

Ashington House Limited

# Ashington 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**

# Summary of findings

## Overall summary

Ashington House is a residential care home for eight people. The home caters for younger adults with learning disabilities or autism spectrum disorder. At the time of our inspection five people were living at the care home.

We found the following examples of good practice.

There were suitably robust measures in place to help prevent or minimise the risk of relatives and friends, professionals and others who visited the care home from catching or spreading infections.

Access to the care home was being restricted for non-essential visitors. As a result, alternative arrangements had been put in place to help people maintain social contact with their relatives and friends. This included video calls and socially distanced visits in the back garden. All visits had to be pre-arranged and any essential visitors to the care home on arrival were required to have their temperature taken, wash their hands and wear a face covering. Clear instructions explaining what visitors and staff must do to minimise the spread of infection were displayed throughout the care home, including in the entrance porch.

There were suitable arrangements in place to ensure people admitted to the care home were tested for COVID-19 and had to self-isolate in their single occupancy bedroom for at least 10 days thereafter. People living in the care home who had tested positive for COVID-19 or showed signs of being symptomatic were required to isolate in their bedroom for 10 days. People were routinely checked by staff for symptoms of COVID-19, which included having their temperature checked daily.

Staff used personal protective equipment (PPE) in accordance with current infection prevention and control (IPC) guidance. We saw staff who were supporting people in communal areas always wore their PPE correctly. This included ensuring their face mask covered their nose and mouth. Staff had received up to date training in COVID-19 related IPC guidance, correct use of PPE and safely swap testing people with learning disability. Staff demonstrated a good understanding of recognised best IPC practices and the correct use of PPE, including donning and doffing procedures (putting on and taking off PPE). Managers and staff confirmed the service had always had adequate supplies of PPE.

The care home was kept clean. Staff kept detailed records of their cleaning schedules, which included a rolling programme of continuously cleaning high touch surfaces, such as light switches, grab rails and door handles. Several staff told us they were required to clean these high touch areas at least two-hourly. We also saw communal areas were kept uncluttered so cleaning could take place effectively. There were appropriate 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 everyone living and working in the care home who were all in high risk groups, such as people with learning disabilities and black, Asian and

minority ethnic (BAME) members of staff. The registered manager told us she would take these identified risks into consideration and made reasonable adjustments if staff needed to be assigned to support people who were symptomatic and/or had tested positive for COVID-19.

Managers confirmed the service did not currently use any temporary agency or bank staff. They were also aware of good practice in relation to care staff only working in one care setting to reduce the risk of spreading infection. Staff who did work in multiple care settings were told they were no longer permitted to do this and were asked to choose which care setting they wanted to permanently work in. To help staff maintain social distancing during staff handovers at the end of each shift these meetings were now held in kitchen which was a large enough space to allow people to stand a safe two-metres apart.

A regular 'whole home testing' regime was in place at the care home. This ensured people living in the care home were tested at least monthly and staff were tested weekly. People were also tested without delay if they became symptomatic or if anyone in the household 'bubble' of a member of staff displayed symptoms. Managers 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. Managers were liaising closely with their local GP surgery to arrange COVID-19 vaccination's for everyone living and working at the care home as soon as possible.

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 walkabout 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**

# Ashington 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 22 December 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.