

Lee Valley Care Services Ltd

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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

Lee Valley Care Services Ltd provides accommodation and personal care for a maximum of seven adults, some of whom may have dementia. At the time of this inspection, there were six people using the service.

We found the following examples of good practice.

The service worked hard to encourage people to maintain socially distanced despite people living at the home finding it difficult at times to fully understand why this was necessary.

Most people did not have regular visitors, even before the Covid-19 pandemic had placed restrictions around visiting. One person did have a relative that used to visit but this person had not wished to during the last year, although the registered manager told us this would be permitted at such time the relative may wish to visit again. They were, however, able to have regular contact by phone with their relative at the home and the registered manager told us that they kept the relative updated about the person's progress and how they were doing.

A person using the service told us that they had missed being able to participate in their usual daily activities, such as attending a day centre, but had been supported by staff to go out and take walks locally. This person was aware that there were restrictions about what people could or couldn't do due to the pandemic and was looking forward to these restrictions hopefully being eased in the coming months.

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

Lee Valley Care Services Limited

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 and to look at the current situation in terms of concerns about cleanliness, personal care, the use of as required medicines and staffing levels which were raised by a local authority in September 2020.

This inspection took place on 15 March 2021 and was unannounced, meaning the service did not know we were visiting until we arrived.

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 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 and this included risk assessment procedures for any clients or staff from black and minority ethnic communities who faced potentially higher risk from Covid-19 infection. The home was being kept clean and people were being supported to maintain their own personal hygiene.

Using medicines safely

- As required [known as PRN] medicines were given infrequently to one person. A question had been raised by a local authority about how PRN medicines were managed. We found at this inspection that there were clear protocols guiding staff on when PRN medicines for a person should be administered. When this medicine was given staff recorded the reason why, the recorded reasons were in line with the protocol outlining when and why the medicine may be required.

Staffing and recruitment

- We looked at the staff rota from January 2021 up to the time of this inspection. The registered manager informed us that although there had been a small number of occasions when specific staff had needed to self-isolate, that the staff team had been able to cover during these occasions and no shortage of staff had been experienced. Our examination of the staff rotas indicated a suitable number of staff on duty each day and overnight.