

Barchester Healthcare Homes Limited

# Lancaster Grange

## 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

Lancaster Grange is a purpose-built residential care home providing accommodation and personal and nursing care for up to 60 people. At the time of this inspection 40 people were living at the home and receiving support from staff.

We found the following examples of good practice.

The home was currently closed due to an outbreak of COVID-19. However, the provider ensured people still had access to an 'essential care giver'. This is a named person who can still visit during a COVID-19 outbreak. This helped to reduce the risk of loneliness and improved people's mental health and wellbeing.

The provider had processes in place that ensured that people living at Lancaster Grange had regular access to friends and families. This included three named visitors. Visitors were requested to book their visits online, enabling the provider to plan for the number of visitors arriving at the home. Prior to entry to the home, visitors were required to provide a negative Lateral Flow Test (LFT) result and to show evidence that they had received the appropriate vaccinations. Visitors were required to wear Protective Personal Equipment (PPE) in accordance with the provider's COVID-19 policies and procedures. Visitors were not permitted to access communal areas during the outbreak of COVID-19. This helped to reduce the risk of the spread of infection. Any visitors not complying with these requirements were not permitted access to the home.

People were supported to use and access their environment in a safe way. Social distancing was encouraged wherever possible. We observed people sitting in communal areas a suitable distance from each other to reduce the risk of the spread of COVID-19. Efforts had been made to support people living with dementia to maintain social distancing. Rooms were well ventilated.

At the time of the inspection, eight people had tested positive for COVID-19. Safe isolation procedures were in place to protect others from the risk of infection. We observed barrier nursing taking place and there were strict PPE criteria for staff to follow when providing personal care for people. The home had separate units where access could be restricted. People had en-suite facilities in their bedrooms. These and other parts of the environment made isolation procedures easier to commence and safely manage. PPE stations were placed outside people's bedroom for staff to use. Appropriate procedures were also in place to dispose of used PPE safely. We observed staff doing so.

The home was not currently accepting new admissions. This decision was taken due to the outbreak of COVID-19. Once the home reopens, the provider will commence admissions. Safe admission and re-admissions protocols were in place. People were required to provide negative LFT results and to isolate until further negative test results had been confirmed.

It was acknowledged isolation for people living with dementia was problematic. For those people, specific

staff were assigned to support them and were ready to identify any potential risks. Wherever possible, staff refrained from mixing in other parts of the home, reducing the risk of the spread of infection.

There were ample supplies of PPE at the home. The provider had a regular supply and during the COVID-19 outbreak at the home supply levels remained high. Staff received training on how to 'Don and Doff' (put on and take off) their PPE to reduce the risk of cross-contamination. Posters, leaflets and other guidance materials were placed around the home in toilets, bathrooms, notice boards and other communal areas informing staff how to ensure safe procedures were followed. Staff explained to people why PPE was needed, and people accepted this.

A robust testing regime was in place. All staff and people living at the home were tested regularly and in accordance with government guidance. Staff test results were recorded on a central database. This enabled the provider to check the vaccination status of staff, if any had not received a booster for example, this would be identified quickly. All staff were fully vaccinated. Most people living at the home had been fully vaccinated and received a booster.

The layout of the premises ensured the risk of the spread of COVID-19 was reduced. There was ample outside space for visitors to use and there were also indoor adapted facilities that ensured people could continue to see friends and families. Regular cleaning of all touch points and other key areas was carried out throughout the day. A housekeeper was assigned to each unit. They followed a daily cleaning routine that was designed to help to reduce the risk of the spread of infection.

There were enough staff to support people safely and to cover any staff holidays, sickness and COVID-19 isolation. There had been some pressures on staff numbers. When needed in urgent situations, managerial and administrative staff, (all who were trained to administer care), provided assistance. This ensured any staff shortages did not have a direct impact on people's health and safety. Where needed, regular agency staff provided cover for shifts. A negative LFT result and vaccine passport was required prior to agency staff commencing their role.

The provider considered staff member's wellbeing. A variety of initiatives were in place to support staff whose mental health and wellbeing may have been affected by the pandemic. This included, but was not limited to, a 'thank you' bonus and access to counselling services.

The provider had assessed the impact of potential 'winter pressures' and acted accordingly. Regular COVID-19, outbreak and other related audits were carried out to help identify any areas of concern. Action plans were in place and reviewed.

## 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**

# Lancaster Grange

## **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 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 21 January 2022 and was announced. We gave the provider 20 hours' notice of the inspection.

# 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.
- During the inspection we were informed of the action taken by the registered manager to ensure people were able to see their visitors in such a way that did not increase the risk of the spread of infection throughout the home. People's individual needs had been assessed, and what the impact of not seeing visitors would have on their wellbeing. Action had been taken by the registered manager to reduce the risk of people experiencing social isolation and loneliness.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

- The service was meeting the requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.