

Flollie Investments Limited

Alice House

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

Alice House is a residential care home providing personal care and support to people living with conditions associated with dementia. The service can support up to 32 people. Alice House is a large detached, adapted house with accommodation over two floors that can be accessed via a passenger lift.

Part of the house had been sectioned off to provide 10 assessment placements. This is where people can come following a hospital stay, the provider will assess the persons needs prior to them returning home or moving on to longer term accommodation. At the time of the inspection there were seven people in the assessment unit and 19 people living in the main part of the home.

The home has communal spaces such as lounges and a dining room on the ground floor. There is a garden area for people to spend time outside. Everyone had their own individual bedroom, most rooms had handwashing facilities and a toilet, rooms with handwashing facilities only shared communal bathrooms.

We found the following examples of good practice.

The provider had previously had an outbreak of COVID-19 in the home. At the time of the inspection all residents and staff had tested negative.

When staff came on shift, they were expected to record their temperatures, take their oxygen levels, sanitise their hands and put on their personal protective equipment (PPE) before entering the building. Staff used a separate entrance and got changed before they started their shift. Staff working in the assessment unit also wore protective suits as additional protection because people were being regularly admitted and discharged.

Staff had good knowledge of infection prevention control (IPC). All staff had received IPC training, including how to safely put on and take off PPE such as gloves, aprons, and face coverings. A staff member said, "We do IPC training online, we do part one and part two, they are very strict with that." We also saw several posters around the home with reminders of how to maintain good infection control processes.

The home was clean and tidy. The provider employed a team of housekeepers to provide cleaning duties over a seven-day period. There was a robust cleaning schedule that included disinfecting touch points, and steaming areas, several times a day.

We saw staff wearing appropriate PPE. When changing their PPE between rooms staff removed it inside the room and placed it in a yellow bag then took their yellow bag to the nearest clinical waste bin. Staff then put on fresh PPE. Not all rooms had foot operated bins to dispose of clinical waste. We discussed this with the provider who agreed to place foot operated waste bins in each bedroom for staff to remove and dispose of their PPE prior to leaving the room. This will further reduce the risk cross contamination.

During the recent lockdown the provider had stopped all visitors coming into the home. One staff member told us, "We connect people to their families with phone calls, we also sent pictures to families of people having fun." The providers visitor's policy was clear and in line with national guidance. Visitors were required to follow the homes infection control procedures. The provider had created a visitor's pod and encouraged garden visits.

The home was split into two floors. The registered manager explained how they would implement zoning as the corridors were able to be closed off in the event of another outbreak. There was a contingency plan where one area of the home would be blocked off if they had any further positive cases. The registered manager said they had support from Public Health England and the local commissioning team when they did have an outbreak in the home.

The provider was admitting people to the home, mainly on the assessment unit as this was for short periods of stay. The registered manager told us, "No-one would be admitted without a negative test first and their belongings would go into isolation for 72 hours prior to the person moving in." Once people came in, they were isolated in their rooms for 14 days, this was made clear through signage on doors, and staff allocated to this unit did not work in the main home. The providers admissions policy confirmed this was the correct process for the home.

The registered manager ensured regular testing was carried out, weekly for staff and monthly for people living in the home. This was in line with COVID-19 testing guidance. However, whilst people did not refuse to be tested, the registered manager had not recorded consent in line with the Mental Capacity Act 2005. We discussed this with the registered manager who assured us they would review this and ensure all care records are updated.

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

Alice House

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 15 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 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.

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