

Barchester Healthcare Homes Limited

Lynde House

Inspection report

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Date of inspection visit:
09 November 2020

Date of publication:
27 November 2020

Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated

Summary of findings

Overall summary

Lynde House is a residential care home that can cater for up to 76 older adults. At the time of our inspection 50 people were living at the care home. The service is managed by Barchester Healthcare Homes Limited.

We found the following examples of good practice.

There were suitably robust measures in place to prevent or minimise the risk of relatives and friends, professionals and others who visited the care home catching or spreading infections. For example, visitor numbers were limited to one visitor per person and there was a booking system in place to stagger visiting times. All visitors were required to have their temperature checked, wash their hands, use hand sanitiser and wear a face covering on arrival at the care home. Easy to understand instructions explaining what visitors must do to minimise the spread of infection were prominently displayed throughout the care home, including on the front door and in the entrance lobby.

Alternative arrangements had been developed to help people maintain social contact with their family members and friends. For example, people could still see their visitors in-person in a designated room that had been partitioned in half using a transparent plastic wall which allowed people living in the care home and their visitors to enter and leave through separate doors. The door for visitors lead straight into the garden, which meant they did not have to walk through the care home to reach the designated visitors room. The service also used video calls and socially distanced garden visits to help people keep in touch with their family and friends.

The service implemented isolation and zoning appropriately after people living in the care home tested positive for Covid-19. Symptomatic residents were isolated in single occupancy rooms together in a designated wing of the care home. People living on this wing in isolation were not permitted to share communal areas, lavatories and bathrooms with others. These isolation measures had been risk assessed, covering the duration and nature of contact these individuals should be exposed too. Managers and staff demonstrated a good understanding of the principles of isolation and zoning.

There were suitable arrangements in place to ensure people admitted to the care home were tested for Covid-19 and had to isolate in their single occupancy bedroom for at least 14 days. People living in the care home continued to be assessed twice daily for symptoms of Covid-19, including having their temperature checked. Furthermore, a local GP regularly visited the care home and was routinely involved checking people who lived there for signs and symptoms of Covid-19.

Staff used personal protective equipment (PPE) in accordance with current infection prevention and control (IPC) guidance. We saw staff wearing PPE correctly in people's bedrooms and the main communal areas. All staff had received up to date training in the new IPC guidance and use of PPE during this pandemic. Additional external training from Public Health England had also been arranged for all staff to attend by the end of the year. Staff demonstrated a good understanding of safe IPC practices and the correct use of PPE,

including donning and doffing procedures (putting on and taking off PPE). Staffs competency to continue following IPC guidance and wearing PPE was assessed quarterly by their line managers. The service had adequate supplies of PPE.

Staff kept the premises clean. Staff had recorded cleaning schedules, which they were required to complete and that included frequency of cleaning of high touch areas, such as light switches, grab rails and door handles, for example. Cleaning staff were required to clean these high touch areas on a continuous rolling loop every couple of hours, which we observed happen during our inspection. We also saw communal areas were kept uncluttered so cleaning could take place effectively. There were laundry processes in place, so clothes were not mixed and washed together, and the laundry room was subject to regular enhanced cleaning.

The provider had thoroughly assessed and mitigated infection risks to staff working at the care home, including staff in high risk groups. The registered manager confirmed the service did not currently use any temporary agency staff. They were also aware of the new Covid-19 regulations in relation to care staff, including part-time, bank and agency staff, only working in one care setting to reduce the risk of spreading infection.

A regular testing scheme for all staff and people living in the care home was in place. Staff were tested at least weekly and people living at the care home monthly. People were also tested without delay if they became symptomatic or if anyone in the household bubble of a member of staff displayed symptoms. The registered manager knew how to apply for coronavirus testing kits for people living in the care home and for staff. They had no issues with the supply of Covid-19 home testing kits. People living in the care home had received the flu vaccination and staff were being encouraged to follow suit. Most staff had taken Covid-19 antibody tests.

There were a range of IPC policies and procedures which had been reviewed and updated since the start of the Covid-19 pandemic. These included contingency plans for managing adverse events, such as Covid-19 outbreaks and related staff shortages. Managers routinely monitored and audited compliance with IPC practices. This included daily tours of the building to check the premises were clean and that staff wore their PPE correctly. Managers also supported people and their relatives to understand the isolation processes and how the service could help to alleviate them feeling lonely.

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 the service were following safe infection prevention and control procedures to keep people safe.

Inspected but not rated

Lynde 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 care homes with outbreaks of coronavirus, we are conducting reviews to ensure that the Infection Prevention and Control (IPC) 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 9 November 2020 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 promoting safety through the layout and hygiene practices of the premises.
- 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 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.