

London Residential Healthcare Limited

Kings Lodge Nursing Home

Inspection report

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19 March 2021

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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

Kings Lodge Nursing Home is a 'care home'. The care home provides accommodation and nursing care for up to 77 people in one, three storey detached building. The home provides care and support for people living with a range of healthcare needs associated with the frailties of old age, including people living with dementia. There were 62 people living at the home at the time of our inspection.

We found the following examples of good practice.

The home was open to visitors and had effective infection control practices in place to promote their own and others safety. For example, on arrival visitors were asked to sanitise their hands, have their temperature taken, wear personal protective equipment (PPE) and undertake a lateral flow test (LFD) for Covid-19. There was guidance for visitors on what was required of them on arrival and leaving the service, and facilities available for the safe application and removal of PPE.

Visits took place in the 'pod' or in the dining room on each floor and the times were adequately spaced to allow for cleaning. The pod was a purpose built room housing a transparent screen with a microphone and speaker so conversations between people and their relatives could be heard easily. The pod had external access so visitors did not have to enter the home, therefore reducing the risk of potential infection transmission. People receiving end of life care could have visits from relatives in their rooms.

Staff were observed wearing correct PPE and had received training in how to safely put on and remove PPE. Staff told us they felt confident in their knowledge of how to use and dispose of PPE safely.

The registered manager had created a group email system to keep relatives up to date with general information about the home. For people who had given their consent, there was a social media page where pictures could be shared of residents enjoying the homes activities, entertainment and fundraising events. We were told this offered assurance to relatives who could see that their loved ones social and emotional needs were being met.

Staff knew people well and had sensitively considered their wellbeing following an outbreak of Covid-19 earlier this year. The residents and staff worked together to create their own entertainment throughout the pandemic. For example, staff had performed a pantomime and built a beach area outside for people to enjoy during warmer weather. There was also a cinema room, a sensory table and gaming chair for people to use.

Support had been sought from specialist community services who offered visits for people who were affected by Covid-19. Staff had arranged a memory walk to raise money for charity and encouraged residents to come together for remembrance, to share stories and celebrate peoples lives.

The registered manager had an admissions policy which enabled people to be admitted to the care home

safely. All new admissions had to isolate for 14 days on arrival. If arriving from hospital, the ward would need to provide the home with the date and results of any Covid-19 test, the date of the onset of symptoms and a care plan for ending the period of isolation.

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

Kings Lodge Nursing Home

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 COVID-19 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 19 March 2021 and was announced.

Is the service safe?

Our findings

S5□ 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 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.
- We were somewhat assured that the provider was meeting shielding and social distancing rules.
During the inspection we observed a person's bedroom door open who was in isolation following a positive Covid-19 test result. The door did not have signage to indicate to people and staff that the person was isolating, and that full PPE was required when providing care. This said, staff we spoke to were aware who was in isolation and were observed wearing correct PPE in accordance with government guidance. The open door posed as a potential risk to people living with dementia who could enter the room unaware of the person's Covid-19 status and increase the risk of transmission around the home. This was raised with the registered manager who immediately responded to our feedback. A sign was placed on the door and staff were spoken to regarding what we had observed.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
The service was clean and hygienic and had a dedicated team of housekeeping staff who were committed to maintaining these standards. Staff were aware of their role and responsibilities and what duties they had been allocated. There was a daily cleaning schedule in place which documented the time that rooms had been cleaned and a record of deep cleaning of rooms that required this. However, the schedules did not show what had been cleaned or the frequency in which cleaning was required, nor were there records to demonstrate the completion or frequency of cleaning high touch areas. This meant that the management team could not be assured that cleaning was consistently achieved to the standard required for good infection prevention and control. This was raised with the registered manager who agreed to address this after the inspection.