

Details of visit

Service address:	Swiss Cottage, Fairways, Plantation Road, Leighton Buzzard, LU7 3HU
Service Provider:	Roseberry Care Centres UK Ltd
Date and Time:	17th August 2022 10am to 1pm
Authorised Representatives:	Annette Brown, Carol Carter, Sue James, Sarah Gammon
Contact details:	Healthwatch Central Bedfordshire Capability House, Wrest Park, Silsoe, Bedfordshire, MK45 4HR Tel: 0300 303 8554

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.

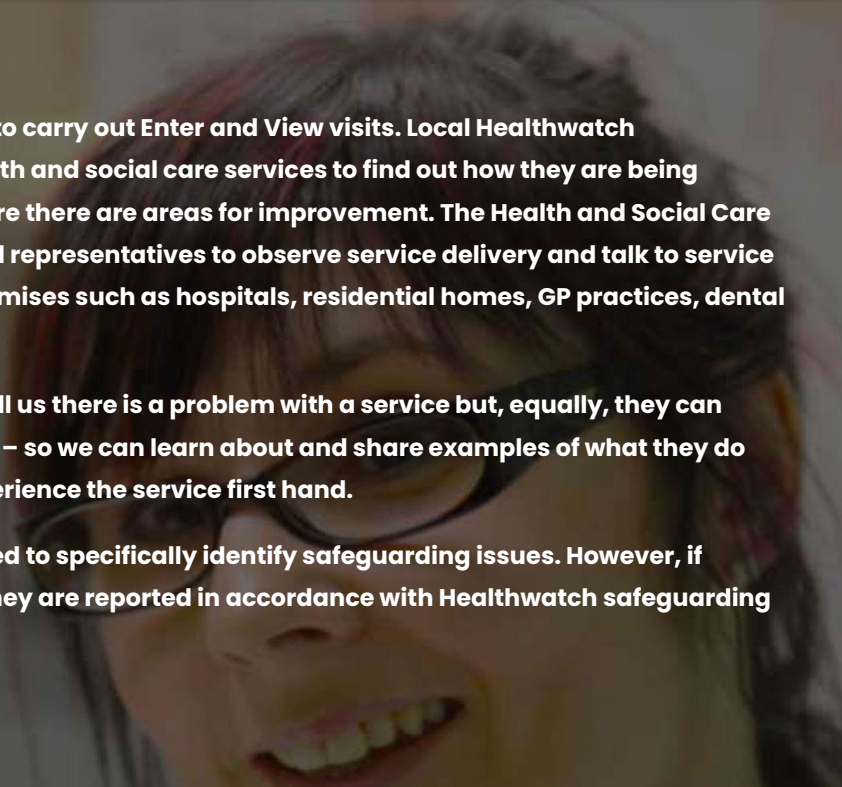
Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

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 care workers 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.



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 Quality Commission April 2022 Inspection rated as 'Inadequate'
- Care homes are a Local Healthwatch priority

Methodology

This was an announced Enter and View Visit.

Following an overall 'Inadequate' rating given to Swiss Cottage Care Home by the Care Quality Commission on 5th April 2022, Central Bedfordshire Council asked Healthwatch Central Bedfordshire (HWCB), as an independent organisation, to visit the home and meet with residents and their relatives, including staff. Notification of the intended visit, and posters informing residents and relatives of the date of our visit, were previously sent to the home.

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

In order to understand patient experience HWCB representatives used observational activity over a period of approximately two hours in the main rooms of the home.

After speaking with the residents and staff, HWCB representatives distributed a number of Healthwatch Central Bedfordshire leaflets to encourage residents, relatives or staff to contact HWCB direct, after the visit.

Summary of findings

Swiss Cottage is a Nursing and residential Care home providing accommodation with personal care for up to 84 people. The home is situated in four acres of woodland and gardens, set over two floors and divided into four units; Acorn, Pine, Oaks and Cedar, all with views over the gardens. Representatives were advised that residents could access and use the grounds as they were secure. The home also has its own chickens.

The Manager gave details of the current capacity of the home as follows:

- A total of 43 residents at the time of the visit; 13 in Pines, 15 in Oaks and 15 in Cedar
- Care categories include those with mild memory loss, dementia and the frail elderly. Some nursing residents are bed bound.
- Resident ages range from 65 to 100
- Residents are registered with the Leighton Road GP Practice unless they choose to remain with their own GP.
- Residents can be taken to their local dentist if needed.
- Residents care is funded by the Local Authority in Central Bedfordshire, the Clinical Commissioning Group (now BLMK ICS) and by other local authorities in Hertfordshire, Milton Keynes and Buckinghamshire.
- Some residents are privately funded.
- Daytime ratio of Carer/Nurses to residents in all three units is two Registered Nurses plus one senior nurse and eight carers.
- Night time ratio of Carer/Nurses to residents in all three units is two Registered Nurses plus one senior nurse and five carers.



Staff on duty at the time of the visit totalled 22 and many staff asked representatives who they were which indicated they had not previously been advised of our visit. An Activities Coordinator was on duty at the time of the visit and activities such as arts, crafts and board games were visible plus breakaway areas for those seeking quiet. Outside activities did take place pre-pandemic and although not available yet, the home is beginning to organise out of home activities again.

During the visit, and in light of a recent CQC report, representatives looked for evidence to show that the home was operating to a good standard of care with regard to dignity and respect.

Results of Visit

Environment

The building is signposted at the entrance and the gardens were tidy and floral displays visible. The exterior of the building is pleasant, modern and well maintained with 26 parking spaces and two disabled parking spaces available.

Access is gained by ringing a bell near to the entrance door. On entry representatives found the environment to be clean, light and airy and the interior smelt fresh and clean. The interior of the building is well spaced out for wheelchairs.

Representatives did not see any Healthwatch posters or leaflets displayed. A whistleblowing policy could be seen and representatives were advised that other policies and information was not on display as they were waiting for new notice boards although an 'allocation sheet' was available.

Staff were wearing uniforms; dark blue for nurses and light blue for Carers. Representatives did not notice a list of staff names and photos displayed and were told this is currently on the 'action list'.

General Observations by Representatives.

The home is currently at approximately one half of its capacity, and representatives observed that all the staff were fully occupied caring for the residents for all of the time that HWCB representatives were at the home. This does raise serious concerns regarding recruiting suitable staff should residents numbers increase.

Visitors are encouraged to help with personal care, outings and activities. Representatives were advised that a relatives meeting is held monthly chaired by a volunteer. Plans are in place to introduce a spokesperson who can speak on behalf of the residents.

Residents are able to retain their own furniture in their room, and couples can share a room, although no couples were staying in the home at the time of the visit.

Promotion of Privacy, Dignity and Respect

Interaction between Residents and Staff

Representatives witnessed residents in the home who all appeared clean and suitably dressed; representatives saw no initial evidence of dignity not being respected.

Representatives saw evidence of staff interacting with residents positively and regularly, and referring to them by their first names. Residents spoken to told us that the Carers do speak loud enough for them to hear and they can understand what they say, although one resident did say, ***'most of them I can understand, except for one person'***.

Residents told us they felt there were ***'lots of different Carers at the home'*** and some said they did not look at the staff name badge. However, this may be their perception due to their mental health rather than different staff appearing each time. Residents confirmed that staff respond quickly to their needs, one resident said, ***'normally straight***

away, can't complain'. Residents also confirmed that staff do not ignore them when they need something, although one did say, *'No, I just shout loud, I know they are busy'*.

Unfortunately when asked if they would know who the Manager of the home was, all of the residents spoken to said they did not, however one resident said, *'Can't remember name but I would recognise them'*

Personal Care

When asked how they would attend a healthcare appointment, (GP, Dentist or hospital etc.), residents said they would, *'ask one of the head nurses'* or rely on a family member to take them, one resident said, *'my daughter makes the appointment and would take me'*. However all of the residents confirmed they would tell the staff if they were feeling unwell and were confident staff would listen to them and make them feel better, one resident said, *'I have asthma and the staff help to pump the meds'*.

Residents were asked if they were involved in their Care Plan and this produced a mixed response, one resident said, *'Yes, had input'* although another said, *'can't remember'*. Mostly, residents relied on their family member to be involved with their Care Plan.

All residents spoken to were supported to get washed and dressed although some said, *'own personal care undertaken'*. When asked if they had a choice of a shower or bath, many said they had a shower although one resident said, *'shower but would like a bath but have no choice'*. When asked if they have a choice of gender for the staff that support them, all confirmed they had female staff and one resident said, *'prefer ladies, don't like male carers'*.

Recreational activities/Social Inclusion/Pastoral needs

Residents were asked if they liked the décor or furniture in their room and did they bring their own furniture. Residents confirmed they did like the décor and were able to bring their own furniture, one resident said, *'yes*

daughter will bring all the things I want'. However, although residents said they had a television in their room, one said it did not always work and another said, *'don't watch it'*.

All residents confirmed their privacy was respected at all times, and if they required privacy they could stay in their room or go in the garden.

When asked about activities in the home, residents mentioned 'Bingo and draw cards' or the family took them out. In general the residents were aware of what activities were available within the home, once again mentioning 'bingo' although one resident said, *'don't know, there's nobody here to give me what I want, I like to see other people'*.

Residents mentioned some activities they like to do on their own, such as 'knitting' and 'reading' although one resident told us, *'used to knit but can't see that well now'* and only one resident mentioned attending a group meeting.

None of the residents mentioned an Activities Coordinator and one relative said, *'No activity lady, mum not sociable'* which does not necessarily mean the home does not have an Activities Coordinator, rather her mother was not interested in participating. Another relative said, *'there used to be a garden party but that got stopped because of Covid'* and another said, *'invited to special events, e.g., Jubilee'*.

Relatives spoken to confirmed they felt that their family member was receiving the correct care and their literary/pastoral/medical needs were being met, one relative said, *'yes, pretty good overall'*.

Food

Residents and relatives spoken with gave differing views with regard to meals and it was difficult to determine if meals were balanced and nutritious, and whether mealtimes were suitable for the residents, however, all of the residents spoken to were generally happy with the choice of meals, saying they were **'OK'** adding they could get a sandwich

or snack at any time, one resident said, *'can ask for a sandwich but usually biscuits'*.

Residents did not feel confident to make their own drink or snack, saying they were unable to. One resident said, *'there is a trolley and I could go to the kitchen'*.

Relatives were asked if staff knew about the dietary needs of their family member. One relative said *'yes'*, and another said, *'nothing she dislikes'*. Asked about the suitability of meals for their relative one said they were suitable and another said only *'some'* were suitable.

Mealtime was not observed as there is no open dining experience, although printed menus are available with a choice of two meals and a vegetarian option, but no photographs of meals were available which might help to better inform residents with dementia. Aprons are worn by staff and bibs are placed on residents, with their consent, just prior to their meal. This shows dignity and respect to residents during mealtimes.

Essential visitors are allowed to stay for lunch and support their relatives and no time restraints are given provided they had previously 'booked'. Residents and their relatives also indicated that they were given *'more than enough'* food. Relatives also confirmed that they were offered a refreshments when they visited.

Concerns/Complaints Procedure

HWCB representatives were advised by the Manager that regular meetings are held with residents and family members for them to feedback concerns and opinions. The manager also confirmed that feedback can be taken from completed surveys which are distributed to residents and their relatives, plus emails or face to face meetings. Due to the medical status of the residents, the home also relies on the relatives to raise any issues and concerns. The Manager also explained that she operated an 'open door' policy and residents or family members could talk directly to her in confidence, at any time.

When asked if a resident was unable to communicate clearly to make a complaint how would this be managed, the Manager explained that all staff have a good relationship with families and know their residents so they would be aware if they were behaving differently and act without delay to liaise with GP and other services to support the resident.

If a family member wanted to raise a concern, this would be recorded and they would be given a copy of the home's complaints procedure which would then be investigated and actioned.

One relative, who was asked if there were anything about the home they had concerns about and if so, did they know how to report it, told us, **'snacks brought in but disappearing'**. They had mentioned this to the staff who listened to their concerns and advised of the outcome, the relative said, **'but mum had eaten them and then forgotten!'** she added that she would talk to the nurses or the manager if she had a complaint and other relatives said the same.

No residents spoken to mentioned they had made a complaint but the impression given was that a relative would raise any issues and concerns rather than the resident.

Staff

Representatives spoke with six staff at the home plus the care home Manager and asked a variety of questions about their work in the home, and relationship with residents and family members.

When asked about cleaning of residents rooms all staff confirmed they are regularly cleaned and the bedding changed daily. They also confirmed that food is prepared on site and they were aware of residents dietary needs by details provided in their Care Plan or on the wall chart. They also confirmed that visitors can visit during mealtimes, although one staff member was unsure saying, **'think so, although everything has changed since Covid'**.

All of the staff spoken to enjoy working at the home, comments included, **'lovely residents and welcoming staff'** and **'local to the area and grow attached to the residents'**. Training for their role included Safeguarding, Manual Handling, PMVA (Promotion and Management, Violence and Aggression) and MiH nursing, both online and face to face, and staff confirmed training is held regularly and 'ongoing'. When asked if additional training was required for their role, the majority of staff said 'no'.

Regular staff meetings are held, some daily, others monthly, although some staff were vague about their supervision, comments included, **'No supervision'** or **'don't know'**. All staff were confident that they would be happy for their relative to stay at the home.

When asked what they considered to be the best reward in their role, many of the staff were very positive and comments included, **'taking care of people and making a difference'** and **'knowing that residents are safe and well looked after'**.

Staff detailed their shift allocation and only one was unhappy with their allocation, and again, only one felt there was insufficient staff allocated per shift and another said, **'varies day to day but whenever I am in, I am with who should be there'**. Some of the staff confirmed they had been allocated a resident for whom they were a key worker but not all, and when asked what they would change or improve about their job, many said **'nothing really'**, although one staff member commented, **'allocated a unit and stay there permanently and not be moved due to staffing issues'** and another said, **'more activities support'**.

Staff confirmed that regular activities are planned for residents, naming **'flower arranging', 'bingo', 'skittles'** and **'film nights'**. All are arranged through the Activities Coordinator, reviewed at the 11am meeting. When asked how they ensured residents could pursue their own activities, staff

mentioned, ***'look at their Personal Plan'*** and ***'knowing what they like to do'***.

When asked what they would do if a resident no longer wished to join in the activities, comments varied from, ***'leave them alone'*** to ***'look at their Care Plan and try to find something they would enjoy'***.

If a resident had concerns and this was raised by a relative to a member of staff, all confirmed they would report the issue to management, comments included, ***'report to the manager or person in charge unless I can fix it myself'***

All staff confirmed they take the time to talk with residents and listen to their needs, some mentioned offering choices, like ***'what time would you like to take a shower'*** and others said, ***'I am a good listener and it takes time'***.

The Manager explained that historically the home lacked management and leadership due to the Manager vacancy which had a negative impact. Now the

Manager was in post and staff supported, the home had improved and is sustaining improvement along with better communication, e.g., with GP, local authority, residents and their families.

Staff did not add any additional comments although all encouraged to do so.

Visitors and Relatives

Representatives observed family members visiting residents in the home and spoke to two of them, who gave differing opinions of the care afforded to their relatives.

Representatives did not see the Healthwatch Central Bedfordshire notice displayed in the home advising relatives of the visit and were not contacted directly by any relative prior to or since the visit to the home.

When asked why they picked this particular home for their relative, one relative said, *'In hospital needed to discharge, it was close to where we live, didn't look at others as no space available'* another said, *'third home after a fall at Christmas'*. Only one relative said they had support when choosing the home, they told us, *'social workers involved, had to fight to get a care home rather than go home'*. One relative who was involved in the admission's process, told us, *'daughter in law had to arrange a lot themselves and be proactive. Didn't know until day before that she was coming to this home'*. One relative had a tour of the home prior to their relative arriving and one did not, and only one remembered receiving an Induction Pack. Asked if there was anything they would do to improve the transition to the care home, one relative told us, *' Nothing, staff from day one were brilliant'*.

Relatives **did not** feel there were sufficient staff on each shift, one relative told us, *'there could always be more'* and only one relative confirmed that their family member had been allocated a care worker for personal care. However, they confirmed that staff interact with them when they visit their relative and they are kept updated on any issues or concerns. Neither relatives had raised a concern about their family member and felt that staff genuinely cared for their relative.

Only one relative felt that changes regarding their family members Care Plan was discussed with them, but neither were with their relative during initial discussions, one relative said, *'mum present but got mixed up'*. Another relative was particularly unhappy with the way in which their relatives clothes get mixed up in

the laundry, she said, *'Dinlaw(?) labels, mum sometimes gets other peoples clothes'*.

Additional comments from relatives included, *'getting outside in the wheelchair would be good'* and *'ground (until recently) neglected around the back'* and *'mum no longer falling since being here, not like previous care homes so grateful to them. I was struggling to look after her. I have my mum back. It is a pleasure to be with her now'*. Another comment was in regard to staffing levels, as follows: *'12 hour shifts are too long for staff, should be shorter, 3 x 8 hour shifts would help to get more staff in'*.

Additional Findings

The overall impression gathered by HWCB representatives during the visit was of a friendly caring environment although some concerns were raised regarding inaccurate care records, and comments from one resident who felt they were not being treated well.

On reviewing some of the residents care records, many of the dates were found to be incorrect and inconsistent, mattress settings were not recorded and charts not fully completed. On one residents record, at the time of the visit (10am to 1pm), hourly checks had not been recorded since 7am that morning, and on another record, meaningful moments had not been captured for over nine days. Another residents record that should have shown a specific 'cream' to be applied twice daily, had no record of this.

During the visit a representative observed a Carer (employed for three months) who turned a dining room chair around with the resident seated in it, then brought her walker to her. The representative felt that the Carer should have moved the dining table rather than the seated resident's chair. Concerns were raised with the care home Manager.

Additional comments from residents included, *'sometimes there are things that get me annoyed but usually everything is very good'* and *'One Carer is not very nice and I like to be with people'*. More worryingly one resident told us, *'everyone is concerned about us except for one person who is 'nasty''*. This particular resident raised some additional concerns with us which we followed up after the visit.

Additional comments from relatives included, *'this is her third care home and she likes it here, they treat her like a person'*.

Recommendations

- Healthwatch Central Bedfordshire recognises that the home is currently at approximately one half of its capacity, and staff were fully occupied caring for the residents for all of the time that representatives were at the home. To prepare for a potential increase in residents, or staff shortages, more should be done to hasten and encourage recruitment, and the owners should be offering their increased support with possible incentives to potential candidates.
- An urgent review of residents care records needs to be undertaken with additional training or support for staff, to ensure records are kept fully up to date and accurate.
- It is recommended the food menu includes pictorial photographs of meals which may help to better inform residents of the choice of meals available to them.
- There appeared to be a limited range of activities available for residents and we were advised that outside activities had been suspended during the pandemic. It is recommended that a wider variety of activities, including outside of the home is offered to all residents as soon as possible.

- It is also recommended that this report is shared with family members and interested parties, and for the home to encourage family members or visitors to the home to advise HWCB direct if they wish to contribute any additional comments about the home or to this report. Contact Healthwatch Central Bedfordshire direct on 0300 303 8554.
- Finally, HWCB would recommend that Swiss Cottage Care Home continues to be monitored on a regular basis to ensure that quality of care is not only assured for all but is sustained and continues to improve.

Service Provider response

Areas of recommendations	Actions taken and sustained improvements	Person(s) Responsible	Timescale for completion	Progress update /Evidence	Date completed /required outcome
<p>Healthwatch Central Bedfordshire recognizes that the home is currently at approximately one half of its capacity, and staff were fully occupied caring for the residents for all of the time that representatives were at the home. To prepare for a potential increase in residents, or staff shortages, more should be done to hasten and encourage recruitment, and the owners should be offering their increased support with possible incentives to potential candidates.</p>	<p>Home has a robust recruitment process in place, currently all RN's post are filled and the service is recruiting for health care assistant and Auxiliary staff Recruitment is ongoing and this is reviewed weekly</p>	<p>Home Manager</p>	<p>30/11/22</p>	<p>Ongoing recruitment of staff We have appointed a new Clinical lead and 2 Unit Managers We now only have 1 day time nurse vacancy for 33 hours</p>	

<p>An urgent review of residents care records needs to be undertaken with additional training or support for staff, to ensure records are kept fully up to date and accurate.</p>	<p>To ensure all care plans & risk assessments are reflective of the resident's current needs and to ensure the care plan are person centred and reflects residents' preferences and choices. likes and dislikes All care plans have been re written based on residents needs. Daily review of residents care plans when conducting residents of the day reviews</p> <p>Care plans & risk assessments are audited in line with Resident of the day and focus on residents with complex needs, weight loss, high risk of falls, infections, and skin concerns</p> <p>Care plans & Risk assessments that have been identified by CQC as required to be reflective of residents needs, person centred care reviewed, are re written by Home Manager/ Deputy Manager/ Unit Manager</p> <p>Care plan audit matrix to be kept up to date and planned audits to be completed in line with the agreed schedule. Priority audits to be completed in line with residents identified at high risk and for the</p>	<p>Home Manager/nurses</p>	<p>30/10/22</p>	<p>All care plans have been reviewed and updated and re written as required They are now more person centred We have also introducedpen portraits for each unit Care plan audits are now being completed again to ensure all care plans are to the standard required</p> <p>Residents with high risk of falls have an associated care plan and risk assessment in situ Weight loss and skin concerns</p>	
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	<p>residents with complex needs.</p> <p>Daily care notes have been revised to include time of interventions carried out by staff. Daily care notes includes prompt for staff to ensure that they clearly records which interventions have been carried out</p>				
<p>It is recommended the food menu includes pictorial photographs of meals which may help to better inform residents of the choice of meals available to them.</p>	<p>Catering team to take photographs of food menu and put together a pictorial menus for each of the unit and display daily in the dining rooms</p>	<p>HM/Catering team</p>	<p>30/11/2022</p>	<p>We have completed 3 weeks of the pictorial menus We have x1 week left to complete</p>	
<p>There appeared to be a limited range of activities available for residents and we were advised that outside activities had been suspended during the pandemic. It is recommended that a wider variety of activities, including outside of the home is offered to all residents as soon as possible.</p>	<p>Activity planner created to include groups activities and 1-1 sessions. 'My day so far' record books in use to demonstrate meaningful moments with residents in their bedroom by staff.</p> <p>Activity team arranged local school and local church to visit the care home.</p> <p>Residents have been out of the home as part of an activity e.g resident CB went out with the activity coordinator as requested. Residents are able to use the garden .</p>	<p>HM/RN's</p>	<p>30/11/22</p>	<p>Activities plan in situ for 4 weeks</p> <p>My days so far books introduced evidencing meaningful activities</p> <p>We have introduced OOMPH to the service</p>	

<p>Recommended that this report is shared with family members and interested parties, and for the home to encourage family members or visitors to the home to advise HWCB direct if they wish to contribute any additional comments about the home or to this report</p>	<p>Report discussed during relatives meeting</p>	<p>HM</p>	<p>07/11/2022</p>	<p>Residents and relative meetings held monthly with honest and open discussions with regards to CQC report and visiting professionals</p> <p>You said we did board implemented and is displayed in the foyer</p>	
<p>On reviewing some of the residents care records, many of the dates were found to be incorrect and inconsistent, mattress settings were not recorded and charts not fully completed. On one residents record, at the time of the visit (10am to 1pm), hourly checks had not been recorded since 7am that morning, and on</p>	<p>Care notes are checked daily by management team and concerns identified during walk rounds address immediately with the staff team. Reviewed daily care notes to include prompts and times when interventions are carried out.</p> <p>Individual repositioning charts created.</p> <p>My day so far reviewed daily ensuring staff make at least 2 entries each day.</p>	<p>HM/RN's</p>	<p>30/10/22</p>	<p>Mattress settings are being checked and recorded on the repositioning charts</p> <p>Spot checks are being completed to monitor compliance</p>	

<p>another record, meaningful moments had not been captured for over nine days. Another resident's record that should have shown a specific 'cream' to be applied twice daily, had no record of this.</p>	<p>Full review carried out of the TMAR sheets to ensure these reflects residents prescribed creams in the bedrooms. Nurse incharge on Pines/Oaks taking lead in ensuring creams are dated and TMAR is completed.</p> <p>Daily care notes have been revised and implemented and pen portrait information implemented for the room folders</p>				
<p>During the visit a representative observed a Carer (employed for three months) who turned a dining room chair around with the resident seated in it, then brought her walker to her. The representative felt that the Carer should have moved the dining table rather than the seated resident's chair. Concerns were raised with the Care Home Regional Manager.</p>	<p>All staff have received refresher moving and handling training. Trainers in the home carry out observational sessions with staff, reviewing their postures, use of equipment etc</p> <p>Any moving and handling concerns noted during walk rounds or following an incident is investigated immediately</p>	<p>Home Manager</p>	<p>30/11/2022</p>	<p>All staff apart from Ancillary staff have had refresher training Further training date set for the remaining staff to be trained is Tuesday 29th November</p>	

