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: 22 April 2013

Date of Publication: May 2013

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

Care and welfare of people who use services	✓ Met this standard
Staffing	✓ Met this standard
Notification of death of a person who uses services	✓ 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 be living with 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 22 April 2013, 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

We carried out this inspection because people had raised concerns with us about the lack of staff on duty in the Cedars unit which people said was impacting negatively on the care being provided. The people on Cedar unit have nursing care needs and the majority are living with dementia.

We spent time on Cedar unit observing the care and looking at the way people's care was planned. We found evidence that people's care needs were met but the care plans were not always consistent in documenting their needs. On the other units we found that plans were completed in a much more consistent way with people's needs reviewed and changes made where necessary. People looked clean and well cared for and a relative visiting Cedar unit told us that they were very happy with the care that the staff gave.

On the Cedars unit we observed that people were very dependent and relied on staff to meet all their needs. Staffing levels were reflective of people's levels of dependency and staff were very busy. Staff told us that days were varied and there were times when an additional staff member would mean they would have more quality time with people. We observed that staff were very caring and spent time with people over the mealtime assisting them to eat, and this was unhurried and focused on meeting the needs of the person they were caring for. One person we spoke with told us that they sometimes had to wait for staff to come when they called but this did not cause them any concern.

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

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

Prior to our inspection we had received information from members of the public that raised concerns about the standard of care provided at Swiss Cottage. These concerns particularly related to the Cedars unit. During our inspection on the 22 April 2013, we spent time in each of the three units in the home. We spoke with three nurses, two care staff, one relative and one person using the service. We also spent time observing the interactions between staff and people living at the home. On the Cedars unit where people were living with dementia we carried out a Short Observation Framework for Inspection (SOFI) so that we could assess the experiences of people living in the unit. We reviewed five care plans out of the 56 available which we selected at random from across the three units.

On the care plans we reviewed we found that on the Cedars unit there was inconsistency in the completion of the documents. Plans were not always reviewed within the monthly schedule set by the service and some data was incomplete. For example on people's nutritional plans the assessment of their nutritional needs had not been fully completed. However within other parts of the care plan such as communication we found that dietitian had been involved and the necessary changes to people's diet had been agreed and implemented. On further investigation we were able to confirm that the appropriate care was being carried out. On the Oaks unit we found that plans were completed appropriately and recorded in detail the interventions that had been undertaken. An example of this was in relation to a person's skin integrity where we saw detailed evidence that the Tissue Viability Nurse had been actively involved in providing advice and support for the individuals care and updating the care plan for nurses working at the service to follow.

We discussed the inconsistencies in completion of the care plans with the manager who had been appointed in January 2013. We raised that we found care plans were difficult to navigate for information, for example information about nutritional needs not being recorded on the nutrition plan but within the communication section. The manager acknowledged that as someone new to the organisation she had experienced some difficulty with navigating the plans until she became used to the format. The provider may

like to note there was a potential for people who were unfamiliar with the documents to miss things, particularly if the completion was inconsistent.

We spoke with nursing and care staff and observed their care delivery. We noted that staff were knowledgeable about the people they were caring for. Their approach was dignified and respectful even if that individual was not able to verbally acknowledge or communicate with them. When assisting people to eat, staff were attentive and unhurried giving people time to eat their meal. Dependency levels were high but staff took time to engage with people positively. A relative told us that staff were caring and worked hard. A person using the service told us "The staff are good to me. They make me comfortable and put my tele on so I can watch it."

This meant that people experienced positive care which recognised their individual needs and that where necessary healthcare professionals were involved to assess and manage their more specialised care.

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 inspection on the 22 April 2013 we had received concerns from members of the public and also through a whistle blowing process that staffing levels at the home were insufficient to manage the care of the people living at the service. The issues related to the Cedar unit.

During the inspection we spent time on the Cedar unit observing interactions in the unit and completed a Short Observational Framework for Inspection (SOFI). We used SOFI to assess the experiences of people who were unable to tell us directly due to their dementia. We spoke with nursing and care staff working on the unit and a relative who visits regularly. We examined the staff rota which detailed the shift patterns and staff on duty.

We found that the planned staffing levels during the day on Cedar unit were for two registered nurses and three care workers to care for 19 people. The unit could accommodate 22 people and the manager advised us that when full the care staff numbers would increase to four with two registered nurses. We were told by the manager that a head of unit had recently been recruited and had responsibility for managing the staff on the unit on a day to day basis. The staff that we spoke with said it was sometimes difficult to get everything done. Staff said they worked as two teams with one of the nurses taking the shift lead and the other working with care staff in delivering the hands on care. They said that days varied and sometimes an additional staff member would enable them to spend additional quality time with the people living on the unit. We spoke with one person in their room and they said they had to wait sometimes when they called for staff but that this did not present them with any concerns.

The relative we spoke with told us that they observed that staff worked very hard. They said their relative was very well cared for and always well presented. They said they had no concerns over the standard of care.

From the care plans we noted that people were very dependent on staff to carry out all of their needs. Whilst on the unit we observed that people were well presented and people who remained in their rooms appeared comfortable and cared for. The staff told us that 17 out of the 19 people required the assistance of two staff to manage their mobility needs, and 14 out of 19 people required assistance to eat a meal.

During our SOFI observations over the busy lunchtime period, we noted that people were

provided with assistance to eat; the process was organised well and people were not hurried. Interactions and communications that staff had with people were positive.

This meant that even though dependency levels were high on Cedar unit people experienced positive outcomes from staff who had the skills to meet their needs.

We looked at staffing rotas and spoke with staff on the other two units. Staff told us that they were able to meet people's needs and the rota detailed that nursing and care staff were planned as one nurse and two carers on Oaks unit for an occupancy level of 19 people. On Pines unit the staff confirmed that the planned levels of staff were three care staff with 16 people who did not have nursing needs. The records we reviewed confirmed that people's needs were being met. This meant that staffing levels were sufficient to meet the needs of the people being cared for.

Notification of death of a person who uses services ✓ Met this standard

Adult social care and independent healthcare services must tell us when somebody dies in their care. NHS services must tell us when somebody dies because they have not been given the right care

Our judgement

The provider was meeting this standard.

There was a system in place for the notification of deaths of people using the service.

Reasons for our judgement

Information collated by the Commission identified that notification levels for Swiss Cottage were outside of the normal range for a service of this size and type in that they were lower than expected. During the inspection we spoke with the manager about this to establish if the information held was accurate. The manager confirmed that the provider had put in place a system for staff to follow when completing notifications for the deaths of people living at the service. The provider may like to note that four recent deaths of people living at the service were still waiting to be processed and notified to the Commission. The manager advised us that they were aware of the need to notify the Commission about deaths that had occurred and the outstanding notifications would be made without further delay.

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