

Methodist Homes Lawnfield House

Inspection report

Coverdale Road
Willesden
London
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Tel: 02088304290 Website: www.mha.org.uk/care-homes/dementiacare/lawnfield-house Date of inspection visit: 28 April 2022

Date of publication: 13 July 2022

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Summary of findings

Overall summary

Lawnfield House is a residential care home providing accommodation and personal care for older people, some of whom live with dementia. The home is purpose built and can support up to 41 people on four floors, each of which has separate facilities and communal spaces. At the time of this inspection 37 people were living at the home.

We found the following examples of good practice:

Everyone entering the home was required to wash and sanitise their hands and received a temperature check before being allowed to leave the reception area. All staff and visitors were required to don personal protective equipment (PPE) such as face masks, and disposable gloves and aprons, where appropriate, before entering any part of the home. Visitors were required to demonstrate a negative lateral flow test (LFT) for COVID-19 prior to entering any of the units at the home.

Visiting for people from family and friends was consistent with current government guidance. Staff had used laptop computers/tablets to enable people to keep in touch with friends and family where they or their loved ones were isolating. The provider had installed a visiting pod in the home's garden with a screen and separate entrances for people and their visitors should there be a need for safe visiting. At the time of our inspection the pod was not being used.

All staff were required to take a lateral flow test result twice weekly and more frequently if symptomatic. Where a lateral flow test was positive, the staff member was required to isolate from work until they could demonstrate a negative test. The provider paid full salary to staff who were required to isolate following a positive test result to ensure they were not financially disadvantaged.

All staff received training on COVID-19, infection control and the safe use of PPE. The home had sufficient stocks of PPE. Staff were observed to be wearing PPE during the inspection. Where a staff member was wearing a mask incorrectly, this was immediately addressed and followed up by the registered manager.

Members of the housekeeping team were observed cleaning frequently touched surfaces, such as light switches and door handles throughout the day. Seats and tables in communal areas were immediately cleaned after use. Care staff carried out these cleaning tasks during the evenings and at weekends. Cleaning rotas were signed by staff carrying out tasks and checked by a senior member of staff. This helped prevent and control infection within the home.

Staff were rostered to work on designated floors at the home to reduce the risk of any spread of infection between floors. Where agency staff were used, they worked at the home full-time and regularly and were required to follow the same procedures as permanent staff members. All staff, including agency staff, had received training in infection prevention and control.

Activities were repeated in each unit so that small groups of people could participate with their regular staff members in a socially distanced way. The registered manager told us the garden would be used for activities when the weather was warmer.

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



Lawnfield House

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 COVID-19 pandemic we are looking at how services manage infection control and visiting arrangements. This was a targeted inspection looking at the infection prevention and control measures the provider had in place. We also asked the provider about any staffing pressures the service was experiencing and whether this was having an impact on the service.

This inspection took place on 28 April 2022 and was unannounced.

Is the service safe?

Our findings

Staffing

• The provider told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures.

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.

• The provider had followed government guidance throughout the COVID-19 pandemic in relation to visiting in care homes. PPE, including masks, and a hand washing and sanitising areas were available to all visitors at entry. Temperature checks were undertaken for all visitors. Professional visitors were required to show evidence of a lateral flow test taken on the day of the visit. A visiting pod had been installed in the home's garden to enable safe visiting where required. This had a screen and separate entrances for people and their visitors to ensure maximum social distancing. The registered manager told us that visiting had recently been restricted due to an outbreak of norovirus at the home. However, in the case of any outbreak of infection visiting was enabled in some circumstances, for example, for people nearing the end of life. Enhanced PPE was available for visitors if required. People were supported to have 'virtual' visits with family members and friends if they or a loved one were isolating.