

Archmore Care Services Ltd

Ashdown Nursing Home

Inspection report

2 Shakespeare Road
Worthing
West Sussex
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05 March 2021

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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

Ashdown Nursing Home is situated in Worthing, West Sussex. It is a residential care home providing nursing care and support for up to 40 people with a variety of health needs, including frailty of old age and dementia. At the time of the inspection there were 31 people living at the home.

We found the following examples of good practice.

At the time of the inspection, the home was closed due to an outbreak of COVID-19. There was a policy for the admission of visitors (and contractors) to the home in readiness for when the home re-opened. Visitors would undertake a Lateral Flow Device (LFD) test, and if tested negative, would be given Personal Protection Equipment (PPE) to wear, to protect themselves and others from spreading infection. Visits would take place in a person's bedroom or outside in the garden. Temperature checks would be undertaken before visitors were allowed into the home.

The provider had completed a COVID-19 risk assessment and this covered all potential risks and described actions to be taken during the outbreak, for example, the place where visiting took place would be sanitised after use. Full COVID-19 risk assessments had been completed in areas such as control of the spread of infection, high touch areas, equipment, communal areas, handwashing, staff living or working together, cleaning, mental health and wellbeing (people and staff), social distancing, staffing levels and workplace ventilation.

People and their relatives or friends were encouraged to keep in touch with others through video links and phone calls whilst the home was closed to visitors. Social distancing guidelines were adhered to and observed during the inspection and staff understood the need for this. Some people chose to stay in their rooms during the outbreak and some were in isolation. Two people struggled to stay in their rooms whilst in isolation, so they had been risk assessed; there were plans in place to manage this. One person was observed walking around the home and when they did this, they were gently guided back to their bedroom by staff.

There were no admissions currently due to the outbreak, however, there was an admissions policy. New admissions would have to isolate for 14 days and undertake a Polymerase Chain Reaction (PCR) test to confirm whether they had COVID-19.

Effective infection prevention and control practices had been implemented. Staff were trained in the donning and doffing of PPE and this was confirmed at inspection. PPE was disposed of in separate, foot-operated bins in people's bedrooms. Staff had explained to people the need to wear PPE, and people understood and acknowledged this. One person had a hearing impairment, which staff were aware of when communicating with them. In addition to masks, gloves, and aprons, staff wore visors. PPE was used in line with government guidance.

Staff completed LFD testing before coming on shift and weekly PCR testing. Staff who tested positive were isolating at home. People undertook a PCR test every 28 days, although they were currently receiving weekly PCR tests due to the outbreak in the home, as advised by Public Health England. Anyone testing positive isolated in their room for 14 days from a positive result or from when symptoms developed. Notices on people's bedroom doors confirmed the date they went into isolation and the date when their period of isolation would finish. The signage was a visual aid for staff to understand who was potentially infectious. No-one had refused to be tested.

At inspection the premises were observed to be clean and hygienic. Regular cleaning schedules were in place and a 'fogging' machine had been purchased. This was used to spray a fine mist around the home and helped prevent the risk of the spread of infection for at least 48 hours. Windows were safely opened to aid the circulation of fresh air around the home.

Staff took their breaks in a staff room and were encouraged to take their breaks individually to manage any infection risk. Staff had completed Infection Prevention and Control (IPC) training. Agency staff had been needed to fill any gaps in staffing levels. The same agency was used and these staff did not work at any other home. A contingency plan included actions to be taken in the event of an emergency.

Staff had access to mental health and wellbeing support from the provider. The registered manager felt supported by the provider. Weekly calls from the community matron and from the local medical practice were described as being 'very supportive' by the registered manager.

We had been informed that staff were working between this home and another nursing home nearby. One staff member did occasionally work at both homes in the past, but as soon as the other home had an outbreak, they stopped working at Ashdown Nursing Home. Government guidance on staff working between homes was being followed by the provider.

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

Ashdown Nursing Home

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 practice was safe and the service was compliant with IPC measures. We also received information of concern about infection control and prevention measures at this service. This was a targeted inspection looking at the IPC practices the provider has in place.

This inspection took place on 5 March 2021 and was unannounced.

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.