

Roseberry Care Centres GB Limited

Swiss Cottage Care Home

Inspection report

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Date of inspection visit:

30 October 2017

31 October 2017

Date of publication:

26 January 2018

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?

Requires Improvement ●

Summary of findings

Overall summary

Swiss Cottage provides accommodation and nursing care for up to 82 people with a wide range of care needs. At the time of our inspection there were 49 people living at the service, many of whom were living with dementia and other conditions.

Following our previous comprehensive inspection in February 2017, we gave this location an overall rating of 'Inadequate' and was therefore placed into 'special measures'. We carried out a focused inspection in May 2017 to check they had met legal requirements. We found a number of breaches continued.

At that inspection we found that people's risk assessments were in place for each person. We found that some work had been completed but was yet to be audited and signed off by the manager. The risk assessments we reviewed as part of this inspection showed some improvements in the details contained within the documents but work was still required in this area to ensure every person had current, detailed assessments in place to reduce the risk of them coming to harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that medicines were not managed safely. On the residential unit, we found stock carried over from one month to the next was not always recorded. This made it difficult to maintain an accurate record of overall stock of individual medicines for each person. While boxed and liquid medicines were dated to show the date they were opened, this was not the case for inhalers. The records for one person who was prescribed a specific medicine did not include any details of the correct procedure to ensure this medicine was administered safely and as prescribed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had not been involved in the development of their care plans. They did not accurately reflect people's current needs and lacked personalisation. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Activities provision was poor and did not support people to maintain their interests and hobbies. People cared for in their bedrooms were isolated, with little to do other than watching television. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

The service did not provide appropriate food to people with specific dietary needs and support offered to people at meal times was poor and not in line with their care plans. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We identified a significant lack of training and supervision for staff. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although the ratio of staff to people had increased, the deployment of staff was not meeting the needs of

people using the service. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that, although improvements had been made in some areas, continuing breaches were identified in relation to medicines management, staffing, the way in which people's food and hydration needs were met and in the provision of a person centred service. We saw that the provider had plans in place to further improve the service and was monitoring this work to ensure it was completed to a good standard and in a timely manner. However, this work was not completed at the time of the inspection. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

You can read the report from this comprehensive inspection by selecting the 'all reports' link for Swiss Cottage on our website at www.cqc.org.uk.

We carried out this unannounced comprehensive inspection on 30 and 31 October 2017, to see if the provider had made the necessary improvements to meet these breaches of regulations.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

There was 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.

People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and felt confident in how to report them.

People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Effective recruitment processes were in place and followed by the service. Staff were not offered employment until satisfactory checks had been completed.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

Staff received an induction process and on-going training. They had attended a variety of training to ensure they were able to provide care based on current practice when supporting people. They were supported with regular supervisions and appraisals.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental

Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people.

People were able to make choices about the food and drink they had, and staff gave support when required to enable people to access a balanced diet. There was access to drinks and snacks throughout the day.

People were supported to access a variety of health professionals when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support. Care plans reflected people's assessed needs.

People's privacy and dignity was maintained at all times.

People were supported to follow their interests and join in activities if they chose to.

People knew how to complain. There was a complaints procedure was in place and accessible to all. Complaints had been responded to appropriately.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

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.

Staff were knowledgeable about protecting people from harm and abuse.

People had up to date risk assessments in place.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision and appraisals.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good ●

The service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

The service was not always well led.

People knew who the registered manager was.

People and their relatives were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective.

We could not improve the rating for well led because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement 

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 checked 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 unannounced comprehensive inspection took place on 30 and 31 October 2017 and was carried out to check that improvements to meet legal requirements had been made following our inspection in May 2017.

The inspection was carried out by one inspector and 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 service.

Before the inspection we checked the information we held about this service and the service provider. We looked at their action plan following the last inspection. We had also been in contact with the Local Authority for their feedback.

During our inspection we observed how staff interacted with people who used the service. We observed lunch, medication administration, general observations and activities.

We spoke with eight people who used the service and four relatives of people who used the service.

We also spoke with the registered manager, the deputy manager who was the clinical lead, a maintenance person, two care assistants, a registered nurse, an activity coordinator, a senior housekeeper, the trainer, a business administration apprentice and the chef.

We reviewed four people's care records, eight medication records, six staff files and records relating to the management of the service, such as quality audits, safeguarding records and maintenance records.

Is the service safe?

Our findings

During our inspection in May 2017, we found that although the ratio of staff to people had increased, the deployment of staff was not meeting the needs of people using the service. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that additional staff had been recruited, and there was still ongoing recruitment. Rotas seen showed there was enough staff on duty of varying skills to provide care and support to people. One person said, "They come when I need them, they are very good." A relative said, "Whenever I come there always seems to be enough staff here." Another said, "I'm here a lot and there are enough staff." The registered manager told us they did not use a recognised dependency tool to work out staffing numbers as they did not reflect the time some people needed. They, along with the deputy manager, reviewed people's needs and dependency levels and staffed the service accordingly. Staff were allocated to each unit at the beginning of each shift. The deputy manager said, "We have not had to use agency staff for the last 11 weeks, as we have enough staff now."

During our inspection in May 2017, we found that people's risk assessments were in place for each person. We found that some work had been completed but was yet to be audited and signed off by the manager. The risk assessments we reviewed as part of this inspection showed some improvements in the details contained within the documents but work was still required in this area to ensure every person had current, detailed assessments in place to reduce the risk of them coming to harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found each person had individual risk assessments which were up to date and had been reviewed. These were for a variety of needs including; personal care, skin care and the radiator in bedroom. They included information on the risk and how to mitigate it to keep the person as safe as possible without restriction.

During our inspection in May 2017, we found that medicines were not managed safely. On the residential unit, we found stock carried over from one month to the next was not always recorded. This made it difficult to maintain an accurate record of overall stock of individual medicines for each person. While boxed and liquid medicines were dated to show the date they were opened, this was not the case for inhalers. The records for one person who was prescribed a specific medicine did not include any details of the correct procedure to ensure this medicine was administered safely and as prescribed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the clinical lead told us they had been working closely with the Clinical Commissioning Group (CCG) pharmacist to improve. We found that medicines were being managed safely. One person said, "They sort it all out." Each person had individual records which contained the Medicine Administration Record (MAR), photograph and pen profile of the person. We checked eight MAR sheets which contained all of the information required and there were no gaps. Medicines were kept locked securely in a locked room. Room and fridge temperatures had been checked daily and recorded. We carried out a stock check on some

boxed medicines and found they matched recorded numbers. People told us that they had not had any problems with medication. We observed some medicine administration at breakfast and lunch. This was carried out following policy and guidance.

People told us they felt safe. One person said, "I am safer here than I was before because there's always someone to help." A relative said, "It is comfy and safe here."

Staff knew how to report suspected abuse. All staff had received training in safeguarding. One staff member said, "Oh yes, people are safe here, I would soon report anything and it would be dealt with."

We saw that the service had contingency planning in place in the case of total evacuation. They had a reciprocal agreement with another care home nearby where they could evacuate people who used the service if required.

All accidents and incidents were reported using an accident/incident form. These had been reviewed by both the clinical lead and the registered manager. This was to ensure correct procedures had been followed and to see if there had been any trends. It also checked if any other agencies needed to be involved, for example local authority safeguarding or the Care Quality Commission (CQC).

The provider had a robust recruitment process in place. This included appropriate checks, for example; two references, proof of identity and Disclosure and Barring Service (DBS) check. Records we saw confirmed these checks had taken place before staff had started to work. The registered manager told us they were waiting for final recruitment checks to be completed for new staff they had recently employed before they could be put on the rota.

Within staff files we saw the registered manager had carried out disciplinary actions with some staff. They explained the reasons and how they were progressing.

Is the service effective?

Our findings

During our inspection in May 2017, we identified a significant lack of training and supervision for staff. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found staff had received up to date training and had received regular supervision. The registered manager had employed an in house trainer who was responsible for ensuring all staff training was up to date. They showed us a spread sheet listing all staff and the provider's mandatory and additional training. This showed when training had been completed but also when next required. We noticed one staff member was overdue a particular session. The trainer explained that they had sent out a letter explaining that if it was not attended the staff member would not be offered any shifts until it had been completed. We saw a copy of the letter. We saw that the registered nurses were able to access specific training for them including syringe driver and Percutaneous Endoscopic Gastrostomy (PEG) feeding. On the day of the inspection, we observed the registered nurses meet with someone who was organising some wound care training for them.

Staff had received an induction when they started. Within staff files we saw completed induction paperwork which had been signed to say the staff member had completed their induction training.

Staff told us they had received regular one to one and group supervisions. The registered manager said, "If there is specific learning we will carry out group supervisions, otherwise they are individual one to ones." A supervision matrix was displayed on the office wall which showed when supervision was due. It was completed with the date when carried out. We saw records within staff files of both types of completed supervisions. The registered nurses also had monthly clinical supervision.

During our inspection in May 2017, the service did not provide appropriate food to people with specific dietary needs and support offered to people at meal times was poor and not in line with their care plans. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the registered manager had employed a new qualified chef. We observed the lunch time meal. People appeared to enjoy their meals. There was a choice of two main meals and a pudding. One person said, "The food is decent, well it's ok – there's enough for me and it's hot." A relative said, "The food is ok, I will eat here often when I come a couple of times a week." Some people forgot what they had ordered as they chose the evening before. We spoke with the registered manager regarding this. They explained as everything was cooked fresh they needed an idea of how much to prepare the night before. If people chose in the morning it would not allow the chef time to cook from fresh. Throughout the inspection we observed trollies taken round mid-morning and mid-afternoon with a selection of drinks and fresh fruit, biscuits, snacks and cakes. We observed staff assisting people to eat and drink where required. Tables were set with cloths, place mats and fresh flowers. Printed menus were on each table and written on chalk boards in dining rooms. Picture menus were displayed in the corridor. We spoke with the chef who

told us they had recently introduced the winter menu. They had a sheet for each individual of their dietary requirements and likes/dislikes. Within the kitchen we saw special foods for people on special diets, for example diabetic and dairy free. The chef said, "We try to cook the same meal that everyone else has for those with special diets. We just use different ingredients. For example, today we have three types of custard, one ordinary, one for people who are diabetic and one made with a dairy substitute." We saw within people's records that when required staff referred people for additional nutritional assistance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 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 the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Some people had authorisations to deprive them of their liberty. Staff knew who had them and why they had been granted. We saw records that staff had training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, and observed that they had a good understanding of people's capacity to consent to care.

We observed staff gaining consent before any aspects of care and support was offered. Mental capacity assessments had been carried out to check if people could give consent for a variety of things including; photographs, personal care and medicines administration.

Within care records we saw Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR's). These had been completed correctly with input from the appropriate people. They had been reviewed when required. Staff were aware of who had them in place.

On the day of our inspection, we observed the doctor visit. The registered manager told us they visited weekly to see people and to carry out medical reviews. They would also visit when called. One person said, "The doctor comes once a week and you can ask to see them." Another said, "The doctor has been today and they are going to look at the records and see if any more tests need to be done." A relative said, "They are very good at getting the doctor out if needs be." Within records we saw that additional healthcare was accessed if and when required. One person said, "They sort out my hospital appointments – then they tell me when they are too and sort out any transport."

Is the service caring?

Our findings

People and their relatives told us they were treated with kindness. One person said, "The day time carers are so lovely. They wave as they go past or they pop in. Sometimes the young ones come in to read their stars in the paper – makes me laugh." Another said, "I wouldn't be here if they didn't look after me properly, I would find somewhere else, they are very good." A relative said, "The carers are really nice."

We observed positive interactions between staff and people who were using the service. The staff were generally bright and smiling, very welcoming and talked to the residents in passing and whilst they were helping them. For example; staff approached people in a gentle and un-hurried manner. One person walked into the lounge in a state of undress. A staff member approached them and spoke in a soft voice to ask if they were alright and could they help them. They then assisted them back to their room to help them.

It was obvious from our observations that staff knew the people they were caring for well. They were able to chat with them about things of interest and able to tell us about each person. There was chatting and banter between staff and people. The registered manager knew each person and was observed chatting with them and their relatives.

People told us they felt they mattered and were well cared for. One person said, "I can go to bed when I want to – sometimes I like to watch TV until quite late and no one minds at all." Another said, "One night they were getting me ready for bed and there were three of them in here and one of the young ones said 'It's like we are three daughters all helping you together'. They are lovely."

Within staff files we saw documentation regarding confidentiality. This included social media. Records were kept locked securely, only accessible by people who needed to access them.

People told us that their privacy was respected and they were treated with dignity and respect. One person said, "They always knock on the door if it is closed, which it isn't usually. I like my door open." We also observed that carers always knocked on the doors before entering and waited for a response. Another person said, "They always help me and they always shut the door if they are sorting me out." We saw that people were encouraged to personalise their own rooms and make them a comfortable space.

We observed visitors throughout the day. One person said, "Relatives can come in and visit me whenever they want to and they can all come if they want to – there's no restriction on anything like that at all." One relative said, "I can stay for lunch or for supper at any time. It's lonely at home and we've been married over 60 years so I come here. We've never been apart before and they welcome me."

Is the service responsive?

Our findings

During our inspection in May 2017, we found that people had not been involved in the development of their care plans. They did not accurately reflect people's current needs and lacked personalisation. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found comprehensive care plans were now in place. They were written in a person centred way and were reflective of individual's needs. They included individual plans which included; personal care; communication, psychological needs, religious, spiritual and cultural beliefs, medicines management and nutrition. Care plans included a one page profile to give a brief overview of the person and their needs. All of the care plans had been reviewed and recently evaluated. Care plan entries were dated and signed.

Despite some people saying they did not know what their care plan was and they had not been involved, there was evidence in people's care plans that people or their relatives had contributed to assessment and planning. Some people who were able had signed them to say they agreed to the support required.

One relative told us, "They always ring me if anything is wrong they phone straight away – last night [name of person] had a seizure and they phoned and told me that it had happened and that she was settled." Another said, "They are very, very good at letting me know, [name of person] had a 'slither – not quite a fall' and they phoned me straight away to tell me." This meant relatives were kept informed of any changes for their loved one.

During our inspection in May 2017, we found that activities provision was poor and did not support people to maintain their interests and hobbies. People cared for in their bedrooms were isolated, with little to do other than watching television. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection, we found the registered manager had employed a full time activities coordinator to work alongside two part time activity staff. A visit to a garden centre during the summer had proved popular with a number of people. One person said "I enjoyed going out, it was a really nice time." On the first day of the inspection, we observed people helping the activity coordinator decorate a lounge for Halloween. They were engaging people by talking about the decorations and what Halloween was. The following day a Halloween party was held in the afternoon. People were singing and dancing and enjoying the afternoon. Tea and scary cakes were enjoyed. Staff had dressed up in character and some people were guessing who they were. Notices were displayed of the day's activity programme.

The activity coordinator had devised a record book for each person which stated what they enjoyed doing and kept a record of which activities they had joined in. Some people enjoyed watching rather than joining in. Staff encouraged this and they were as involved as much or as little as they wanted.

Staff had the time they needed to support people with their assessed needs. We observed staff interacting

with people, they bent down to eye level and spoke slowly and clearly making sure the person understood what they were saying. They chatted and a good rapport was observed.

We saw that the service had a complaints policy and procedure. One person said, "If I did have a problem first of all I would talk to the head carer and then I would talk to the nurse." A relative said, "There's no need for me to complain, I can talk to them if there's a problem." No formal complaints had been received since the last inspection.

The registered manager told us an annual quality survey is sent out to residents and their relatives. This had not been done this year. The registered manager told us they had asked the provider if they could send some out to enable them to get an idea if improvements were appearing to have made a difference.

Is the service well-led?

Our findings

During our inspection in May 2017, we found that, although improvements had been made in some areas, continuing breaches were identified in relation to medicines management, staffing, the way in which people's food and hydration needs were met and in the provision of a person centred service. We saw that the provider had plans in place to further improve the service and was monitoring this work to ensure it was completed to a good standard and in a timely manner. However, this work was not completed at the time of the inspection. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection we saw a large number of quality audits and checks had been carried out. The registered manager, with assistance of the deputy manager, had introduced a number of audits and when they should be carried out. These included; care plans, medication, room checks and maintenance. Records showed these had been carried out on a regular basis. Where issues had been found actions had been put into place and signed off when complete. The responsibility of some auditing had been passed to other staff members but all had been overseen by the registered manager. They had also introduced a resident of the day. On that day records were checked and updated, the room deep cleaned, drawers were checked and following this the registered manager signed it all off. This ensured at least once every month each person had everything updated.

The provider had a number of quality audits which had been carried out. The most recent was a home visit report. We saw this report and the actions required. All actions had been carried out and signed off as complete.

Staff we spoke with told us that the registered manager was approachable. One said, "The manager is very approachable. They have made a lot of changes but they are all for good." When asked if they had seen any improvements in the quality of the service, one member of staff said, "Communication is key and it is now good. I now know what is happening in the home so I am able to do my job properly." Another said, "It is much better now."

A number of different meetings had been held. These included; nurses, care staff, housekeeping and all staff. The registered manager told us they had introduced a daily heads of department meeting. This was held at 11am every morning to enable each department to update each other on any issues or progress. We observed one on the day of our inspection. Staff told us it was very helpful and informative. Records we saw confirmed this. Within these records we saw that staff had been involved in the development of the service.

The registered manager told us she held regular relatives meetings. A list of the dates was on the notice board. One relative said, "I've been to relatives meetings, people air their views and wherever they (management) can, they will do something about it."

There was a registered manager in post who was aware of their registration requirements. They had been in post for approximately six months and had introduced a number of changes. They were aware of the day to

day activities in the service. We observed them speak with individuals and their family members by name. One visitor said, "The manager is lovely, very approachable and has an open door."

The registered manager told us that someone from the provider management team visited the service on a regular basis, and that they were very supportive. They had been visited by the operations director and the assistant director of quality and operations monthly, the regional manager to carry out their supervisions and probationary meeting and the nominated individual had visited to support the registered manager. The provider also had national managers meetings every six months where all of their registered managers were able to get together. This was used as a learning and networking opportunity.

Staff we spoke with were aware of their roles and responsibilities. One staff member said, "It is a nice place to work. We all work as a team." They were quite complimentary about the improvements made to the quality of the service by the registered manager.