



## Details of visit

<b>Service address:</b>	<b>Swiss Cottage, Fairways, Plantation Road, Leighton Buzzard, LU7 3HU</b>
<b>Service Provider:</b>	<b>Roseberry Care Centres UK Ltd</b>
<b>Date and Time:</b>	<b>1<sup>st</sup> April 2015 10:00 – 12:00</b>
<b>Authorised Representatives:</b>	<b>Dave Simpson, Diana Blackmun, Den Fensome, Linda Harrison</b>
<b>Contact details:</b>	<b>Healthwatch Central Bedfordshire Capability House, Wrest Park, Silsoe, Bedfordshire, MK45 4HR Tel: 0300 303 8554</b>

## Acknowledgements

Healthwatch Central Bedfordshire (HWCB) would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View visit.

## Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.



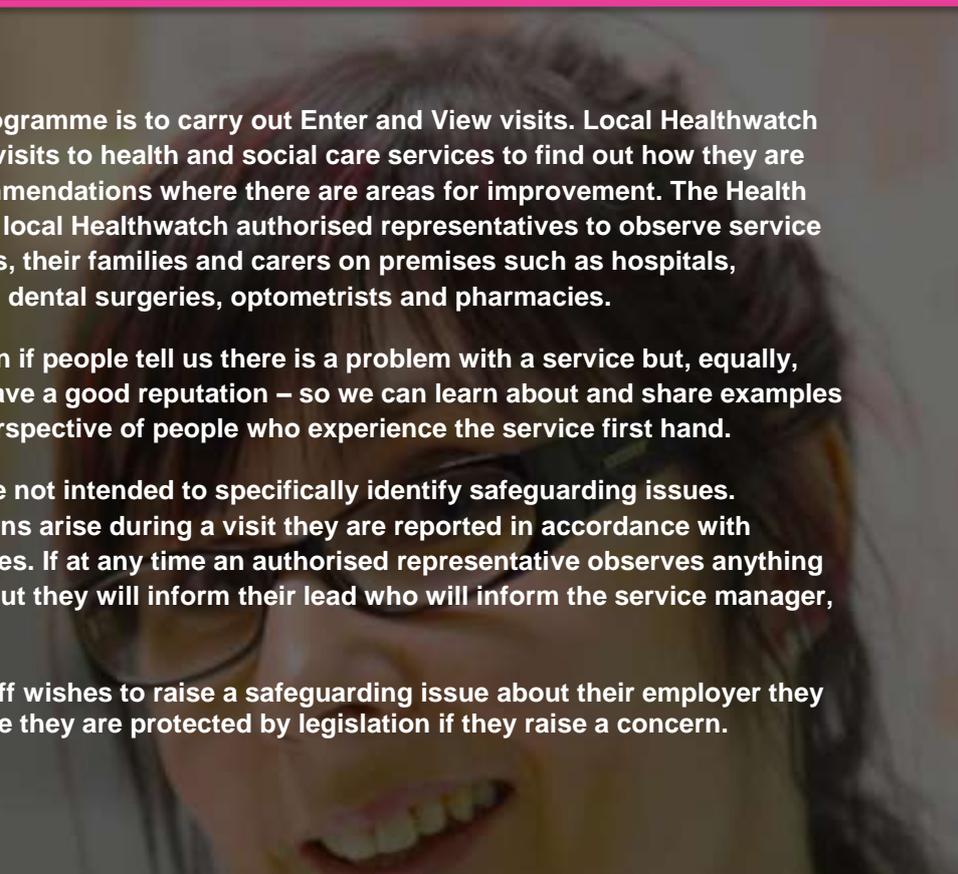
## What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being managed and make recommendations where there are areas for improvement. The Health and Social Care Act 2012 allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they will inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.



## Purpose of the visit

- To engage with service users of care homes and understand how dignity is being respected in a care home environment;
- Identify examples of good working practice;
- Observe residents and relatives engaging with the staff and their surroundings;
- Consult with residents, relatives and staff about their experiences of the environment within the home and how care is delivered.



## Strategic drivers

- Care Quality Commission dignity and wellbeing strategy
- Care homes are a Local Healthwatch priority

## Methodology

### **This was an announced Enter and View Visit.**

On arrival, representatives were met by the Manager and Deputy Manager, who gave a verbal introduction regarding the home, its history, the number of beds and residents, staff etc.

Authorised representatives also approached residents at the care home to informally ask them about their experience of the home. No family members were available at the time of the visit; however several members of staff were spoken to.

The authorised representatives explained to everyone spoken to why they were there and took notes.

After speaking with the residents and staff, Healthwatch Central Bedfordshire (HWCB) leaflets were given to the manager to be displayed in the home to enable residents, family members, friends and staff to contact HWCB at any time



## Summary of findings

At the time of the visit, the evidence is that the home was operating to a good standard of care with regard to cleanliness, dignity and respect.

- On entry, HWCB representatives were asked to sign in. Representatives did not see the Healthwatch Central Bedfordshire posters displayed in the immediate reception area however they were displayed in the subsequent entry area to the home.
- Residents looked tidy, clean and well cared for, representatives saw no evidence of dignity not being respected.
- Residents spoken to were generally happy with the meals; the menu appeared to be balanced and nutritious and mealtimes were suitable for the residents. Residents could also choose where to take their meals.
- There was clear evidence of social activities at the home, with photographs of previous events displayed on the activities board. The residents spoken to were given the option of taking part in organised activities along with their relatives.

The Manager advised representatives that the current capacity of the home, which is divided into four units (Pines, Cedars, Oaks and Acorns) is as follows:

- 81 single rooms and one double room.
- One ten-bedded unit (Acorns) is currently not in use; however there are plans to re-open it as a palliative care unit.
- Pines – nursing/dementia, 18 residents.
- Oaks – frail elderly nursing unit, 20 residents.
- Cedars – dementia/nursing, 18 residents.
- Some beds are available for respite care.
- There are no rehabilitation beds.
- A total of 60 members of staff are employed, including 12 nurses, 30 carers, a clinical lead, four part-time activities coordinators, kitchen staff, administrators, cleaners, maintenance and laundry staff.
- 13 staff are on duty in the morning, 12 in the afternoon, and seven at night.
- Care categories of residents include those with mild memory loss, dementia and the frail elderly. Many nursing residents are bedbound.
- Residents' ages range from 58 to 100.
- Residents care is funded by both Bedfordshire Clinical Commissioning Group (Continuing Health Care), the Local Authority and privately funded.
- Two beds are directly funded by the Clinical Commissioning Group defined as Decision Screen Tool (DST). These are beds for patients who are medically fit enough to leave hospital but not yet ready to go home. Residents stay for up to 28 days and are then reassessed to see whether they are able to go home or need a further period at the home.

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## Results of Visit

### Environment

On entry, representatives found the environment to be clean, warm, light and airy. The atmosphere was 'neutral' in that there were no apparent smells, good or bad.

The home, situated in four acres of woodland and gardens, operates over two floors and is divided into four units (Acorns, Pines, Oaks and Cedars), with pleasant outlooks over the large, secure garden areas which are accessible to the residents and contain several bird feeders. Each unit has its' own lounge; the lounge in 'Pines' being the activities lounge.



There are plans to convert the lounge in 'Acorns' into a café environment. All the units have dining areas and kitchenettes which relatives are encouraged to use.

Many of the corridors have pictures, books and other items designed to act as reminiscence aids for dementia residents. HWCB representatives were also shown a simulated bus stop/shelter, cleverly designed within the home by the maintenance man, with particular attention to detail. 'Post boxes' had also been made for comments and suggestions which were sited throughout the home. Decorative and creative murals could be seen on several corridor walls painted by a previous resident.

### **Promotion of Privacy, Dignity and Respect**

All the residents seen at the time of the visit appeared to be well dressed and cared for. Each resident has a nameplate on the door to their room.

HWCB representatives were advised that all bed linen is changed regularly or as necessary. Each residents individual care plan is available for residents and/or their family to view on request.

Representatives were advised that the home facilitates the following visiting services:

- Hairdresser – weekly on Tuesdays also 'pamper sessions'.
- Chiropodist – six weekly.
- Dentist – Residents normally go to surgery, but will attend home if required.
- Optician – six monthly or as required.
- District Nurses attend as often as required

### **Promotion of Independence**

Residents are encouraged to bring their personal possessions, photographs, pictures, ornaments and small pieces of furniture, including televisions and families are encouraged to personalise the residents' rooms.

All residents are offered the opportunity to be involved in social activities organised at the home. The home does have access to a minibus for organised trips out although it was not clear how often this was accessed. Relatives are also included in the majority of activity planning.

### **Interaction between Residents and Staff**

HWCB representatives spoke with residents in the communal areas. The residents spoken to stated they were comfortable in the home and quite happy. The residents appeared to be pleased with the care received however none of the residents spoken to said that they knew the name of their nominated carer.

Representatives observed staff members engaging with residents and calling them by their first names and saw residents being attended to and moved by appropriate numbers of nurses and carers.

### **Residents**

Residents are pre-assessed before acceptance at the home to ensure that their needs can adequately be met. The Manager or Deputy, along with a nurse will generally visit the resident at their own home or at the hospital. They will identify the resident's likes and dislikes, ask for a 'Life History' and encourage families to personalise the residents' room. A Service User Guide is given to residents and families on admission.

Representatives were advised that residents are all registered with the Leighton Road GP practice, which visits on Monday and Thursday, unless they chose to remain with their own GP. Residents can be taken to a local dentist if needed.

Residents' medication is issued by medication trained nurses and/or senior carers, who wear red 'Do Not Disturb' tabards and remain with the resident while the medication is taken, although this was not witnessed by representatives.

### **Food**

The daily menu is managed on a six-week cycle and appears to be comprehensive, with specialist diets, (religious, medical, diabetic etc.) catered for. Fortified meals and drinks are always available with menu choices at all mealtimes. All food is prepared and cooked on site in the well-equipped kitchen.

Representatives witnessed residents and relatives being offered refreshments during the visit and were informed that the 'tea trolley' goes round at 11:00 am and 3:00 pm; the supper trolley at 8 pm. Lunch is served at 12:30 and Tea is at 5:00 pm. Relatives are encouraged to sit with residents at mealtimes. The residents appeared content with the care they received at mealtimes and were able to choose where to take their meals.

The residents that representatives spoke to all thought the standard and variety of food served was very good.

### **Recreational activities/Social Inclusion/Pastoral needs**

Four part-time Activities Co-ordinators organise events to involve residents and their relatives as much as possible. Activities, many of which take place in 'The Pines' lounge, are currently organised on Mondays to Fridays, however the home is looking to extend this to include alternate Saturdays. The home has recently acquired a minibus, which will be utilised for various trips, including shopping trips on alternate Wednesdays.

Representatives were advised by both staff and residents that activities include Pitch and Putt (outside), cake baking, painting, sing-alongs, table top games, Bingo, flower arranging, various entertainers and musical sessions. There were also trips organised outside of the home, including visits to the pub, local Safari Park, Garden Centres and Nurseries, although it was not clear how often these took place.

Visits to the home by local schools and their choirs are encouraged and the home has three sixth-form students from the Van Dyke School who volunteer at the home, helping with tea making and distribution and chatting with residents. Local schoolchildren also help residents tend the raised flower beds in the garden areas. Swiss Cottage has visits from a 'Rescue Dog' and relatives are also encouraged to bring dogs in when visiting.

There are also other local volunteers and a 'Friends of Swiss Cottage' group is being initiated. The home is also establishing a newsletter to keep residents and relatives updated on a regular basis.

Residents' spiritual needs are met by visits from the Roman Catholic priest and C of E vicar who visit on Mondays and Tuesdays. Residents are able to visit the local church should they wish and there is a service in the home on Tuesdays.

There was no evidence of residents being forced to take part in activities; it is optional for all residents.

### **Involvement in Key Decisions**

Representatives were advised that meetings with residents only are held every month. Meetings with both residents and relatives are also held however these are poorly attended by relatives. The main purpose of these forums is to give both residents and their relatives the opportunity to raise any issues and/or concerns.

### **Concerns/Complaints Procedure**

The Manager, residents, relatives and members of staff all confirmed there is a complaints procedure and whistleblowing policy. These are on display and 'Suggestions Boxes' are also situated in various locations around the home.

### **Staff**

All staff seen and spoken to during the visit were friendly and helpful to the representatives and to the residents they were observed interacting with. All the staff, observed speaking to residents, clearly knew them well, using their first names. The staff appeared to be well trained and representatives were confident the residents were well cared for.

All but one of the staff has English as their first language and representatives were informed by the Manager that there were no language communication difficulties.

Representatives were advised that residents' medication is distributed by medication trained staff at all times although this was not witnessed. Representatives were also advised that DNRs (Do Not Resuscitate) notices (if appropriate) are kept within each residents care plan. Care plans are kept in each nurse's station.

Staff training is facilitated by E-Learning and further in house training is carried out to NVQ levels which includes the following:

- Health and Safety
- Moving and handling
- Dementia
- Infection Control
- Safeguarding (SOVA delivered by external trainers)

### **Visitors and Relatives**

No family members were visiting residents in the home during the visit, however representatives did observe one resident arrive for admission to the home with members of their family and in a brief conversation with representatives the family advised they were *'very pleased with their choice of home'* for their relative.

The Healthwatch Central Bedfordshire notice was displayed in the care home advising relatives of the visit; however Healthwatch Central Bedfordshire was not contacted directly by any relative prior to or since the visit to the home.

### **Additional Findings**

The management of the home is attentive to any suggestions for improvement and voiced creative plans and ideas for the future of the home.

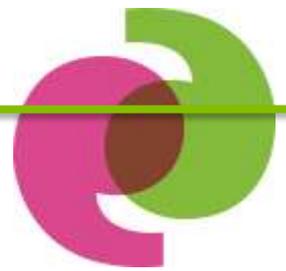
The majority of residents spoken to were unclear as to whether or not they had a nominated carer/key worker.

Several of the residents and care/nursing staff expressed the opinion that staffing levels could be improved at the home.

## Recommendations

This report highlights the good practice that was observed and reflects the resident's general satisfaction with the care and support provided.

- Residents and some members of staff spoken to felt that staffing levels could be increased for the benefit of residents and HWCB representatives were informed by the Manager that recruitment is planned for the future. HWCB recommends that this is now considered as a matter of some urgency.
- Wi-Fi and Skype are not fully available in the home at present and HWCB would recommend that Swiss Cottage investigates ways to improve access for residents to these services.
- Healthwatch Central Bedfordshire recommends that this report is shared with the residents of Swiss Cottage, their family members and staff, and to advise that if they should wish to contribute any additional comments about the report, to contact Healthwatch Central Bedfordshire direct on 0300 303 8554.



## Service Provider response

Despite reminders to the Manager of Swiss Cittance Residential Care Home, no response was received from the Home, by Healthwatch Central Bedfordshire, to the report.

HWCB  
08.06.15

