

Roseberry Care Centres GB Limited

Swiss Cottage Care Home

Inspection report

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Date of inspection visit: 18 March 2015

Date of publication: 22/05/2015

Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Is the service caring?

Is the service responsive?

Is the service well-led?

Overall summary

We carried out an unannounced comprehensive inspection of this service on 10 October 2014 and found the service to be good. After that inspection we received information of concern in relation to staffing levels, safeguarding and the cleanliness of the home. As a result we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Swiss Cottage Care Home on our website at www.cqc.org.uk

During this inspection we found that there was enough qualified, trained staff to provide the care and support that people need. The levels of staffing on each unit had been determined on the basis of the needs of the people who lived on the unit.

Staff were aware of the safeguarding process. Risks to which people were exposed had been identified and steps taken to reduce the level of risk to them.

The home was clean with no unpleasant odours detected. There were effective infection control procedures in place. Issues around repairs and redecoration had been identified by the maintenance person and plans were in place to rectify these.

Summary of findings

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.

There was enough qualified, experienced staff to provide care and support for people.

Staff were aware of safeguarding procedures.

The home was clean and no unpleasant odours were detected.

Good



Is the service effective?

We did not look at this question.

Is the service caring?

We did not look at this question.

Is the service responsive?

We did not look at this question.

Is the service well-led?

We did not look at this question.

Swiss Cottage Care 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 was a focused inspection planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 following the receipt of information of concern about the service.

The inspection took place on 18 March 2015 and was unannounced. The inspection was carried out by one inspector. Before the inspection we reviewed the information we held about the service. We looked at the

reports of previous inspections and the notifications that the provider had sent to us. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with three people who lived at the home. We spoke with the registered manager, the deputy manager, a care worker, the maintenance person, the housekeeper and three cleaning staff. We looked at the care records of three people who lived at the home. We also looked at the provider's policies and procedures, the cleaning schedules and records for the home, the training records and staff rotas.

Is the service safe?

Our findings

Prior to this inspection we had received information alleging that there was often insufficient staff to provide care and support to people. However, the people we spoke with told us that there was always enough staff and they did not have to wait long if they needed assistance. They told us that the staff had time to talk with them and were not always rushing away. During this inspection we found that there was a visible staff presence in all areas of the home.

The manager and deputy manager explained how the staffing levels for each unit were determined, based on the dependency of the people who lived on each of the units. They told us that they assessed each person's level of dependency, together with the nurse for each of the units. Staffing levels were determined based on people's needs, for example the number of people on a unit who required two care staff to support them when transferring or receiving personal care. They explained that they were available, in addition to the number of staff determined as needed, to support people during the day, such as at meal times. The manager told us that they had recently changed the times of the shifts so that more staff were available at times when people wanted to get up or go to bed. In addition, an extra care worker had been employed to assist with getting people up in the morning and to help people with their breakfast and lunch time meals.

They also explained that the staff on duty for each unit had a mixture of skills and any new staff or agency staff always worked with experienced staff. This ensured that the staff on the units had the skills required to care for people effectively. They told us that when absences occurred due to sickness, these were normally covered by existing staff. The rotas and payroll records confirmed this. For example, one staff had recently stayed late to cover for absence due to sickness at short notice. The manager and deputy manager were also available to cover for absences and we saw from the duty rotas that they had worked on shifts on a number of occasions.

We had received information that people were at risk of harm through neglect or abuse. We looked at the care records of three people who were said to be at risk. We saw that these contained risk assessments that covered the specific areas of concern that had been notified to us. Where a person was said to have been at risk of falls due to

poor foot care, we saw that the falls risk assessment had been reviewed and updated to reduce the risk of harm occurring. The manager told us that an appointment for foot care had been made but this had not taken place as the person had been unwell. The appointment had been rearranged. The mobility care plan within the person's records had also been updated.

The provider had an up to date policy on safeguarding. Staff we spoke with told us that they had received training on safeguarding and were able to demonstrate a good understanding of the issues that should be reported to the local safeguarding authority. Records showed that the staff had made relevant safeguarding referrals to the local authority and had appropriately notified CQC of these. This demonstrated that the provider had arrangements in place to protect people from harm.

We had received information that areas of the home were unclean and that there were unpleasant odours in parts of the home. On our arrival we walked around all units of the home. We did not notice any unpleasant odour in any area. We looked in bathrooms, toilets and communal areas and found these to be clean. We also looked into bedrooms on each of the units and again found them to be clean. Before we completed our inspection we walked around each of the units again but failed to detect any unpleasant odour.

We did note that there was some damage to doors and walls. We also saw that the pull cords in each of the communal bathrooms and toilets were soiled. The maintenance person confirmed that these issues had been identified during their monthly inspections and had been included in a schedule of planned replacements and redecoration.

We spoke with the housekeeper and three cleaning staff. They told us that they worked to a cleaning schedule for each unit and we saw the domestic cleaning record for them. These records showed that communal areas and rooms were cleaned daily and were deep cleaned on a monthly basis. One of the cleaning staff told us that they started work early to enable them to clean the carpets in the corridors and communal areas before people got up in the morning. They told us that there were three carpet cleaners available and if a need arose for a carpet to be cleaned it was done immediately.

Is the service safe?

The housekeeper told us that they completed regular walks around the home to check that satisfactory levels of cleanliness were maintained, although these were not recorded.

The provider had an up to date infection control policy. We spoke with staff who were able to describe the ways in which the risk of people acquiring an infection were reduced. These included the use of personal protective

equipment such as disposable gloves and aprons, the correct disposal of clinical waste, the separation of soiled linens for washing and the use of different colour coded equipment for cleaning specific areas of the home. They explained that they washed their hands before and after providing care to people. We noted that there was anti-bacterial gel dispensers in the corridors for staff and visitors to use.

Is the service effective?

Our findings

We did not look at this question.

Is the service caring?

Our findings

We did not look at this question.

Is the service responsive?

Our findings

We did not look at this question.

Is the service well-led?

Our findings

We did not look at this question.