

Royal Hospital Chelsea Margaret Thatcher Infirmary

Inspection report

Royal Hospital Road Chelsea London SW3 4SR Date of inspection visit: 17 February 2022

Date of publication: 23 March 2022

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Summary of findings

Overall summary

The Margaret Thatcher Infirmary provides accommodation for up to 68 people who require nursing or personal care within the Royal Hospital Chelsea, the home of the Chelsea Pensioners. At the time of our inspection 48 people were living in the infirmary.

People who use the service are known as 'pensioners' and they usually move into the Royal Hospital Chelsea onto the long wards. Pensioners could then progress to the three wards within the infirmary if they are assessed to need more care due to frailty and healthcare needs. One of the wards specialises in providing care to people living with dementia.

We found the following examples of good practice.

There were robust procedures in place to ensure visitors could enter the home safely, with checks made at the entrance gate and a requirement to provide a negative lateral flow device (LFD) COVID-19 test before entering the home. There was a designated testing area, along with designated visiting areas and vast open spaces throughput the grounds. The provider also had face recognition software for staff access into the main building.

Relatives were given information about visiting and were kept updated about any changes in visiting guidelines in the home. Relatives were supported to become essential care givers in line with current guidance. This ensured people would be able to have a visitor even if the home was advised to restrict visits in the event of a COVID-19 outbreak.

We saw the provider took a person centred and risk based approach to visiting, which had helped facilitate a special visit for a person during an outbreak. The provider worked closely with the family and the relevant health and social care professionals, including public health colleagues to ensure the visit could go ahead in a safe way.

The service was taking part in regular COVID-19 testing for people and staff in line with current guidance. The provider was aware of recently updated testing guidance and had discussed this with staff to ensure they were all aware of the new testing regime and how they needed to report their test results. The provider also provided staff with polymerase chain reaction (PCR) tests to take home, so if they developed COVID-19 symptoms away from work, they could access a test without delay.

The home was very clean, hygienic and free from odour. The provider had arranged professional deep cleaning across the home from an external cleaning contractor when there were positive cases to support the housekeeping team.

Staff were confident about the actions they had to take if there were new positive cases of COVID-19 in the home. Staff had discussed the recent outbreak and had a good understanding about outbreak

management protocols to follow, with clear guidelines in place. One staff member said, "We know so much more now, we have less fear and anxiety now. We feel everybody has learned from this. We all know how important this is as we don't want to take anything home to our family."

Senior staff carried out regular IPC audits, which included reminders in daily handovers, observations and spot checks across the home to help ensure staff understood their responsibilities and were following best practice. A senior staff nurse said, "We have posters around the wards, discuss it in handovers and supervision and practice handwashing regularly. We will address with staff directly if we observe any issues."

Staff were positive about the support they received and told us they had been kept regularly updated with any changes throughout the pandemic. Staff had access to an employment assistance programme and helplines if needed, with a focus on staff wellbeing. Staff also had access to the provider's online portal, which provided daily and weekly updates, which staff told us they found helpful.

The provider had organised a wellbeing event for people and staff, which included keynote speakers as part of the wellbeing programme. Staff told us they felt listened to by the senior staff team and were always available if needed. One staff member said, "They provided one to one sessions for us with a counsellor, about how we are feeling and what support we need. They wanted us to be as open as possible about this. I feel they have done everything they could to help us feel protected."

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



Margaret Thatcher Infirmary 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 COVID-19, we are conducting reviews to ensure that the Infection Prevention and Control (IPC) practice is safe and that services are compliant with IPC measures. This was a targeted inspection looking at the IPC practices the provider has 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 17 February 2022 and was announced. We gave the service less than 24 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 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.
- We saw the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was not fully meeting the current requirement to ensure non-exempt visiting professionals were vaccinated against COVID-19. Whilst the provider asked to see visiting professionals' vaccination status before entering the home, they did not have a system in place to evidence they were checking the vaccination status and recording they had seen the relevant evidence.

• We discussed this with the provider and saw this had been discussed with the quality assurance and clinical compliance team and actioned this immediately, with their current visitors book being updated the following day to keep a record they had seen evidence of all visitors vaccination status.

• We were not fully assured the provider was promoting safety through the layout and hygiene practices of the premises. Although there were cleaning schedules in place and the home was clean and hygienic, cleaning records were not always completed. The provider acknowledged this and said it would be

addressed immediately and new record templates were being developed.

• Although we were assured that the provider was using PPE effectively and safely, we observed a couple of occasions throughout the day where staff were not following best practice. It was not a constant factor throughout the inspection and we saw staff were regularly reminded about the requirement of wearing a face mask properly. We signposted them to PPE face mask poster resources to develop their approach.