

Roseberry Care Centres GB Limited

Swiss Cottage Care Home

Inspection report

Plantation Road
Leighton Buzzard
Bedfordshire
LU7 3HU

Tel: 01525377922

Website: www.roseberrycarecentres.co.uk

Date of inspection visit: 10 October 2014

Date of publication: 06/03/2015

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 

Overall summary

We carried out an unannounced inspection at Swiss Cottage Care Home on 10 October 2014.

The home provides accommodation, support and treatment for up to 85 people who require nursing and personal care; some of whom may be living with dementia. At the time of our inspection there were 52 people living at the home. They lived in three units at the home, dependant on their care needs. The first was a residential unit for people who required personal care. Twenty people were living on this unit on the day of our inspection. The second was a unit for people who

required nursing care and 20 people also were living on this unit. The third unit accommodated the remaining 12 people who required nursing care but were also living with a dementia. A fourth unit at the home was not in use at the time of our inspection.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

The manager and staff at the home complied with the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People were protected from the risk of abuse as the provider had taken reasonable steps to identify the possibility of abuse and to prevent abuse from happening.

People were protected from the risk of harm whilst living at the home. Personalised risks were identified and strategies were in place to reduce these as much as possible. People were involved in deciding the level of risk to which they were exposed. There were processes in place to manage the risks arising from the operation of the home.

Medicines were stored and administered in line with current guidance and regulations and appropriate arrangements were in place in relation to the recording of medicines.

People's needs had been assessed and care and support was planned and delivered in line with their individual

care plans. There was enough staff to meet people's needs. People were cared for by staff who were supported to deliver care safely and to an appropriate standard. Appropriate recruitment processes were in place to ensure that staff were suitable to work with the people who lived at the home.

The staff were very caring and ensured people's privacy and dignity were protected. They knew the people they were caring for well and were able to communicate with people who were unable to express themselves verbally.

There was plenty of choice of nutritious food and drink. Snacks and drinks were available at any time of the day. People were supported to ensure that they had enough to eat and drink.

People were also supported to access healthcare services and staff accompanied them to healthcare appointments. A GP visited the home daily to see people who were concerned about their health.

There were systems in place to provide assurance as to the quality of the care provision and gain feedback from people and relatives. Staff supported and respected the manager at the home.

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.

Staff were aware of safeguarding and whistleblowing procedures and had used them when required to do so.

There were enough skilled, experienced staff to meet the needs of the people who lived at the home.

Medicines were stored and administered safely.

Good



Is the service effective?

The service was effective.

The requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were applied appropriately.

People had plenty of choice of nutritious food and drink throughout the day.

Staff received regular supervision and appraisal.

Good



Is the service caring?

The service was caring.

There was positive interaction between staff and people throughout our inspection.

Staff were able to demonstrate that they knew the people they cared for well.

Staff respected people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and care and support was planned and delivered in line with their individual care plan.

Meaningful activity took place which met the emotional and psychological needs of people who were living with dementia.

People's complaints were listened to and action taken to rectify a situation to the person's satisfaction

Good



Is the service well-led?

The service was well-led.

Staff felt supported by the manager.

Audits of the quality of aspects of the care provision were undertaken regularly and actions for improvements were followed up.

Staff were involved in discussions about future improvements of the service provided

Good



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 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 10 October 2014 and was unannounced. The inspection team was made up of two inspectors and a Specialist Advisor with expertise in dementia care. The team also included an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their experience was in finding residential care for their parents.

Before our inspection we reviewed the information we held about the home. We reviewed the home's Statement of

Purpose. The statement of purpose is an important part of a provider's registration with CQC and a legal requirement, it sets out what services are offered, the quality of care that can be expected and how the services are to be delivered.

We looked at the notifications that the provider had sent us. A notification is information about important events which the provider is required to send us by law. We also spoke with a contracts monitoring officer for the local authority which commissions services from the home prior to our inspection.

During the inspection we spoke with 28 people using the service and eight relatives of people who lived at the home and a visiting GP. We also spoke with the manager, the head chef, one domestic worker, one nurse and 12 care workers. We reviewed the care records for 15 people who lived at the home and the files for eight members of staff. We also reviewed management records on complaints, premises and quality. We carried out observations and used the Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to their complex needs.

Is the service safe?

Our findings

People we spoke with told us that they felt safe living at Swiss Cottage Care Home. One person told us, “Everybody has their little ‘tacks’ but you don’t see it here. I feel safe. I feel joy.” The relatives we spoke with also said that the home was a safe and secure environment for people. One relative told us, “[Relative] is safer here than I am where I live.”

We saw that the provider had up to date policies designed to protect people from abuse which included safeguarding and whistleblowing. Staff we spoke with were able to demonstrate a good understanding of the types of abuse that may occur and knew how to report this should they need to. They were also able to demonstrate their awareness of the whistleblowing policy. One member of staff told us, “I have had concerns previously which I raised straight away with my manager. They were dealt with immediately.” Another member of staff said, “I feel very confident to raise any issues of concern with my manager although I have not needed to.”

We saw that there were personalised assessments for identified risks for each person. These were written in enough detail to protect people from harm whilst promoting their independence. For example, we saw that one person had risk assessments and management plans in place to prevent dehydration. We saw staff gently encouraging the person to drink at frequent intervals by offering a wide range of choices. This showed that the risk was managed effectively whilst still offering them choice and promoting their independence. Staff told us that the use of restraint was not allowed. When situations arose where people become distressed and challenging, staff tried to understand what it was that had upset them. People’s care records gave information on triggers that might upset people and what steps staff should take to calm a situation.

We saw that there were processes in place to manage risk in connection with the operation of the home. These covered all areas of the home management, such as fire risk assessment, contractor induction and an asbestos management plan.

There were enough qualified, skilled and experienced staff to meet people’s needs. We saw that staff were always available to support people when they asked for help. People we spoke with told us that staff were always available and they never had to wait long if they needed any support. One person told us, “They are very good people, they’re lovely people.” A relative said, “If [relative] rings the bell someone comes to sort them.” During our inspection we observed the routines in the service. We saw that people received personal care in a timely manner. We looked at staff rotas which showed that there was an appropriate level of staffing in place.

We saw that the necessary recruitment and selection processes were in place and the provider had taken steps to ensure that staff were suitable to work with people who lived at the home. We looked at eight staff files and found that appropriate checks had been undertaken before staff began work at the home. These included written references, and satisfactory Disclosure and Barring Service clearance (DBS). Evidence of their identity had been obtained and checked.

We observed a medication round on one of the units and saw that people received their medicines as prescribed. Medicines were stored and administered in line with current guidance and regulations. We noted that the central medicine stock cupboards on each of the floors were organised and tidy. All medicines prescribed and dispensed were individualised and stored accordingly in the medicine cabinet. We saw from a review of records that stock checks were conducted twice daily.

The provider had taken steps to ensure that appropriate arrangements were in place in relation to the recording of medicine. During our inspection we were shown and checked the medication administration records (MAR). These had been appropriately completed and there were no omissions found.

Is the service effective?

Our findings

People told us that they had been involved in developing their care plans with staff and they or their relative or representative had signed the plans to indicate their involvement and agreement with them. One person told us, “The staff here are fantastic and very attentive. They seem to go that extra mile in making sure I have everything I need.”

We observed staff as they assisted people to eat their lunch. They used non-verbal communication to understand what people wanted to eat or drink. Members of staff told us that they used a variety of methods to understand people who could not communicate with them verbally. These included looking at facial expressions, body language and the use of picture boards. One member of staff told us, “You can tell when people are happy by their smiling faces and other body language.”

People were confident that their nutritional needs were being met. They told us that they liked the food and drink that they received. One person told us, “...very good. I enjoy them more because I don't need to work to get it. Wonderful. Tasty.” There was plenty of choice and people could have drinks and snacks whenever they wanted them. We observed as people were served their lunch. We saw that, where people needed assistance to eat their meal, members of staff interacted positively with people as they helped them to eat, laughing and joking with them and explaining what they were being offered to eat.

The chef told us that they were provided with information about people's food preferences, any specific dietary requirements and any changes in their dietary needs and catered for these. If people wanted something different from the options offered for meals this would be provided. We saw that people's cultural diets were respected, with special foods prepared, as appropriate, to cater for their needs, such as spicy foods for people of Caribbean origin. Dietary supplements were not used at the home but people who required additional nutrition were provided with fortified foods, such as mashed potato made with butter and cream. People who required this support were monitored by the local dietetic service. Care records showed that all drinks and food offered and accepted were recorded throughout the day and night. This enabled staff to quickly identify if people needed any additional dietary support

New staff had been provided with induction training. Staff we spoke with were able to tell us how they applied the training they had received in people's day to day care. Staff told us that they had received regular supervision meetings with their line manager. During these they discussed their performance and targets. They also discussed any problem areas and training requirements. Staff told us that they had received training in dementia awareness which had enabled them to better understand the needs of the people who were living with dementia. One member of staff told us, “Our manager is so approachable and listens to what we have to say. We are not given training for the sake of it. We want the care delivered here to be the best possible.” Records showed that supervision meetings were scheduled throughout the year and the manager monitored that these took place. Records also showed that staff received appropriate professional development and were able to obtain further relevant qualifications.

CQC is required by law to monitor compliance with the Deprivation of Liberty Safeguards (DoLS) requirements of the Mental Capacity Act 2005 (MCA). The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected.

There were policies and procedures in place in relation to MCA and DoLS. Most staff told us that they had received training on MCA and DoLS. DoLS authorisations were in place for three people who lived at the home and we saw that the terms of the authorisation were being followed within their care plans. Where appropriate an assessment of a person's mental capacity had been completed to determine whether they could consent to aspects of their care, such as the administration of medication. When it had been assessed that they did not have the mental capacity to make or understand the impact of the decision, it had been made in the person's best interests.

People told us that they were supported to access healthcare services. People told us that they were accompanied by staff to appointments at their optician or dentist. We heard one person asking staff who would be taking them to their next hospital appointment. The care records showed that the provider had involved a wide selection of health care professionals to ensure that people's needs were met. A nurse told us that the clinical

Is the service effective?

support from the G.P surgery was good. Another member of staff said, "They call every day at 12.00 to check on residents who they are concerned about and visit regularly."

Is the service caring?

Our findings

People and their relatives we spoke with told us that the staff were very caring. One person told us, "They've been very, very nice." Another person said, "They do all they can for you." A third person said, "The staff are kind here and do as much as they can for us." Another person told us, "This is quite a lovely place if you have to have care" A GP who visited the home during our inspection told us that the staff were caring and respected people's dignity.

Members of staff we spoke with were proud of the standard of care they provided. One member of staff told us, "I just love working here. It is such a privilege to provide good care for people. I provide the best standard of care that I can. Everything I do is as if I were caring for a member of my own family."

During our inspection we saw a lot of positive interaction between staff and people who lived at the home. People told us staff were, "Positive, bright and cheery." We saw that the staff showed patience and gave encouragement when supporting people. We heard one person say, "I really feel like a lovely drink of lemonade." A member of staff responded immediately by saying, "Then I will get you some straight away. And how about a lovely piece of homemade cake to go with it?"

Staff were confident about working with people who lived with dementia. They were very clear about the value of the relationships they had established with the people who lived at the home. One member of staff told us that the relationships they had formed with people who lived at the home were, "Particularly rewarding." Another member of staff told us, "Working here is an absolute privilege, and it's not really like being at work at all." A member of staff, who was off duty, called in to the home during our inspection to show the people they supported a hospital scan of the baby they were expecting. We saw that people were pleased and excited by this. This showed that staff promoted an environment that involved family life for people who lived at the home.

Staff we spoke with were able to tell us of the backgrounds of people who used the service, their family relationships,

and their likes and dislikes. One person said, "The staff are very good at listening to me and seem to genuinely want to know about my life and experiences." One member of staff said, "I am fascinated to hear about the amazing life experiences of our residents. We have much to learn from our residents and I never tire of listening to them." Another member of staff talked in depth about the life of one person who had been a member of an RAF squadron. They told us that they had gained information about the person by talking with them and their relatives when they visited.

Staff told us that they understood the triggers that caused people to become anxious or distressed and steps to take to defuse situations when they arose. We noted that members of staff encouraged people to complete activities that they liked when they became distressed or agitated. The members of staff told us that they used people's care plans and also talked to other members of staff that cared for people to get to understand their needs. This showed that people were supported by staff who understood them.

Staff respected people's privacy and dignity. We saw that, if people were in their rooms, staff knocked on the door and waited to be invited in before entering the room. One person told us, "Even when the door is open they tap on the door and wait to come in." We observed that staff closed people's doors before providing any personal care to them.

People were able to decide where and how they spent their time. One person told us, "They do a lot here but I don't go. I don't want to go." People told us that their visitors could call at any time. The relatives of one person we spoke with told us that they felt welcome to visit the home at whatever time they wanted. They said their relative had made a positive choice to come to this home as their partner had been cared for there. Another visitor said that they came in most days, at different times but usually around mealtimes so that they could help their relative eat and check on them. They explained that their relative had previously lost a lot of weight when they were cared for at home and had become very thin. They told us, "[Relative] has put on a lot of weight since transferring here a couple of years ago and is happy."

Is the service responsive?

Our findings

People we spoke with told us they could ask staff anything but none had felt that there was anything that they did not like. They said the staff had discussed the care and support they wanted with them and they knew this was recorded in their care records. One person told us, "I am always asked how I would like things done and I have a page in my care records which details my likes and dislikes." One person told us that their partner visited them five days a week and had their lunch at the home. We saw that place settings, with name plates, had been laid for the couple on a separate table in the dining room.

People's needs were assessed and care and support was planned and delivered in line with their individual care plans. During our inspection, all the care plans we looked at reflected individual needs. The care records we reviewed had needs assessments, risk assessments and care plans. We noted all documentation was updated regularly by staff and this was then checked for accuracy by a nurse or the manager. We saw evidence, where they had been able to, that people or their representative had been involved in the monthly reviews of their care and treatment.

Care staff supported people with their hobbies and interests. We saw that one person who was living with dementia, and had recently transferred from another home, had a particular interest in art. They had been encouraged to express themselves through their artwork, examples of which were displayed in the corridors and in their room. Members of staff told us that the person had become much more settled in the home with this support. The person showed us their art work and although they could not speak with us they were able to show that they were proud that the artwork that had been displayed.

We saw that a resident in the residential unit had also been encouraged to pursue their interest in art. They had completed a number of large murals around the home and had decorated a sensory room as a garden within the unit for people who were living with dementia. Other people were encouraged to assist with the upkeep of the large garden. People told us that they enjoyed watching the wildlife that came to the garden.

We observed people being encouraged to do the things they liked. This met the emotional and psychological needs of people who were living with dementia. One visitor thought their relative sat alone in their room too much and they would like to see more activities on offer throughout the week.

People were aware that there was a complaints system. This was advertised in the leaflet about the home that people using the service and their relatives had been given when the new Provider took over the home in September 2014. The manager showed us the complaints record that had been introduced but no complaints had so far been recorded. We discussed complaints with the manager who told us what the process would be should a complaint be received. This included an investigation of the complaint and a written response to the complainant. One person told us that they had complained that their mattress was uncomfortable. They also found the replacement mattress to be uncomfortable and the registered manager had arranged for a third mattress to be supplied. This showed that people's complaints were listened to and action taken to rectify a situation to the person's satisfaction.

Is the service well-led?

Our findings

Although the staff group was established there was a new provider in place. The registered manager was working hard to achieve a smooth transition for people who lived at the home and the staff. We saw that the registered manager showed knowledge and commitment to provide a good service to people.

We saw that the registered manager held an 'open surgery' every week for people using the service and their relatives to discuss any issues about people's care or matters concerning the running of the home. During an 'open surgery' the registered manager stayed in one of the lounge areas for two hours every week to meet with anyone who had anything they wished to discuss. These were advertised by posters on noticeboards around the home and enabled people to express their views about their care and the general facilities at the home. The registered manager was, however, available to speak with people and their relatives' at times that suited them.

People told us that they felt they were able to approach the registered manager and the staff. One person told us the manager was, "Excellent. I have no grumbles." Staff we spoke with were very complimentary about the manager and the team spirit at the home. One member of staff told us, "I couldn't ask for better management. They care about the staff." Several staff told us, "I love working here." Another member of staff, who had worked at the home for eight years, told us, "I have been supported more in this year than I have ever been." They went on to say about the recent changes, "I like it. It's got stuff sorted. Having [manager] here has given me hope."

We were invited to sit in on a staff meeting that had been scheduled during our inspection. The manager led the staff meeting well. They allowed a resident who wanted to be with a member of staff to join the meeting. The manager was clear with the information given to the staff and explained the vision and values of the provider and some of

the future plans for the home. Staff were encouraged to contribute to the discussions and the registered manager listened well to their comments. It was apparent that the staff were 'on board' with the changes that were being made.

The registered manager told us that they regularly walked around the home to check that everything was operating as it should and that people were not left unattended. They told us that they observed staff as they cared for people and checked that care was delivered appropriately. We saw that the manager walked round the home a number of times during our inspection and clearly understood the needs of the people who lived there.

The registered manager undertook a number of quality audits. These covered people's safety, record keeping and aspects of people's care needs, such as skin integrity. We saw that an audit of medication had been completed on 21 September 2014 and actions arising from this had been identified and completed. We also saw records of monthly checks of the bedrails and a quality check on the daily diaries within people's care records. This ensured that any risks to people were identified and actions taken to reduce them.

There was documentation for shift leaders as to the daily duties that were to be completed when leading a shift. This ensured that they were able to complete all that was expected of them and that people received the care they required. .

We saw that people's care records were well maintained and reflected their current care needs and assessments as to how the care should be delivered. People's records were stored securely to prevent unauthorised access to them. We saw that statutory notifications to the CQC were made in accordance with the legal requirements.

We spoke with a Contracts Monitoring Officer from the local authority who commissioned services from the provider. They were complimentary about the registered manager.