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Parkside Lodge Residential Home

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

Parkside Lodge Residential Home is a care home that can accommodate and provide personal care and support to 20 people. At the time of our inspection 16 people aged 65 and above were living at the care home.

We found the following examples of good practice.

The provider had robust measures in place to help prevent or minimise the risk of people who lived, worked and visited the care home catching or spreading COVID-19.

Access to the care home remained restricted, although one designated person could now visit their family member or friend who was living in the care home. All visitors to the care home had to follow the care homes infection prevention and control (IPC) guidance. For example, visits had to be pre-arranged, and on arrival were required to have a COVID-19 test if they had not been tested recently, have their temperature taken, wash and sanitize their hands and wear appropriate Personal Protective Equipment (PPE).

Alternative arrangements remained in place to help people maintain relationships with people that were important to them. For example, people were actively supported by staff to keep in touch with people that could not visit the care home in-person via telephone and video calls. Furthermore, the provider had erected a pod in the garden, which had been partitioned in two using a transparent Perspex screen, allowing family members to safely meet face-to-face outside even in poor weather.

There were suitable arrangements in place to ensure any new admissions to the care home or people returning after a stay in hospital for example, were tested for COVID-19 before being allowed to enter the premises and then self-isolate in their bedroom for at least 14 days.

The provider was participating in a 'whole home' COVID-19 testing program. This ensured everyone living and working in the care home were regularly tested for COVID-19. For example, staff were tested for COVID-19 at least twice a week. The provider knew how to apply for COVID-19 home testing kits and had adequate supplies.

Staff used PPE safely and in accordance with current IPC guidance. We observed managers and staff wearing their PPE correctly throughout our inspection. Staff had received up to date IPC and COVID-19 training, which was being routinely refreshed every 3 to 6 months. The service had adequate supplies of PPE that meet current demand and foreseen outbreaks.

The care home looked and smelt clean. There were detailed records kept of staffs new cleaning schedules, which included a rolling program of continuously cleaning high touch surfaces, such as light switches, grab rails and door handles. Managers told us they had employed an additional cleaner during the pandemic to help with their increased cleaning responsibilities. People's bedrooms, the main communal areas, kitchen and laundry room were subject to regular enhanced deep-cleans.

The provider had thoroughly assessed infection risks to everyone living and working in the care home and where people were deemed to be disproportionately at risk from COVID-19, appropriate action had been taken to minimise the impact. For example, staff with underlying health care conditions or members of black, Asian and Minority Ethnic (BAME) groups, had not been allowed to work on the floor where people who had tested positive for COVID-19 had been isolating.

Managers were aware of good practice in relation to temporary agency or bank staff only working in one care setting currently to reduce the risk of spreading infection. For example, the only two bank staff the service currently used had agreed to work exclusively at Parkside Lodge Residential Home during the pandemic and not work in any other care setting. To help staff stay safe face-to-face individual and group meetings with staff were held in large communal areas where people could sit safely socially distanced. Group handovers meetings at the end of each shift had also been suspended and replaced with just the shift leaders meeting safely socially distanced in a large communal space.

There were IPC and PPE policies and procedures in place, which were regularly updated to reflect ongoing changes to COVID-19 related guidance and were followed by staff. This included contingency plans for managing adverse events, such as COVID-19 outbreaks and staff shortages. Managers and senior staff routinely monitored and audited compliance with IPC practices including, daily walkabout tours of the care home to check staff continued to wear their PPE correctly and high touch surfaces were being continuously cleaned. The service had also introduced a regular Newsletter to keep people living in the care home, their relatives and staff up to date about changing COVID-19 guidance. For example, one Newsletter we looked at explained the self-isolation process in the care home to relatives and how they could remain in contact with their loved ones and help alleviate them from feeling lonely.

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

Parkside Lodge Residential 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 (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 25 March 2021 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.