Abbeyfield Society (The)

Abbeyfield Malmesbury Care at 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

Abbeyfield Malmesbury Care at Home provides care and support to some people who live at Burnham Court, an Independent Living facility for the over 55's. There are 49 apartments within the facility and at the time of our inspection a care and support service, consisting of 120 care hours a week, was provided to 14 people.

The service had experienced staffing shortages and recruitment was a challenge. As a result of this, staffing levels had been reduced to two care staff during the day. This gave staff more people to support, and pressure to ensure all visits were undertaken on time. The service had stopped all night-time care, and after the inspection, we were informed the service was closing completely. The service liaised with the Local Authority, and supported people and their families to find alternative care provision if needed.

At the inspection, we identified systems were insufficient to prevent infection and minimise the risk of its transmission. The service was in the middle of an outbreak of COVID-19.

The night porter and evening staff cleaned the communal rooms. However, there were not enough housekeeping staff in the day to thoroughly clean other areas or complete additional cleaning, related to the management of COVID-19. Cleaning schedules had not been updated to reflect such cleaning, including that of high touch points.

Not all visitors or people living at the facility were supportive of the practices to keep people safe. This included not always ensuring social distancing, self-isolation, testing or wearing personal protective equipment (PPE). This impacted on staff and those receiving the regulatory activity of personal care.

One person's support plan had not been updated to show they had tested positive for COVID-19. There was no guidance for staff to follow when needing to encourage the person to self-isolate in their apartment. Staff told us they often found this situation challenging to manage.

Guidance to staff regarding COVID-19 had been disseminated to the staff team. However, the registered manager had not been at work due to sickness. This meant staff needed to understand and implement the guidance themselves, rather than be guided by a manager. A duty manager has since been deployed to the service. Staff confirmed this had improved the situation.

We found the following examples of good practice.

Assessments had been completed for those staff more at risk of catching the virus. Adjustments to their role had been made to enhance safety.

There were ample supplies of PPE for staff to wear when needed. All staff were seen to wear masks, and said they wore aprons, gloves, visors and foot protectors when supporting a person with COVID-19.

Staff took part in testing, as per the government guidance at the time. They said this had included one PCT test and three LFTs a week, but they were now completing an LFT each day, before they started work. This was in line with changing guidance.

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

Further information is in the detailed findings below.

Abbeyfield Malmesbury Care at 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 the COVID-19 pandemic we are looking at how services manage infection control and visiting arrangements. This was a targeted inspection looking at the infection prevention and control measures the provider had 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 15 February 2022 and was announced. We gave the service 72 hours' notice of the inspection. The inspection was completed by telephone on 4 March 2022.

Inspected but not rated

Is the service safe?

Our findings

Staffing

● The provider told us they were experiencing challenges with ensuring adequate numbers of staff were available to cover the service. This was because some staff had left and there was staff sickness, which had given additional pressure. As a result of the shortages, some agency staff were being used and the staffing levels during the day had been reduced from three care staff to two. The night-time care service some people received had been withdrawn. Those people needing care during the night, were required to make alternative arrangements.

● Staff told us their work had become stressful, and it was often a challenge to ensure people received their support on time. They said people's visits had been divided between them each day, rather than between the previous three members of staff. This had created additional pressure, and did not enable time for additional tasks such as reviewing people's support plans.

● After the inspection, we were informed the service was going to close completely. This was in part due to challenges with staffing numbers, and unsuccessful recruitment. People and their families were supported to find new care providers as required.

How well are people protected by the prevention and control of infection?

● This inspection took place when the service was experiencing an outbreak of COVID-19. The duty manager and staff told us eight people, and five staff had the virus. As a result of this, the complex was closed to non-essential visitors.

● Not all relatives were supportive of the measures implemented to keep them, their family member and staff safe. Staff told us some relatives would walk into the service without personal protective clothing, signing in or completing a declaration confirming COVID-19 details. The entrance was not able to be manned every day, which did not ensure visitors were encouraged to follow such procedures, as soon as they came in.

● On the day of the inspection, a health care professional visited but said they had not had time to log their LFT on the government website. They continued to sign in but did not complete a declaration, as per the agency's policy. Staff did not direct the health care professional to do this.

● A one way system in and out of the complex had not been implemented. Arrangements had not been made on a daily basis for one of the staff to support people with the virus, whilst the other supported those without. These systems did not minimise the level of contact, or the risk of transmission.

● Staff wore appropriate personal protective equipment, but did not always dispose of it safely. Staff told us they placed used PPE in a bin outside of some people's apartments or in other parts of the corridor. The bins did not have lids, so the items were not contained. The duty manager told us staff also put their PPE in a yellow bin in the activities room. This was a foot operated bin that was yellow in colour, but did not have a disposable lining.

● The housekeeping team consisted of three staff, two of whom were bank staff. The bank staff were not always available, so often the one permanent member of staff worked on their own. Whilst the evening staff and night porter completed the cleaning of communal areas, staff said the volume of work was too much for this one person in the day. Additional cleaning such as high touch points, were not being done as often as

needed, and less time was being given to the cleaning of people's apartments, as per their contract.

● The cleaning schedules in place had not been updated to include the increased cleaning required to manage COVID-19. Staff had not always signed the schedules to evidence the cleaning they had completed. Whilst there was a space to record supervisory checks of the cleaning undertaken, this was not being completed. The duty manager told us oversight of this had not been done, as the registered manager had not been at the service.

● Staff were taking part in regular testing in line with government guidance. However, they were not sure if agency staff, who also worked in other care establishments, were doing this. People who lived at the facility, who were not receiving personal care, did not test regularly. This did not enable staff to have a clear understanding of who had the virus, which impacted on their safety and those supported.

● People who had the virus were encouraged to self-isolate in their apartments but not all were doing so. This was either because they chose not to, or did not understand and remember the need to do so. This increased the risk of the virus' transmission.

● There was no care plan in place about COVID-19, for one person who had the virus, and did not self-isolate safely. Staff told us they found it difficult to address the need for self-isolation with the person when they were in communal areas. There was no information about how to manage this within the person's support plan.

● Staff told us they were given government guidance to read, but said applying this in practice, when being busy with people's visits, was a challenge. They said they had received little management support whilst the registered manager had not been at work and felt they had just been left. They confirmed things were better since the duty manager had taken over the management of the service two weeks ago.

● The provider's infection prevention and control policy was up to date.

● Risk assessments had been completed for those staff who were at higher risk of catching the virus. Those staff were given other roles to minimise direct contact with people.

● All staff had completed training in infection prevention and control. The course they completed was valid for three years. Those needing to refresh their training had been identified.

We have also signposted the provider to resources to develop their approach.