

Country Court Care Homes 2 Limited

Link House

Inspection report

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London
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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

Link House is a care home for people over the age of 65. The home caters for people who need care at the end of their lives, people with general nursing needs and people living with dementia. The premises is divided into three units/floors, each of which has their own separate adapted facilities. At the time of our inspection 36 people were living at the service. The service is managed by Country Court Care Homes 2 Limited, a private organisation providing health and adult social care across the United Kingdom, who bought Link House as a going concern in April 2019.

We found the following examples of good practice.

In-person visits to the care home by family and friends were only allowed in exceptional circumstances. Alternative forms of maintaining social contact were used for visiting, which included video and phone calls. Where visits were permitted, for example for people at the end of their life, there were clear visiting procedures in place to prevent onward transmission of the virus. We observed essential visitors to the service were asked to wear appropriate personal protective equipment (PPE), have their temperature checked and to wash their hands before being allowed into a unit.

The 13 bedded unit the service had designated in response to the Winter Plan for people discharged from hospital with a positive Covid-19 status was self-contained and physically separated from the other two units. For example, access to this unit, now known as TADD (Temporary Alternative Discharge Destination), would be restricted to staff who needed to enter to perform their duties. Managers told us staff, including their own bank staff, were only allowed to work in a single designated unit within the care home and no other unit or care home. Managers also confirmed the service did not currently use any agency staff. People were accommodated in single occupancy bedrooms, each with their own en-suite bathroom and toilet facilities.

There were suitable arrangements in place to ensure patients discharged from hospital and people from the community were all tested for COVID-19 before being admitted to the service. Any new admissions were isolated for 14 days within their own room. People living in the care home were tested at least monthly and staff weekly for COVID-19 or without delay if they or anyone in their own household bubble became symptomatic. Managers knew how to apply for coronavirus testing kits for people living in the care home and staff.

We observed staff using PPE correctly and in accordance with current guidance. Staff had received up to date internal and external training in relating to COVID-19, infection control and wearing PPE. There were clear arrangements for putting on and taking off (donning/doffing) PPE, including designated areas for this and relevant signage conspicuously displayed throughout the service. The service had adequate supplies of PPE. Managers told us staff handovers at the end of each shift were done virtually on electronic handheld devices.

The premises looked clean and hygienic throughout. There was a designated lead for cleaning and decontamination within the service who demonstrated a good understanding of their infection prevention and control (IPC) role and responsibilities. Domestic staff had cleaning schedules to follow, which included the routine cleaning of high touch areas such as handrails, light switches, door handles and mobile hoists. There were laundry processes so clothes were not mixed and washed together, and the laundry room was subject to daily enhanced cleaning.

Infection risks to people living at the care home and staff working there were thoroughly assessed and managed. There was a designated infection prevention and control lead who demonstrated good awareness of their role and responsibilities. For example, they supported people and their relatives to understand the isolation processes and how the service could help to alleviate them feeling lonely.

There were a range of policies and procedures which had been reviewed and updated since the pandemic started. These included contingency plans for managing adverse events, such as COVID-19 outbreaks and related staff shortages. The provider regularly monitored and audited compliance with the infection prevention and control measures they had put in place. For example, managers routinely carried out daily tours of the building to check the premises were kept clean and staff wore their PPE correctly.

We were assured that this service met good infection prevention and control guidelines as a designated care setting.

Further information is in the detailed findings below.

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 the service were following safe infection prevention and control procedures to keep people safe.

Inspected but not rated

Link 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.

The service had been identified for use by the Local Authority as a designated care setting in response to the Winter Plan for people discharged from hospital with a positive Covid-19 status. This inspection was to ensure that the service was compliant with infection control and prevention measures.

This inspection took place on 22 October 2020 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.

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