

Nicholas James Care Homes Ltd

Charles Lodge

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

Charles Lodge is a residential care home that can accommodate and provide personal care and support to 27 people. The service caters for older people who are living with dementia. At the time of our inspection 15 people were living at the care home.

We found the following examples of good practice.

There were suitably robust measures in place to help prevent or minimise the risk of people who lived, worked and visited the care home catching or spreading COVID-19. Access to the care home was restricted for non-essential visitors. All essential visitors to the care home had to pre-arrange the date and time of their visit and on arrival were required to have a COVID-19 test if they had not been tested recently, wash and sanitize their hands and wear appropriate Personal Protective Equipment (PPE). The registered manager gave us examples of how the service had ensured a person receiving end of life care had been able to have face-to-face visits with their next of kin during the last days of their life.

Alternative arrangements were also in place to help people maintain relationships with people that were important to them. For example, people were actively supported by staff to keep in touch with people that could not visit the care home in-person via telephone and video calls. In addition, between the various lockdowns, relatives had been allowed socially distanced garden visits or see their family member through a transparent Perspex screen which was being used to partition a ground floor room that visitors could access directly from the outside.

There were suitable arrangements in place to ensure any new admissions to the care home or people returning after an overnight stay in hospital for example, were tested for COVID-19 before being allowed to enter the building and then self-isolate in their bedroom for at least 10 days. Furthermore, people living or working in the care home who tested positive for COVID-19 or showed signs of being symptomatic were also required to self-isolate for a set period.

A 'whole home testing' regime was being operated at the service. This ensured people living in the care home and staff working there were routinely tested. The registered manager knew how to apply for COVID-19 home testing kits for everyone living and working in the care home and told us they had no issues with their supply. Most people living and working in the care home had now received a COVID-19 vaccination.

Staff used PPE in accordance with current recognised best infection prevention and control (IPC) practice. All the managers and staff we observed during our inspection were wearing their PPE correctly. Staff had updated their IPC training in the last 12 months, which included the safe donning and doffing (putting on and taking off) of PPE. The service had adequate supplies of PPE, which staff confirmed.

The care home was kept clean. There were detailed records kept of staffs new cleaning schedules, which included a rolling program of continuously cleaning high touch surfaces, such as light switches, grab rails

and door handles. The registered manager told us in addition to their two domestic cleaners, the services maintenance person and night staff were now responsible for keeping the care home clean. During our inspection we observed the maintenance person cleaning high touch areas in communal areas. People's bedrooms and the main communal areas including the lounge, kitchen and laundry room, were all also subject to regular enhanced cleaning.

The provider had thoroughly assessed and mitigated infection risks to everyone living and working in the care home who were deemed to be in high risk groups. For example, people with underlying health care conditions or members of black, Asian and Minority Ethnic (BAME) groups.

The service had not used any temporary agency staff for many years. The registered manager was aware of good practice in relation to staff only working in one care setting currently to reduce the risk of spreading infection. For example, any bank staff the service used who had previously worked in various care settings owned by this provider were no longer permitted to do this and had to decide where they wanted to be work permanently for now. To help staff stay safe in-person group shift handovers meetings for staff had been suspended and replaced by team leaders giving written feedback to the staff coming on duty. Team meetings now took place in the main communal lounge where staff would remain safely socially distanced from one another.

There were IPC and PPE policies and procedures in place, which had been recently reviewed and updated to reflect ongoing changes to COVID-19 related guidance. This included contingency plans for managing adverse events, such as COVID-19 outbreaks and staff shortages at the care home. Managers routinely monitored and audited compliance with IPC practices. This included regular walkabout tours of the care home to check staff continued to wear their PPE correctly and high touch surfaces were routinely cleaned. Managers also supported people and their relatives to understand the self-isolation process and how the service could help to alleviate them feeling lonely.

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?

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

Inspected but not rated

Charles Lodge

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 17 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 promoting safety through the layout and hygiene practices of the premises.
- 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 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.