

Cornwall Care Limited

Pengover

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

Pengover is part of Cornwall Care and is a care home which offers care and support for up to 40 predominantly older people. At the time of the inspection there were 27 people living at the service. Some of these people were living with dementia.

We found the following examples of good practice.

There had been a recent outbreak of Covid-19 at the service. During this time the registered manager had communicated with people, staff and families regularly to ensure everyone understood the measures put in place to help keep people safe.

All areas of the service were clean and uncluttered. Effective cleaning routines had been put in place to ensure infection control risks were minimised and people were kept safe. Housekeeping hours had been increased at the start of the pandemic and further increased when the outbreak occurred. The provider had decided to maintain these additional cleaning hours, on an on-going basis, because of the benefits in helping to prevent the spread of infections of any type. There were ample supplies of PPE and anti-bacterial wipes around the service for staff to use. There were posters to prompt and remind staff about the infection control procedures in place.

Appropriate testing procedures had been implemented for all staff and people who used the service, following national guidance regarding the frequency and type of testing. The registered manager said both staff and people were happy to participate in regular testing. Where rapid testing was appropriate, there was a designated area for staff and visitors to be tested before entering the main building, as well as a separate area for them to wait for the results.

Staff put on and took off their uniforms in a spare bedroom, close to where they entered the building, and uniforms were laundered at the service. This helped to reduce the risk of infection because staff did not enter areas of the home, where people lived, until appropriate infection control measures were in place.

Staff had completed online infection prevention and control and Covid-19 training. Additional PPE had been provided for staff, such as visors, to use during the outbreak. The service had maintained good stocks of PPE and the registered manager worked with care and housekeeping staff teams to ensure infection prevention and control measures were followed.

The design of the service had enabled staff to create zones, where people who were Covid positive were cared for in designated areas, to prevent the risk of the virus spreading to others. Some people found it difficult to maintain social distancing and staff supported people to walk around the zone they were living in, to help them avoid close contact with others. Staff worked in smaller groups, allocated to specific areas of the home, to limit the number of staff people had contact with.

The registered manager had worked closely with external healthcare professionals to enable people to have access to appropriate health care and equipment such as hospital beds and oxygen. There were daily calls with the GP where staff reported people's daily observation results, such as oxygen levels. Most people living at the service had some level of cognitive impairment which reduced their ability to effectively communicate if they felt unwell or had Covid symptoms. Staff observed and reported any changes in people's behaviour and discussed this with the GP at the daily calls, when additional testing could be carried if necessary. This meant, for people who were unwell with Covid, the right care could be provided in a timely manner.

Due to the recent outbreak the service was closed to visitors at the time of the inspection. However, staff helped people to stay in touch with family and friends through phone and video calls. The registered manager was in discussion with people and their families about resuming visiting in line with recent changes to government guidance.

The provider had reviewed the infection control policy in response to the pandemic. Specific Covid-19 policies had also been developed to provide guidance for staff about how to respond to the pandemic and the outbreak.

The provider had recently appointed two new infection prevention and control leads and new infection control audits had been devised and implemented. This had enabled the organisation to analyse and learn from the infection control measures that had been in place throughout the pandemic and make any changes to improve practice.

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?	Inspected but not rated
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Further information is in the detailed findings below.



Pengover

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 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 18 March 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.