

Blakeshields Limited

St Margarets Nursing Home

Inspection report

Mylords Road
Fraddon
St Columb
Cornwall
TR9 6LX

Tel: 01726861497

Date of inspection visit:
18 March 2021

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07 April 2021

Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
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Summary of findings

Overall summary

St Margaret's Nursing Home is a registered care home and provides accommodation and personal and nursing care for up to 28 older people. At the time of our inspection there were 27 people living at the service.

We found the following examples of good practice.

The home was visually clean and free from odours. There were procedures to ensure that infection control risks were reduced. For example, planned increased cleaning of communal areas and high touch areas such as door handles and light switches. Following the inspection the registered manager provided assurances that cleaning schedules and checklists for increased cleaning of high touch areas such as door handles and handrails were implemented.

Training had been provided to staff regarding donning and doffing personal protective equipment (PPE). Plentiful supplies of PPE and handwashing facilities were seen. This included masks, gloves, aprons, gowns, visors and goggles. We saw most staff wore their PPE correctly. However, we observed one member of staff whose mask was not covering their nose fully while in communal areas of the home and another who frequently adjusted their mask as it slipped from their nose. The registered manager stated this would be addressed promptly.

Procedures were in place regarding self-isolation for people who were admitted to the home from the community or other health care provision. The admission procedure had been reviewed and developed to reduce the risk of infection from COVID-19.

The home had a contingency plan to reduce the risk of cross infection should there be an outbreak of COVID-19 in the home. This included self isolation for residents who showed symptoms and separating staff teams so they cared for a reduced number of people and only one group of staff cared for residents who had tested positive for COVID-19. This would reduce the risk of cross infection.

Due to the current national lockdown, visiting was restricted. The home had a visiting policy and procedure and had advised family and friends of these arrangements by letter. Arrangements had been made to resume visiting with access to the home via the sun room, in which the visit would take place. Visitors were screened for COVID-19 prior to entering the home. Visitors would be required to wear masks and, as necessary, other protective personal equipment (PPE). This helped to reduce the risk of infection being brought into the home.

Where visiting was allowed for compassionate reasons (for example for people receiving end of life care), suitable infection control procedures were followed when visitors entered and moved around the building

People were supported to speak with their friends and family using IT systems and the telephone as

necessary.

Appropriate testing procedures for COVID-19 had been implemented for all staff and people who used the service following national guidance regarding the frequency and type of testing. Staff only worked at the home and no agency or bank staff were used. This reduced the risk of cross infection.

The staff monitored residents for symptoms of COVID-19. This included routinely monitoring physical symptoms such as temperature checks every three days or when other symptoms were noted.

Infection control policies and procedures had been updated in line with the national guidance relating to COVID-19. Staff had access to the policies and procedures including updates. The training for staff regarding infection control had been updated to include guidance relating to COVID-19.

The registered manager had completed risk assessments and audits / checks regarding the environment and risks to staff and residents.

The registered manager had discussed with the staff those who may be at increased risk from COVID-19. The registered manager planned to complete individual risk assessments for each member of staff to formally identify those who were at increased risk from COVID-19 and the measures that would be required to keep them safe, should there be an outbreak in the home.

Staff breaks were staggered to reduce the risk of groups of staff congregating together.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated.

Inspected but not rated

St Margarets 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.

This was a targeted inspection looking at the infection control and prevention measures the provider has in place. 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.

This inspection took place on 18 March 2021 and was announced. The service was invited to take part in this thematic review which is seeking to identify examples of good practice in infection prevention and control.

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 admitting people safely to the service.
- 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 using PPE effectively and safely.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 have also signposted the provider to resources to develop their approach.