

Essex Blind Charity

Read 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
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

Read House is registered to provide accommodation and personal care for up to 40 older people who are blind or visually impaired or older people with a physical disability. The service does not provide nursing care. At the time of our inspection there were 32 people using the service.

People's experience of using this service and what we found

Improvements had been made to Infection Prevention and Control (IPC) practices since the last inspection on 16 October 2020. Staff at different levels of seniority had become involved in this process, sharing learning and providing input into changes and improvements made. People living at Read House and their relatives were kept up to date about the impact of COVID-19 on the service by the management team, and relevant policies and procedures were in place.

A registered manager was in post, supported by a wider management and administrative team. We reviewed records to check management oversight of other areas of health and safety systems and governance processes at the service. This was not always robust. We discussed these findings with the management team who told us they would put an action plan in place to mitigate possible risk and demonstrate quality assurance.

We made a recommendation on following best practice guidance for managing the risk of Legionella.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 25 June 2018).

The service was inspected but not rated as part of an Infection Prevention and Control (IPC) thematic review (published 17 November 2020).

Why we inspected

During the thematic review on 16 October 2020, we identified some concerns about IPC measures at the service. Following the inspection the provider submitted an action plan outlining the improvements they would make as a result.

We undertook a further targeted inspection on 20 November 2020 to check improvements had been made in line with the provider's action plan, that IPC practice was safe, and the service was compliant with IPC measures. The overall rating for the service has not changed following this targeted inspection and remains good.

CQC have introduced targeted inspections to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not

change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Follow up

We will follow up with professionals to check support is in place for the service, including additional training on safe working practices during the COVID-19 pandemic. We will follow up with the service on the progress of their action plan. We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Read House

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check whether the provider had made improvements relating to concerns we had identified about Infection Prevention and Control (IPC).

As part of this inspection we looked at the IPC measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Read House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and other professionals who work with the service. We used the information the provider sent us in their IPC action plan on the improvements they were going to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 13 members of staff including the nominated individual, registered manager, acting care

manager, senior care workers, care workers and a domestic assistant. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with four relatives of people who used the service about their experience of the care provided. We also spoke with a visiting healthcare professional.

We reviewed a range of records. This included three people's care records and a number of people's risk assessments. A variety of records relating to the management of the service, including quality audits, health and safety records, incident and accident logs and policies and procedures were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check that the service was compliant with Infection Prevention and Control (IPC) measures and that environmental risks were being identified and managed appropriately to keep people safe.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider had completed an action plan on IPC practice in the service following shortfalls identified at the last inspection, and improvements had been made.
- Staff were involved in this process. For example, senior care workers were asked to become COVID-19 leads, completing research and making suggestions to support improvement.
- Changes and improvements made in relation to IPC and COVID-19 were communicated effectively to the staff team.

Preventing and controlling infection

- The provider was preventing visitors from catching and spreading infections. The service had adapted a spare room on the ground floor so that relatives could visit. It had a separate entrance for visitors and a Perspex window in place with speakers so that people could communicate.
- Shielding and social distancing rules were being followed. Furniture had been placed to encourage social distancing in communal areas.
- The provider was admitting people safely to the service, and there was a policy in place for testing and self-isolation procedures.
- Improvements had been made to Personal Protective Equipment (PPE) donning and doffing areas for staff, so that they could safely change and dispose of their PPE in line with government guidance. Access to further PPE training had been requested through the local authority at the time of inspection but had not yet been completed.
- The provider was accessing testing for people using the service and staff, taking appropriate action according to the results received.
- We checked whether the layout of premises, use of space and hygiene practice promoted safety. The management team told us they had reviewed and revised cleaning schedules and audits to make them more effective. Some sink worktops and splashbacks required remedial works to facilitate thorough cleaning, but this had been noted in audits carried out.
- Policies and procedures for infection control and COVID-19 management were in place. However, the provider had not explicitly considered the possible impact upon people in the case of serious and widespread staff shortages. The management team confirmed they were in the process of transitioning to a new electronic care planning system, to ensure information on people's care needs was accessible and kept

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

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check that risks were being identified and mitigated by the management team through the use of effective oversight and systems.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- During the inspection, we looked at further health and safety records in addition to those for infection prevention and control. We found that the oversight and governance of some health and safety systems was not robust. Whilst we did not find that people had been harmed, we spoke with the management team who told us they would complete an action plan to mitigate any possible future risk.

We recommend the provider seek advice and guidance from a reputable source, about the effective and safe management of Legionella.

- An established registered manager with knowledge of the service was in post. However, at the time of inspection, there had been some recent changes amongst management and administrative staff. We received mixed feedback from staff about management support during this period of transition. We raised this with the management team who told us they will continue to proactively support staff and listen and respond to any suggestions or concerns.
- Positive comments were received from people's relatives about communication during the pandemic. One person's relative told us, "The manager sends regular emails about visiting times and when [relative] is having (COVID-19) tests. [The management] is very good at keeping in touch."
- We were told by a visiting healthcare professional that there is good communication with management at Read House, and concerns about people's health needs are promptly reported so they can be followed up.