

Robertson Nursing Home Limited

Robertson Nursing Home

Inspection report

Priorsfield Road
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GU7 2RF

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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

About the service:

Robertson Nursing Home is a nursing home that is registered to provide accommodation and personal care for up to 41 people. At the time of our inspection there were 32 people living at the service, a number of whom were living with dementia.

People's experience of using this service:

People were looked after and supported by a consistent, caring and well established service. People were safe because of the experienced care and effective staff. One relative told us, "I am very happy with my mum being here. The care from the staff and manager is wonderful." There was a welcoming atmosphere throughout the home which came from the happy people living there.

People's needs, choices and preferences were recorded in person centred care plans. The food at the service was enjoyed by people as they were able to choose what they ate from a menu with variety. The care records enabled staff to correctly provide care and support for people in a safe way. Complaints and concerns were recorded, responded to and used to consider improvements at the service.

People's end of life care was considered and detailed to ensure that they would be comfortable remaining at the service. There were activities for people to take part in each day which involved the staff and anyone who wanted to join in.

Staff were led by a pro-active and friendly manager who consistently considered how to improve the service. A relative told us, "As a family member you are always greeted with a smile here. This comes from the management. Both the manager and deputy manager are excellent at their jobs."

Rating at last inspection:

At our last inspection in July 2016 the home was rated 'Good'.

Why we inspected:

This inspection was carried out in line with our inspection methodology in that we scheduled the inspection based on our previous rating.

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 ●

Robertson Nursing Home

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 and one specialist nurse adviser.

Service and service type:

Robertson Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We carried out this inspection with no notice.

What we did:

We reviewed the information we held about the service. This included notifications and feedback from the local authority. Notifications are changes, events and incidents that the service must inform us about. We used information the provider sent us in their Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke to eight people, three relatives and five staff. We reviewed care records and policies and procedures. We reviewed four people's care records, and three staff files around staff recruitment, training and supervision. Records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were also 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 in July 2016, we rated this Key Question as 'Good'. At this inspection we found that the care people received continued to be safe and protected people from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse by knowledgeable staff. One person told us, "I feel safe here because the staff know their duties and they know what to do if there is an emergency."
- Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they suspected abuse. One staff member said, "If I saw abuse I would call the police or social services." All safeguarding incidents had been correctly sent to CQC.

Assessing risk, safety monitoring and management

- There were comprehensive risk assessments in place for people. The risk assessments covered general and specific areas such as mobility, skin integrity, wounds, nutrition and hydration. One person with diabetes had clear guidelines in their care plan for staff to spot symptoms of whether they were becoming hyper or hypo-glycaemic.
- Systems were in place to ensure the safety of people in an emergency. There were records in place which included the necessary information to ensure the safe continuation of the service in the event of an emergency such as a fire. These contained copies of people's medicine records, hospital passports and care plans. There was a clear business continuity plan to help ensure continued care for people living at the service. Every person had a personal emergency evacuation plan in the event of a fire which was accessible to staff.

Staffing and recruitment

- People were cared for by a sufficient number of staff. One person said, "I have never felt that there aren't enough staff."
- Staff told us that appropriate staffing levels were always maintained and the rotas confirmed the same. Staff responded and reacted to people quickly and efficiently when needs arose such as requests for assistance or snacks. Staff had time to chat and interact with people.
- People were supported by staff who had been appropriately vetted prior to appointment. Checks included a full work history, references and a check with the Disclosure and Barring Service (DBS). The DBS keeps a record of staff who would not be appropriate to work in social care.

Using medicines safely

- Medicines were safely managed and people received their medicines as prescribed. All medicine administration records (MARs) we saw had been filled out correctly and with no gaps. There were protocols in place for 'as and when needed' medicines to ensure people had the correct amounts.
- Medicine audits had been consistently completed by the home and by external pharmacies which had

found correct and safe processes used by staff.

Preventing and controlling infection

- People were protected from the risk of infection. We observed staff wore aprons and gloves when preparing food or carrying out personal care. Staff were quick to wash their hands and any equipment used after completing personal care. One person told us staff, "The staff wear gloves and aprons at all times."

Learning lessons when things go wrong

- Lessons were learned and improvements made when things went wrong. There was an incidents and accidents folder which contained records of each person's history along with an overview and analysis to spot patterns or trends. Staff responded appropriately to accidents or incidents and records showed this. For example, one person had suffered more falls since they had started using a new medicine. As a result of identifying this pattern, staff took them off of the new medicine and found an alternative in consultation with the doctor.

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

At our last inspection in July 2016, we rated this Key Question as 'Good'. At this inspection we found that 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 told us they received care and support which was in line with their needs. People's needs and choices were assessed before they came to the home with regards to their personal care and preferences. Admission assessments also detailed people's medical conditions and any needs associated with these.
- Care plans reflected what the needs assessments stated. For example, one person needed to have a specific routine to her morning. This routine was detailed in her daily routine care plan for staff to follow.

Staff support: induction, training, skills and experience

- Staff were adequately supported and trained to ensure they had the knowledge and skills to deliver care. One person told us, "The staff know what they are doing, they are well trained."
- Staff were well supported by the management team who provided regular supervision and checks on their competency. Individual and group meetings with staff were used to knowledge check and develop skills in accordance with best practice.

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

- People had regular meals and drinks to ensure they had balanced diets. People had a wide selection to choose from for all three meals during the day and there were hydration stations in all areas of the home. People told us they enjoyed the food, one person said, "The food is excellent. I like all of it. The americano is superb."
- The chef knew everyone in the home and catered for dietary requirements such as coeliacs, diabetes, lactose free and soft food diets. For each dietary requirement the chef had special alternatives so that people's options weren't limited.

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

- People were proactively supported by staff to maintain good health and had access to external healthcare support as necessary. Records showed that appropriate referrals were made to professionals such as doctors, dentists, opticians and dieticians. One person said, "I get to see any professional I need to see. Like the physio."
- Detailed daily notes and handover meetings enabled staff to adapt and meet the changing needs of people.

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

- People lived in a house that had been designed to meet their needs. The toilets and bathrooms had been

designed with appropriate equipment for staff to use when supported and assisting people. Although corridors and doorways were not always wide, the rooms and lounges provided plenty of space for wheelchairs.

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.

- People's legal rights were protected because staff followed the principles of the MCA. We spoke to staff who were able to explain and describe essential parts of the MCA and its application in the home. For example, one staff member said, "The MCA is about considering whether people have capacity or not. Sometimes we have to assess their capacity, and then consider their best interests."
- Where people were given their medicines covertly, consistent reviews and best interest meetings had been held to ensure the continued necessity of medicines being given covertly. Where restrictions had been placed on people without capacity, the registered manager had applied for DoLS correctly.

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

At our last inspection in July 2016, we rated this Key Question as 'Good'. At this inspection we found that people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us that they were supported by kind and caring staff. One person told us, "The staff genuinely care. I have never had any problems here." A second person said, "I am very happy here. The general atmosphere is very friendly. All the staff are lovely." A third person told us, "Everyone is very friendly and helpful. Everyone is very sympathetic."
- Staff took time to chat with people in a meaningful way. People were consistently engaged and included in games or interactions with other people at the home.
- People's cultural, spiritual and religious needs were also catered for with access and links to a local church. Visitors were welcomed and encouraged to become involved in the care home through activities and care.

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

- People were involved in their care and supported to express their views. People's preferences were documented in care plans and staff were knowledgeable about these. One person told us, "They always do what I want. I am very very well cared for."
- Residents meetings were held every month which gave people the opportunity to become involved in the running of the home. This includes ideas and thoughts for new activities or recipes/menus.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected as throughout the day we found personal care was delivered behind closed doors. One staff member told us, "We make sure that we keep all of their information private and confidential. I make sure every person has their call bell and if they want to stay in their room then that is also their choice."
- People's independence was supported and promoted by staff. One person told us, "I absolutely get to do what I want to do." A second person said, "They make sure I have my privacy and my independence."

Is the service responsive?

Our findings

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

At our last inspection in July 2016, we rated this Key Question as 'Good'. At this inspection we found that 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 took part in interesting and meaningful activities each day of the week. One person told us, "There is plenty available here to do." A second person said, "I like to just sit. We have people singing to us." Staff played games and quizzes with people during the morning and afternoon.
- Care plans were person centred. One person's care plan contained information about their preferred name, music, furniture position, physical interaction with staff preferences, religion, family history and other personal details. For example, one person had a nickname preference that was used throughout their care plan. They also had specific interactions they liked to have with staff and we saw staff engaged this way with this person.

Improving care quality in response to complaints or concerns

- There was a clear complaints policy displayed in reception at the home and people told us that they were aware of how to raise a complaint if they had any concerns. We looked at the complaints log and observed these were being recorded and responded to appropriately.
- There were a number of compliments sent to the service from relatives thanking the staff for their care. One compliment stated, "Just wanted to say a huge thank you to you all, its been a great pleasure to be part of the Robertson Family."

End of life care and support

- People received appropriate and sensitive end of life care. Each care plan contained person-centred specific details about preferences such as family contacts, environment settings and music.
- One relative had thanked the home for the end of life care provided to their mother, "I would like to thank the staff for the exemplary care mother has received during the last few difficult weeks. Each member of your team has made a personal contribution to mothers comfort and well-being and been great moral support to me."

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 our last inspection in July 2016, we rated this Key Question as 'Good'. At this inspection we found that the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives spoke positively of the management team and felt confident to approach them with their views. One person told us, "The manager is excellent. She is always around. She comes into have a chat and asks me if I am ok." A second person said, "I think everything is well managed. If there was something wrong, I am certain I would be listened to." One staff member told us, "The manager is brilliant. She is very kind, supportive and helpful."
- The registered manager was aware of her responsibilities about reporting significant events to the Care Quality Commission and other outside agencies and ensured these were done in a timely way.
- There was a clear strategy in place to embed person-centred care at the service and ensure a positive culture. This was led by the manager who was proactive outside of her office.

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

- Regular audits were carried out to monitor and assure the quality of the care that people received. We saw records of regular audits in areas such as infection control, care plans, medicines, health and safety, catering and events. Minor improvements identified in these audits were actioned and resolved by staff.
- All of the audits were used to create detailed charts and graphs of data which enabled the manager to have oversight of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager involved people, staff and the community in the home via meetings and surveys. Relatives were welcome to join resident meetings every three months.
- Agencies were involved in partnership with the home, for example, the CCG was at the home on the day of the inspection to provide further training for staff.
- There were days organised for working with the local schools and with the local community to get both children and other locals into the home to socialise with the people living here.
- Customer focus groups had been created in order to enable relatives to give feedback about their experiences. This enabled the staff and the manager to better understand the emotional process relatives go through when they bring people to live at the home.

Continuous learning and improving care

- There was a continuous improvement plan in place at the service. This covered areas such as quality assurance, communication, training, maintenance, house keeping, activities, care and medicines. Parts of the plan going ahead were to involve more volunteers in events at the service and repainting many parts of the home.