

Andrew Geach

Shedfield 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

Shedfield Lodge accommodates up to 34 people, some of whom may be living with dementia.

Shedfield Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided.

We found the following examples of good practice.

- People were supported to keep in touch with families and visits were planned and well organised to reduce risk and avoid the potential spread of infection.
- Information was easily accessible on arrival, or before visits, to ensure visitors followed guidance, procedures and protocols to ensure compliance with infection prevention control.
- Alternative forms of maintaining social contact were used for friends and relatives. For example, keeping in touch using video calls or visiting in the communal garden. People had access to a telephone and staff were available to support if required.

- All visitors were screened for symptoms of acute respiratory infection before being allowed to enter the home, alongside having their temperatures taken. Visitors had no contact with other residents and had minimal contact with care home staff.
- Facilities were in place to wash hands for 20 seconds, or to use hand sanitiser, on entering and leaving the home.
- A screen was provided in the entrance porch of the home showing visitors how to wash their hands properly.

- There was prominent signage and instructions to explain what people should do to ensure safety.
- Admissions from hospital or interim care facilities, and new residents admitted from the community, were isolated for 14 days within their own room.
- People were assessed regularly for the development of a high temperature (37.8°C or above), a cough, as well as for other signs such as shortness of breath, loss of appetite, confusion, diarrhoea or vomiting.

- All staff in high risk groups such as Black, Asian and minority ethnic (BAME) had been risk assessed, and adjustments had been made.
- All members of staff worked in only one care setting, this included part-time and agency staff.
- Staff were trained and knew how to immediately instigate full infection control measures to care for people with symptoms to avoid the virus spreading to other people and staff members.
- Arrangements were in place so staff could appropriately socially distance during breaks, handovers and meetings.
- Staff had received training from an Infection Prevention and Control (IPC) specialist.

- A testing scheme for all staff and residents had been implemented, known as 'whole home testing'. The provider had tests for regular 'whole home testing' as well as tests for any suspected or symptomatic residents or staff.
- Staff wore a fluid repellent surgical mask, gloves and apron when delivering personal care to all people. Use of personal protective equipment (PPE) was in accordance with current government guidelines COVID-19 PPE. We observed staff to be wearing PPE as per guidelines. Disposal of used PPE prevented cross-contamination as it followed local protocols, in particular single use items and how PPE is disposed of safely.
- Communal areas such as outdoor spaces and garden areas were used creatively to help with IPC. The provider had identified a specific outside paved area at the front of the premises to support people to have visits safely with their relatives whilst enabling their rear gardens to be utilised as a safe outside space for people to access independently and safely.
- The provider had encouraged people and visitors to provide feedback about their well-being and how they have felt during the pandemic, including anything they had found difficult or any suggestions they had for improving practices.
- Effective cleaning schedules were in place in all areas of the service.
- The provider ensured that current guidance was shared in a timely way with the service. When the guidance was updated the risk, parameters were reviewed, and changes made. This reduced any potential risk of infection.
- Contingency plans were in place to manage ongoing or future outbreaks or other events effectively. The provider collected data and regular reports from the service. This information was analysed and used to inform future incident management and support learning.
- All staff feedback was positive about the training and support they had undertaken. They commented the registered manager and the provider were supportive.

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 that people were protected by the prevention and control of infection.

Inspected but not rated

Shedfield 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.

This was a targeted inspection looking at the infection control and prevention measures the provider had in place. As part of CQC's response to the coronavirus pandemic we are conducting a thematic review of infection control and prevention (IPC) measures in care homes.

This inspection took place on 2 November 2020 and was announced. The service was selected to take part in this thematic review which is seeking to identify examples of good practice in infection prevention and control.

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 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.