at the home had volunteered to take part and staff had been working alongside healthcare professionals to gather information for the study. Staff received additional training and a certificate for participating in this study. This meant that their knowledge and good practice in dementia care was enhanced. At the end of 2015, the home was a finalist for the award of Innovation in Dementia Care at the Surrey Care awards. Care staff spoke to us with knowledge and passion on how to care for people with dementia.

Staff members were taking part in a local university study on ethics education in care workers. The study required staff to answer questions on their personality and psychology. Staff told us, "I think it is useful. The questions they ask make you think about your own practice. I am always aware of the balance between doing good for people and risks of harm." As well as developing good practice within the home, participation in the study meant that staff were helping to make a difference in social care practice nationally. The registered manager told us, "We get involved in these things by staying aware of what's going on in the community and networking."

Staff were empowered to contribute to improve the service. Team meetings happened regularly as well as three daily handover sessions. Staff told us that they felt encouraged to suggest things that could improve the running of the home. For example, at a recent handover one staff member had suggested that one member of staff from the morning had their lunch at 1pm. This adjustment meant that when afternoon staff arrived, there would be at least one person working on the floor who had been working all day. This enabled consistency and a smooth transition when staff started work.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. The registered manager carried out a 'Walk the Floor' audit twice per week where they looked at staffing levels, spoke to people and made observations of the environment. The registered manager recorded and acted upon both positive and negative observations. For example, one floor walk had identified a positive interaction between a staff member and a person which the manager fed back to the staff member. Another floor walk had identified a staff member not wearing an apron when serving food. The registered manager spoke to the staff member quietly about this. On the day of our inspection, all staff were wearing aprons when appropriate.

The quality assurance audits in place were robust. The provider carried out their own audit where weekly issues were identified. The last audit had identified that two staff had been on sick leave. The auditing system allowed for this to be analysed to see if patterns developed so that the registered manager could identify actions to take. The registered manager had an audit twice a year with an external consultant who they also met with monthly. The last audit had identified that allergy information was known for all people but not for visitors. Following this, a sign was put up in the dining area advising visitors to inform staff about any allergies they had. The changes identified demonstrated that the audits were effective in identifying improvements, however minor, that could be made to improve the lives of people living at the home.

The registered manager sent out a yearly feedback questionnaire to people, relatives and healthcare professionals. Feedback was collated in order to identify areas for improvement. Recent feedback had been

acted upon. For example, one resident had found the terminology of the evening meal as 'supper' confusing. As a result staff spoke to other people in the home and changed the way that they worded this and said 'dinner' instead. The registered manager kept a log of all complaints and compliments and recorded outcomes. There were a number of compliments, including from visiting healthcare professionals and relatives. One relative had written, "Robertson Nursing Home has a warmth when you come into the home and the staff are amazing."