

# Barchester Healthcare Homes Limited

# Red Oaks

## Inspection report

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## 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

Red Oaks is a residential care home that provides support for up to 64 older people, some of who have dementia and physical disabilities. We found the following examples of good practice -

Visits were made by appointment and arranged flexibly throughout the day and evening. People living at the service and visitors were advised of expected infection and prevention control measures and processes on or prior to arrival. Lateral flow testing for all visitors took place at the service on the day of the visit, in a designated testing area that was accessible via a separate entrance to the main building. Individual personal protective equipment (PPE) packs were provided by the service to all visitors along with alcohol hand gel and handwashing facilities.

Following recent changes to allow a designated visitor indoors for people, staff had supported people, relatives and staff make sure everyone understood and agreed how this would be done safely. A key point of discussion had been to ensure that people and relatives were agreeable to following guidance on recommended physical contact during visits from a designated person, to help reduce the transmission of infection.

To help people stay in touch remotely the service provided several I-pads and a large screen for people to take video calls. The service had a bank of mobile phones that people who did not have one could use to call and speak with relatives for as long as they liked. People were supported to send postcards and items they had made by post to important people in their lives on a regular basis.

To help make sure social distancing and shielding guidance was being followed and risks of infection reduced, the provider had made changes made to service environment, such as creating several smaller dining and socialising areas and reducing the amount of spaces at each table. Large-scale communal dining had been an important social experience for people at the service. To reduce the impact on people, staff had involved them in ways they understood about the need for social distancing and involved them in making the changes, so they worked as well as possible. To help do this and consider people's dementia support needs, people were provided with visual aids and staff had explained the need for changes by making a link with people's past experiences or memories. Staff were careful not to overwhelm people with information and to approach each person on an individual basis to help them adapt to the new arrangements.

The provider had adapted an existing lounge area by building a wall with a large Perspex screen and intercom that was accessible for visitors from outside the service. This had allowed people to have visits from important people in their lives safely throughout the pandemic. There had been a large marquee available in so people could meet outside even when the weather was bad.

During an earlier outbreak and if there were any suspected cases, staff cohort on the floor of the outbreak and people are barrier nursed in their rooms for their isolation period. If current service users or recent

admissions were self-isolating, activity staff made up activity baskets for people and staff regularly visited them in their rooms.

Staff were supported to be risk assessed individually and given support to furlough if needing time off due to vulnerabilities - including those related to any protected characteristics as defined by the Equality Act. Staff were supported to isolate as and when necessary. If isolating, the manager maintained contact and their emotional well-being was considered as part of the return to work process.

Staff were regularly tested and wore the correct PPE as per the latest government guidance when supporting people to help prevent the spread of infection. The service was clean and hygienic and cleaning had been revised to take place more frequently in response to COVID-19. There was an up to date Infection prevention and control policy. Infection control audits were carried out regularly and these were reviewed and checked by the registered manager and the provider's senior management and quality team every month. The manager felt well supported by the provider to manage any infection prevention and control issues. There was a designated point of contact for IPC queries as well as daily and weekly support calls and IPC information sharing.

# 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 people were protected by the prevention and control of infection.

Inspected but not rated

# Red Oaks

## **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 looking at the preparedness of care homes in relation to infection prevention and control. This was a targeted inspection looking at the infection control and prevention measures the provider has in place.

This inspection took place on 12 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 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.