

Rehabilitation Education And Community Homes Limited

REACH Wendover Road

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

REACH Wendover Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided. The service provides care to a maximum of 10 people. On the day of our inspection, nine people were living at the service.

We found the following examples of good practice.

Visitors were not currently visiting the service, except for health professionals. Visitors to the service were required to wear a mask and had their temperature taken and asked to use hand sanitiser. Visitors other than health professionals, such as maintenance staff, were required to complete a lateral flow test and would not access the service until the result of the test had been obtained. During the current lockdown the service had facilitated video calls to family members and the registered manager provided family members with email updates on their family member.

The service encouraged and promoted social distancing within the service. Some people spent time in their bedrooms and had their meals there, whilst a maximum of three people sat in the dining room for meals to promote social distancing. People were provided with posters and videos to promote their understanding of why staff had to wear masks, social distancing and handwashing. The registered manager had considered how isolation, cohorting and zoning would be implemented in the event of an outbreak of COVID-19.

The service was responsive to changes in people's well-being and had liaised with health professionals to enable further support to be provided. In house activities took place. Family members were encouraged to join in remotely to benefit people's well-being.

The service had no new admissions to the service during the pandemic. However, systems were in place to ensure people were admitted safely. The registered manager confirmed potential new admissions would be tested for COVID-19 prior to admission and isolated on their arrival at the service for 10 days to mitigate the risk of cross infection.

The service had a good supply of personal protective equipment (PPE). This was kept stocked and replenished throughout the shift. Pictorial guidance was provided on donning and doffing of PPE and systems were in place for safe disposal of used PPE.

The service had an identified infection control lead and the registered manager had attended training on donning and doffing PPE. Staff were trained in infection control practices which included assessment of staff on donning and doffing PPE and handwashing.

The service was registered to regularly test staff and people using the service for COVID-19 infection. The registered manager was clear of their responsibility in the event of any positive cases to mitigate the risk of

transmission. Systems were in place to consult with people about COVID-19 testing. For some people who lacked mental capacity to make a decision on being tested, a decision had been made that it was in their best interests not to be tested, due to the risks the procedure posed to them. This decision was not recorded as a best interests decision. These were completed after the inspection and evidence provided. All of the people living at the service had received their first vaccination against COVID-19. Mental capacity assessments and best interests decisions were completed for people who lacked mental capacity to make the decision on being vaccinated.

The home was clean and hygienic. High touch areas such as door handles and light switches were cleaned two hourly. Alongside this, there was a detailed and specific cleaning schedule in place for staff on each shift to complete and sign. These were all signed off and completed.

The organisation had an infection prevention and control policy in place. This was updated to reflect the COVID-19 pandemic and the extra measures required to infection control practices to mitigate transmission. There was a coronavirus contingency plan in place which was regularly updated in response to changes in guidance and the provider's own learning from an outbreak in another service.

Systems were in place to audit and monitor infection control practices. The provider had completed an infection control audit in September 2020, a health and safety audit in December 2020 and the manager completed monthly in-house infection control audits to enable them to ensure infection control practices were in line with the provider and government guidance.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We were assured the service was following safe infection prevention and control procedures, to keep people safe.

Further information is in the detailed findings below.

Inspected but not rated

REACH Wendover Road

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 the coronavirus pandemic we are looking at the preparedness of care homes in relation to infection prevention and control. This was a targeted inspection looking at the infection control and prevention measures the provider has in place.

This inspection took place on 4 February 2021 and was announced.

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.