Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Swiss Cottage Care Home

Plantation Road, Leighton Buzzard, LU7 3HU

Tel: 01525377922

Date of Inspection: 10 December 2012

Date of Publication: December 2012

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Irvine Care Limited
Overview of the service	Swiss Cottage provided accommodation to people who needed nursing and personal care some of whom may have dementia.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 December 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

We used the Short Observational 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.

What people told us and what we found

During the visit of 10 December 2012 we spoke with 10 of the 68 people who lived at Swiss Cottage. The majority told us they were happy living there, felt safe, and the staff were friendly and treated them with kindness. One person told us "This one here is the best one."

We looked at seven care files and saw evidence of appropriate assessments and reviews for each individual. One person said "They look after me very well" and another said there was "Nowhere better".

We observed that interactions between staff and people using the service were considerate and respectful, and people's diversity, values and human rights were respected. One relative said "So far, very impressive, they are going to go through all the paperwork with us today."

On our visit on 10 December 2012 we arrived at 7am. We found that staffing levels were able to meet the needs of people at the service. Staffing issues were mainly at weekends when we noted care staff often rang in sick at short notice making cover difficult. One relative told us the staff worked very hard and they had no concerns with the care but felt "they need more incentives to work at weekends."

There were systems in place to provide staff with training. A new clinical lead nurse had been appointed and she was able to support nursing staff in a supernumerary role. The provider had a system to monitor the quality of the service and engaged with people and their relatives to obtain their views.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People's privacy, dignity and independence were respected.

Reasons for our judgement

During our visit of 10 December 2012 we found that people were treated with dignity and respect, and were encouraged to make choices about the care and support they received. We observed that people expressed their views and were involved in making decisions about their care and treatment. They made personal choices about all aspects of their life, this included meals and leisure pursuits. One person said "I like to get up early" and their records confirmed this.

We observed that interactions between staff and people using the service were considerate and respectful, and that people's diversity, values and human rights were respected. One relative of a recently admitted person that we spoke with said "So far, very impressive, they are going to go through all the paperwork with us today."

The staff helped people to understand the options of care and the support available to them, and supported them to make personal decisions about their lives. We could see from the files reviewed, that there was evidence of a person's involvement as we saw their signatures, or their representative had signed on their behalf.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

During our visit on 10 December 2012 we found that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked in detail at seven care files and saw evidence of appropriate assessments and reviews on file, for each individual. On one person's file it stated that this person liked to eat with their hands. This ensured the needs and preferences of this person were understood. One person said "They look after me very well" and another person said there was "Nowhere better."

The different aspects of people's care were recorded in risk assessments that were linked to their care plans. We saw that when care reviews were carried out, these were done in consultation with the individual and / or their representatives. We noted care plan and review documents had been signed by people who used the service to confirm their agreement and understanding of their care requirements. We observed that care plans contained specific information regarding the level of support people wanted and required. This included information which related to the management of long term conditions which affected people's general health, well being and safety. The care plans provided staff with clear guidance to follow when giving support and care, including those people who required specific support with daily tasks such as eating and drinking. We saw evidence of this support being given to those that needed it.

The provider may wish to note that information held about personal preferences and choices about some aspects of people's daily lives could be further expanded upon, by completing the personal preference sections of the care plans. The absence of this information could potentially lead to inconsistent or inappropriate care delivery with regards to specific needs. We discussed it with the manager during our visit who informed us that this newly introduced document was being rolled out and as such was an ongoing piece of work.

We saw a large delivery of equipment at the service on the 10 December 2012 including chairs and specialist beds. One person told us that they were hoping that their specialist chair would be part of the delivery as they had been waiting several weeks. The use of this chair would mean that the person, who had spent a long time in bed, would be able to leave their room and meet with other people who lived at the service. The need for this chair had been assessed at the service and the manager informed us that the specialist

chair would be delivered on the 17 December 2012.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

During our inspection on 10 December 2012 we spoke at length with 10 of the 68 people who lived at Swiss Cottage. The majority told us they were happy living there, felt safe, and that the staff were friendly and treated them with kindness. One person told us "This one here (pointing to a member of staff) is the best one."

The provider had put in place a policy and procedure for staff to follow if they wanted to raise concerns about safeguarding people from potential abuse. We spoke with 10 staff that were on duty on the 10 December 2012. They knew there was a safeguarding policy and protocols that they should follow, and all said that that they had completed training on safeguarding people. We looked at the training records which confirmed that all staff had completed safeguarding training. When we asked them, care staff were able to demonstrate a good understanding of safeguarding processes, and had a good understanding of the Mental Capacity Act (MCA) 2005. They demonstrated this by telling us what sort of incidents or concerns they would report. Where it had been necessary to raise safeguarding concerns previously these had been managed appropriately and the manager of the service had co-operated fully with the other professional involved to resolve any concerns.

Staff told us they were aware that they could raise concerns directly with the local authority safeguarding team, Care Quality Commission (CQC), the police, or by using the whistle blowing process. Since September 2012 several staff and ex-staff had used the whistle blowing process to raise concerns directly with CQC. Which meant that staff were able to use the process and raise potential issues of concern.

When we spoke with staff they were also aware that there were processes to follow if best interest decisions had to be made for people who lacked the mental capacity to make safe decisions for themselves. Staff told us there was a poster and contact sheets in the various offices, which provided them with the telephone numbers they should call if they required any advice or guidance on matters relating to abuse or inappropriate treatment. This meant that people in this home were protected, because staff knew what action to take if they had any concerns about care practices and treatment.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

Prior to our visit on the 10 December 2012 we had received several concerns from people working at the service or who had just left the employment of the provider. The concerns related to low staffing levels particularly on the Cedars unit which provided nursing care for up to 22 people with dementia. In one of the concerns it was alleged that the lack of staff had meant that people were made to get up at 05.30 each morning so they were up for breakfast which was served at 08.30am. In the majority of concerns the impact was on staff who said they had to work "very hard" when colleagues let them down at short notice. We looked at these issues during our visit and found there was no evidence that people using the service were experiencing negative outcomes as a consequence of these concerns.

On our visit on 10 December 2012 we arrived at 7am. We found that staffing levels, whilst not as previously planned were able to meet the needs of people at the service. We observed that in one unit seven people were up and they told us they had chosen to get up for breakfast. In other units the majority of people were in bed and mainly still asleep. Having looked at the rotas we could see that the units did on occasion fall below the planned staffing level. However there were a number of room vacancies on each unit and the manager told us they had adjusted the levels of staffing to reflect this. The main staffing issues were at weekends when we noted care staff often rang in sick at short notice making very difficult for the staff on duty to find cover. One relative told us that the staff work very hard and they had no concerns with the care but as they saw it "...they (care staff) need more incentives to work at weekends." This meant that people using the service had their needs met but the levels of sickness and absenteeism increased the pressure on staff.

We spoke with the manager who had been in post for three weeks and was taking steps to address the staffing issues. The rota was being amended to reflect staff changes and to reduce the impact on staff so they were only working their contracted hours. This meant that they were able to have their time off protected. Agency staff and care staff from other company homes in the area were being used to manage the impact of this on people. These actions meant that people living at the service were cared for by staff who were rested and focused on the delivery of their care.

Staff told us they were concerned when the rota didn't have sufficient staff detailed for each shift and had discussed this with the manager. The manager told us that it was the

intention to maintain staffing at the levels on the rota and, whilst staff were worried, they had been assured that cover would be arranged. The manager informed us that recruitment for care and nursing staff was a priority and we saw records of recruitment and interviews that had recently taken place. This meant that the provider was proactively taking steps to address the staffing numbers so the needs of people at the home continued to be met by the provision of sufficient staff.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

During our visit on the 10 December 2012 we spoke with 10 staff who worked at the service. The provider had put in place robust policies and procedures to address staffing issues and these were being used to manage staff concerns and issues of sickness and absence which impacted on others.

Some staff were satisfied with the support they received from the provider to carry out their role whilst others were not. The changes at the service since it had been taken over some six months earlier had presented some staff with difficulties in dealing with these changes. Some were long standing staff members and they became emotionally distressed when speaking with us. They were concerned that their knowledge of people living at the service was not being valued by new but more senior staff and they were just presented with new ways of working without consultation. We were told by the manager that this was recognised and as a consequence the provider had increased the support to staff to manage these changes. For example we saw that arrangements were in place to provide each member of staff with supervision on a one to one and group basis. To assist some staff to discuss any concerns these sessions were conducted by a member of staff from outside of the direct management of Swiss Cottage. Records of these sessions were made. Staff meetings were held to provide a forum for information sharing and we saw the minutes of these in the service records.

There were systems in place to provide staff with training and modules were undertaken as e-learning on the computer. Also arrangements were being made to provide some face to face training sessions which better suited some people's learning styles. These actions showed that the provider was aware of staff concerns and the difficulties the changes presented. As a consequence they had implemented processes to support staff through the process of change.

A new clinical lead nurse had been appointed and she was able to support nursing staff in a supernumerary role. Her role had been assisted by the appointment of another nurse as unit manager on the Oaks nursing unit. This mean that people were able to benefit from a nursing team which who were supported to meet their nursing needs.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had a system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others. The provider had a system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

During our visit on 10 December 2012 we looked at some satisfaction questionnaires that had been returned to the manager earlier this year. These had been analysed and a report produced on 30 November 2012 which collated the responses. We noted that suggestions to improve care had been made, but in the few weeks since the report had been produced the work to address these had not yet commenced. One relative that we spoke with said that they do not complete the surveys because they did not feel they were relevant to the needs of their family member.

The Provider had robust policies and procedures in place and one of these related to complaints management. The policy that we looked at outlined that a monthly complaint summary should be completed but we could only find evidence of one audit document on file from November 2012. We were aware that one person had raised issues but this was not recorded in the log. The manager informed us that since her arrival she was dealing with the concerns raised. We observed that the person concerned did approach the manager to discuss an area of concern and noted that good relationships were maintained. The provider may like to note that, although concerns were investigated people's complaints had not always been recorded in line with the company policy. This means that the number of complaints made were not accurately reflected in the monitoring record.

We saw that meetings were held with relatives and separate meetings held with people living at the service to communicate changes and to hear any areas of concern or compliment. These meetings were recorded and the minutes kept for reference. The main issues raised related to the laundry, the food and the cleanliness of the premises. These areas were all under review and plans were in place to improve the quality of these areas. For example we saw re-decoration had been undertaken, menu planning was being changed and we observed that the cleanliness of the premises had been addressed. One relative said that they had been told that new carpet and flooring was being laid in their relatives room. This showed that people were being listened to and the quality of the service was being addressed as a matter of priority by the provider.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk