

Shaw Healthcare (Nailsea) Limited

Sycamore Lodge

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

About the service

Sycamore Lodge provides personal and nursing care for up to 78 people, including people living with dementia. The home has three floors. The ground floor has offices and a separate unit and then there are two floors both having 30 beds each. At the time of the inspection there were 47 people living at the service.

People's experience of using this service and what we found

At the time of the inspection, we were not assured the service was following current guidelines in relation to visits undertaken within the care home. Although arrangements were in place for testing visitors and providing them with personal protective equipment, social distancing was not being followed and there were no screens being used. The manager also confirmed people were receiving physical touch such as a hug. No individual risk assessment had been undertaken in relation to the risks this exposed people too and this was not in line with government guidance. We raised this with the manager and the nominated individual following our inspection. They confirmed actions taken to address this shortfall.

The providers visiting policy contained out of date information. Following the inspection, they provided us with a current up to date visiting policy that was in line with government guidelines.

Staff had access to personal protective equipment (PPE) and staff had received training in relation to infection control and procedures for donning and doffing their PPE. The manager undertook a daily walk around ensuring PPE was being used correctly.

There was a regular cleaning regime in place and increased cleaning to touch points within the service. The home was clean and odour free.

Staff were being supported with their well-being during the pandemic. The manager communicated regularly with family of people living in the home.

The home was open for admissions. When people were admitted they had to have a negative polymerase chain reaction (PCR) result and after admission to the home they had to isolate in their room for a 14-day period. There was a weekly testing programme for staff. Each week staff had a PCR test and two lateral flow tests. People living in Sycamore Lodge were tested monthly or sooner if they showed any COVID-19 symptoms. The majority of people and staff had received their first does of the vaccine.

Rating at last inspection; The last full comprehensive inspection rated the service as Good (published October 2018).

Why we inspected

We carried out an announced targeted Infection prevention control inspection of this service on the 9 December 2020. A breach of legal requirements was found. The provider completed an action plan to show

what they would do and by when to improve infection control procedures within the home.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the previous breach relating to infection prevention control.

Follow up

Following our inspection, we requested the provider send us an urgent action plan on how they will improve the standards of visits being undertaken in the home. We will continue to monitor this action plan and work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 not rated.

Sycamore Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This was a targeted inspection to check whether the provider had met the requirements of the breach to Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspection team

One inspector undertook this announced inspection.

Service and service type

The service at the time of the inspection had no registered manager registered with the Care Quality Commission. An application had been submitted and was being processed for the manager to become the registered manager. This means there was no registered manager legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave a short period notice to the service so they knew we were coming.

What we did before the inspection

We reviewed information we had received about the service since our last inspection and the providers previous action plan. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four members of staff including the manager, one nurse, one care worker and the quality manager. We reviewed the providers visiting and Infection Prevention Control policies.

After the inspection

We sought clarification from the provider on actions being taken following our inspection.

Is the service safe?

Our findings

At the last inspection this key question was not rated. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the previous concern relating to safe care and treatment. We will assess all of the key questions at the next comprehensive inspection of the service.

At our last inspection we identified shortfalls relating to how staff were wearing their surgical masks and surgical masks were being re-used following a break in the member of staffs care duties. Clean personal protective equipment (PPE) was being stored within the sluice area where soiled and contaminated laundry was held. There was limited hand sanitiser available for staff and visitors and no clinical bin waste bin was available for visitors to dispose of their used PPE. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made to shortfalls identified during our last inspection. For example, staff were wearing surgical masks correctly and surgical masks were being disposed of. A fresh mask was applied following a staff break. Visitors had access to a clinical peddle bin so they could dispose of used PPE. Staff had access to hand sanitiser and PPE was stored within a clean environment. However, during our inspection, we identified new shortfalls relating to the homes visiting arrangements and the providers visiting policy.

S5□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 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 somewhat assured that the provider was preventing people and visitors from catching and spreading infections. All visitors received a lateral flow test prior to their visit. Visits were only conducted if the test result was negative. During the inspection, the manager confirmed people received physical hugs and touch from their visitors. This was not in line with social distancing rules and could mean people were being exposed to contracting COVID-19 due to the provider not following government guidance. No individual risk assessment had been undertaken to identify what risk this exposed people too and quality assurance system had failed to identify this shortfall. We fed this back to the manager for them to address

this shortfall. Following our inspection, we received confirmation of actions taken and an action plan.

- The providers visiting policy was out of date and not in line with government guidance. The providers quality assurance systems had failed to identify this shortfall. We raised this with the provider following our inspection. They took action to update their visiting policy in line with current government guidance.

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