

Mr. Liakatali Hasham

Surrey Heights

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Summary of findings

Overall summary

Surrey Heights is a care home without nursing for up to 39 older people living with dementia. The home had 27 residents at the time of our inspection, five of whom were in hospital on the day of our visit.

We found the following examples of good practice.

Staff had access to the personal protective equipment (PPE) they needed and there were appropriate arrangements for the donning, doffing and disposal of PPE. We observed that staff used PPE safely and effectively during our visit.

The home was clean and hygienic. Additional cleaning schedules had been implemented, including of frequently-touched areas, and an extra cleaner had been deployed each day.

The service had maintained safe staffing levels and people were supported by a consistent staff team. The manager said the permanent staff team had responded positively to the demands placed upon the service by working additional shifts if needed. Any agency staff used were booked on long-term placements.

People had been supported to access healthcare advice and treatment when they needed it. For example, district nurses had visited people to provide wound care. The manager said the home's GP contacted the service on a daily basis to discuss any residents who were unwell.

All visitors to the home completed COVID-19 screening forms, had their temperature taken and were required to wear appropriate PPE. Family visits had been supported safely. There was a designated visiting area accessible via an external door, which meant visitors did not need to walk through the home. During periods when visiting was not possible due to national or regional restrictions, staff had supported people to keep in touch with their families through platforms such as FaceTime.

Staff attended IPC training as part of their mandatory training and had attended COVID-19 training provided by the local Clinical Commissioning Group (CCG). The manager had engaged well with other agencies, such as Public Health England (PHE) and the CCG, to ensure relevant advice and guidance was implemented.

Staff accessed regular testing for COVID-19. If positive test results were returned, staff did not return to work until they had completed an appropriate period of self-isolation.

People who lived at the home also had access to testing and the provider sought their consent to this. If people returned positive test results, staff supported them to self-isolate in their bedrooms. Zoning had not been possible due to the layout of the home and the recent number of positive test results. However, the provider had minimised the risks of transmission by assigning a dedicated staff team on each floor to care for people who had returned positive test results.

No new admissions had been made during the pandemic. The manager had sought advice from PHE regarding the readmission of people who were discharged from hospital.

The risks involved in staff travel to and from the home had been minimised. Some staff lived on-site. Those who travelled to and from work had been given advice about how to minimise any risks involved in their journeys.

Staff ensured social distancing was maintained where possible. For example, staff taking their breaks did so in separate rooms and handovers took place in the lounge to enable social distancing.

Risk assessments had been carried out to identify and manage risks to staff who may be vulnerable to COVID-19. Some staff had been supported to work from home due to their vulnerability.

The service had been well-supported by the provider. The manager said the provider had supplied additional staffing resources and ensured staff always had access to the PPE they needed.

The provider had put systems in place to support the well-being of staff. These included individual supervisions, team meetings, a WhatsApp group and more frequent handovers. The manager told us the provider's senior management team was in regular contact with the home and available for advice and support when needed.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Further information is in the detailed findings below.

Inspected but not rated

Surrey Heights

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

As part of CQC's response to care homes with outbreaks of coronavirus, we are conducting reviews to ensure that the Infection Prevention and Control (IPC) practice was safe and the service was compliant with IPC measures. This was a targeted inspection looking at the IPC practices the provider has in place.

This inspection took place on 16 December 2020 and was unannounced.

Is the service safe?

Our findings

How well are people protected by the prevention and control of infection?

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.