

## Barchester Healthcare Homes Limited

# Westergate House

### 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

Westergate House is a residential care home that provides support for up to 84 younger and older people, some of who have dementia, sensory impairments, physical disabilities and mental health support needs.

We found the following examples of good practice -

All staff had received up to date infection prevention and control training, which included the use of Personal Protective Equipment (PPE). Staff received regular testing and we observed staff wearing appropriate PPE in the areas we visited. The deputy manager explained how staff wore additional appropriate PPE in line with current guidance when supporting people with tasks such as personal care.

The management of the service were well supported with regular infection prevention and control (IPC) meetings, updates and information from the provider's wider internal management and quality teams. There were regular (IPC) audits and spot checks of staff IPC practice by management. Actions had been taken in a timely manner in response to IPC audits identifying areas of improvement, which had helped manage and reduce the spread of infection.

Staff worked well with local health professionals to manage IPC issues. During a historical COVID-19 outbreak, effective partnership working with local healthcare professionals has meant resources such as specific medicines had been made quickly available to treat people who had been seriously unwell. This had resulted in people not having to go to hospital while they recovered.

Information about increased use of PPE had been provided for people using the service in a variety of different formats according to people's support individual needs, including verbal, written and pictorial guidance and watching video resources. This helped people understand the need for staff wearing more PPE and reduce any anxieties this may cause.

There were three living areas within the service. All staff were assigned to work exclusively in one of the three living areas, included cleaning and activity staff. This was an on-going policy to help to reduce the transmission of infection. People were supported in their rooms for the required period if needing to isolate, to help prevent spreading infections. Staff provided additional 1:1 social and activity support for people who were isolating.

Visitors were advised of expected IPC processes on or prior to arrival. Lateral flow testing for all visitors took place at the service on the day of the visit. Contractors were provided with a designated testing area that was accessible via a separate entrance to the main building. Visitors were provided with personal protective equipment (PPE) and used regular alcohol hand gel and handwashing facilities.

Shielding and social distancing guidelines were complied with. Changes had been made to facilitate social distancing inside the service, including introducing socially distanced seated arrangements in communal

living and dining areas. The provider had adapted a existing room by building a wall with a large Perspex screen and intercom that was accessible for visitors from outside the service. The service had arranged for several outside spaces with tables and chairs at a safe distance apart to be available, so people could see visitors outside. This had allowed people to see visitors safely throughout the pandemic.

For occasions where no physical or real-time virtual visiting was possible for people, staff took time to look at photographs and helped them to send postcards and letters as an alternative means of maintaining contact with important people in their lives. To help reduce the emotional impact of adhering to increased infection prevention and control measures, including visiting restrictions and social distancing, staff worked with people on an individual basis to ensure they could maintain normal routines whilst keeping safe. People were supported to have virtual visits to take part in activities they would usually have enjoyed doing together with visitors. For example, watching sporting events with friends and family members via pre-arranged video calls.

Staff were supported to be risk assessed to see if they required any support with IPC and occupational health needs. This process considered any individual vulnerabilities, including those related to any protected characteristics as defined by the Equality Act. The provider had made adjustments to protect staff's well-being, such as arranging for some staff to work from home. When staff had been required to isolate, management maintained regular check-ins and other support such as sending food parcels for staff who lived alone.

Managers maintained a visible presence in the service on a day to day basis. Throughout a historical COVID-19 outbreak, the General Manager had worked every weekend to support the staff team, together with the Deputy Manager who had provided regular support with care delivery along with their managerial duties as a means of alleviating pressure on their staff teams. There were wider and more structured reflection processes for staff arranged by the management, including meetings and face to face catch ups to talk about the impact of the COVID-19 pandemic and to offer emotional support. These meetings also offered a supportive environment for staff to discuss and identify any IPC practice improvements and good practice examples.

## 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**

# Westergate House

## **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 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 24 March 2021 and was announced.

# 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.