

# Hartwood Care (3) Limited

# Netley Court

## Inspection report

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25 November 2020

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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

Netley Court is a care home without nursing and can accommodate up to 70 people. It specialises in providing care for adults over 65, including those who may be living with dementia. There were 58 people using the service at the time of the inspection.

We found the following examples of good practice.

Measures were in place and clearly communicated to prevent relatives, friends, professionals and others visiting from spreading infection at the entrance and on entering the premises. Automated entrance doors had been fitted to reduce touch point areas, along with an automated sanitising station at the entrance. Before entry, visitors were required to answer a set of questions and their temperatures were taken using a digital thermometer. An electronic signing in system had replaced the previous paper-based system.

Visitors were provided with personal protective equipment (PPE) and visits took place in a designated visitor's room which included Perspex partitions and separate entrance and exit areas. Alternative arrangements to visiting in person included the use of hand-held devices to accommodate skype or zoom calls and telephone and email communications were also facilitated and supported.

Socially distanced group activities had taken place based on risk assessments of day to day events and the provider had implemented changes to ensure people's social, spiritual and emotional needs continued to be met. This had included church services via YouTube, virtual pantomimes and music concerts. When weather permitted, the service had arranged external singers and entertainers in the grounds, following social distance guidance.

The provider reviewed and amended their admissions procedure in line with government guidance. New residents were required to have a negative COVID-19 test result prior to moving in, along with a 14-day settling in period that included restricted access to parts of the building. For those who were unable to self-isolate due to cognitive impairment a designated isolation suite was identified.

The provider had considered the impact on people of staff having to wear facemasks. Where appropriate, care plans included guidance about how staff could most effectively communicate and meet people's needs. The provider had also considered people's rights to consent to COVID testing and, where appropriate, decision specific mental capacity assessments were completed in line with the Mental Capacity Act.

In addition to the standard infection control training, COVID-19 specific training had been provided and handwashing competency assessments completed to ensure staff had the required knowledge. Also, a presentation and quiz had been created to further ensure staff competencies. Specific areas had been arranged for staff to change into their uniforms before starting their shifts and there were new procedures for the washing of uniforms to be undertaken in-house.

The provider had conducted one to one staff wellbeing meetings that focused on each individual and any difficulties they and their loved ones were experiencing during the pandemic. Support had included hardship grants and food parcels. The annual team awards ceremony had been held virtually as it was felt important to give recognition to staff.

The provider had reviewed how they obtain feedback from people, particularly in relation to COVID-19. This had included amending the questions asked in annual satisfaction surveys. Weekly emails to relatives had been introduced, which had improved communication.

During the early days of the pandemic the provider had been proactive in introducing twice daily temperature checks and oxygen saturation levels for people using the service. The provider had implemented an Infection Prevention team where representatives from all the support functions met virtually to discuss COVID-19, each care home and any support required. Regular virtual meetings with the home managers had taken place to cascade changes in guidance and practice. The provider had also set up a specific email address for managers and other staff to raise queries. As a result of the CQC 'Closed Culture' guidance the provider had reviewed their whistleblowing procedures and outsourced this in order to continue to promote safe care.

## 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 was following safe infection prevention and control procedures to keep people safe.

**Inspected but not rated**

# Netley Court

## **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 conducting a thematic review of infection control and prevention measures in care homes.

The service was selected to take part in this thematic review which is seeking to identify examples of good practice in infection prevention and control.

This inspection took place on 25 November 2020 and was announced.

# 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 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.