

Caritate Limited

Caritate Nursing Home

Inspection report

Laninval House
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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

Caritate Nursing Home is a registered care home with nursing and provides accommodation and personal care for up to 23 older people. At the time of our inspection there were 23 people living at the service.

We found the following examples of good practice.

The home was clean, hygienic and uncluttered in appearance. There were procedures to ensure that infection control risks were reduced. For example, increased cleaning of communal areas.

Procedures were in place regarding self-isolation for people who showed symptoms of COVID-19 or who were admitted to the home from the community or other health care provision. The admission procedure had been reviewed and developed to reduce the risk of infection from COVID-19.

The home had a contingency plan to reduce the risk of cross infection should there be an outbreak of COVID-19 in the home. This included the potential for cohorting people within zones and separating staff teams.

Due to the current national lockdown, visiting was currently restricted. Information was provided to friends and families by telephone call, letter, email and on the home's website regarding the visiting arrangements. Where visiting was permitted inside the home for compassionate reasons (for example for people receiving end of life care) suitable infection control procedures were in place when visitors entered and moved around the building. The home had designated entrances to the conservatories for visitors to use and a screen was provided to enable safe visiting practices. Visitors were screened for COVID-19 prior to entering the home. Visitors were required to wear masks and, as necessary, other protective personal equipment (PPE).

People were supported to speak with their friends and family using IT systems and the telephone as necessary. The home had purchased a tablet to assist with the communication during this lockdown period.

Appropriate testing procedures for COVID-19 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 kept clear evidence of when the testing took place, for who and the results.

An informal system was followed to assess people for the development of COVID-19 symptoms. This did not include twice daily monitoring of physical symptoms such as temperature checks for people who used services. The national guidance at the time of the inspection recommends this.

Infection control policies and procedures had been updated in line with the national guidance relating to

COVID-19. Staff had access to paper copies of all policies and procedures. When the guidance was updated staff were required to sign a copy to say they had read and understood the changes. Information advising of the change and the action they needed to take was sent to individual staff electronically. The training for staff regarding infection control had been updated to include guidance relating to COVID-19.

The registered manager had completed risk assessments regarding the environment and risks to staff and people who used the service. The registered manager was aware of staff members who were at increased risk from COVID-19 and measures that would be required to keep them safe, should there be an outbreak in the home. The registered manager planned to include this information in formal written risk assessments.

Plentiful supplies of PPE were available in the home. This included masks, gloves, aprons, gowns, visors, goggles, overshoes and head coverings. Signage was in place in some areas of the home regarding the requirement for wearing PPE. When visiting resumed following this lockdown the registered manager intended to increase the signage at each entrance to provide a visual reminder to visitors. Additional signage would be used to advise all staff of the PPE to be worn when a person was assessed at higher risk of infection. For example, for a new admission or for someone showing symptoms or testing positive for COVID-19.

Staff breaks were staggered to reduce the risk of groups of staff congregating together. Staff were observed to be within 2 metres (the recommended social distancing range) without wearing a mask. This occurred when the staff were in staff only areas such as the kitchen and the staff room and when donning PPE. This increased the risk of cross infection.

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

Inspected but not rated.

Caritate 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 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 17 February 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 somewhat assured that the provider was meeting shielding and social distancing rules when meeting with people who used the service. However, staff at times did not wear PPE and did not maintain the social distancing rules in staff only areas.
- We were somewhat assured that the provider was making sure infection outbreaks could be effectively prevented or managed. However, an informal system was followed to assess people for the development of COVID-19 symptoms. This did not include twice daily monitoring of physical symptoms such as temperature checks for people who used services. The national guidance at the time of the inspection recommends this.
- We were somewhat assured that the provider was accessing testing for people using the service and staff. The registered manager was aware of staff members who were potentially at increased risk from COVID-19. However, this information was not recorded in a formal risk assessment.

We have also signposted the provider to resources to develop their approach.

- 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 promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.