

The Dower House Nursing Home LLP

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Inspection report

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Date of inspection visit:
28 August 2020

Date of publication:
09 October 2020

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Summary of findings

Overall summary

The Dower House Nursing Home is a nursing care home providing personal and nursing care to people. The Dower House Nursing Home accommodates up to 43 people, some of whom may have a physical disability or be receiving end of life care.

The Dower House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided.

We found the following examples of good practice.

- People were supported to keep in touch with families and visits were planned and well organised to reduce risk and avoid the potential spread of infection.
- Information was easily accessible on arrival, or before visits, to ensure visitors followed guidance, procedures and protocols to ensure compliance with infection prevention control. The provider sent out regular newsletters to residents and relatives with clear visiting guidelines and procedures prior to any relatives visiting.
- Alternative forms of maintaining social contact were used for friends and relatives. For example, keeping in touch using video calls, weekly newsletters to family members, visiting in the communal garden or through meeting at a window with tables set up either side of the window to ensure social distancing is supported. Each person had access to a telephone in their room and staff were available to support if required. If people had other communication devices staff were available to support. There was the availability of a laptop within the home for people to access if needed. E-mails from relatives were encouraged and printed out for people.
- The provider had implemented socially distanced meetings for people to keep them updated and involved. Group video calling technology was also utilised to include relatives in meetings.
- All visitors were screened for symptoms of acute respiratory infection before being allowed to enter the home, alongside having their temperatures taken. Visitors had no contact with other residents and had minimal contact with care home staff.
- Facilities were in place to wash hands for 20 seconds, or to use hand sanitiser, on entering and leaving the home.
- There was prominent signage and instructions to explain what people should do to ensure safety. Plastic or glass barriers were used to help prevent infection but did not restrict people's access and mobility.
- Admissions from hospital or interim care facilities, and new residents admitted from the community, were isolated for 14 days within their own room.
- People were assessed twice daily for the development of a high temperature (37.8°C or above), a cough, as well as for other signs such as shortness of breath, loss of appetite, confusion, diarrhoea or vomiting.

- All staff in high risk groups such as Black, Asian and minority ethnic (BAME) had been risk assessed, and adjustments had been made.
 - All members of staff worked in only one care setting, this included part-time and agency staff.
 - Staff were trained and knew how to immediately instigate full infection control measures to care for people with symptoms to avoid the virus spreading to other people and staff members.
 - Arrangements were in place so staff could appropriately socially distance during breaks, handovers and meetings.
 - Staff had received training from an Infection Prevention and Control (IPC) specialist.
- A testing scheme for all staff and residents had been implemented, known as 'whole home testing'. The provider had tests for regular 'whole home testing' as well as tests for any suspected or symptomatic residents or staff.
 - Staff wore a fluid repellent surgical mask, gloves and apron when delivering personal care to all people. Use of personal protective equipment (PPE) was in accordance with current government guidelines COVID-19 PPE. We observed staff to be wearing PPE as per guidelines. Disposal of used PPE prevented cross-contamination as it followed local protocols, in particular single use items and how PPE is disposed of safely.
- Communal areas such as outdoor spaces and garden areas were used creatively to help with IPC. The provider had identified a specific outside paved area at the front of the premises to support people to have visits safely with their relatives whilst enabling their rear gardens to be utilised as a safe outside space for people to access independently and safely.
 - The provider had encouraged people to provide feedback about their well-being and how they have felt during the pandemic, including anything they had found difficult or any suggestions they had for improving practices.
- Cleaning staff had cleaning schedules, which they were required to complete which included evidence that high touch areas were regularly cleaned. For example, light switches, keyboards, door handles and telephones.
 - The provider ensured that current guidance was shared in a timely way with the service. When the guidance was updated the risk, parameters were reviewed, and changes made. This reduced any potential risk of infection.
 - Contingency plans were in place to manage ongoing or future outbreaks or other events effectively. The provider collected data and regular reports from the service. This information was analysed and used to inform future incident management and support learning.
 - The provider had upskilled and cross-trained staff in various roles to ensure adequate cover was provided in different roles should they have experienced any shortages of staff.

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

Inspected but not rated

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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.

This was a targeted inspection looking at the infection control and prevention measures the provider had in place. As part of CQC's response to the coronavirus pandemic we are conducting a thematic review of infection control and prevention (IPC) measures in care homes.

This inspection took place on 21 August 2020 and was announced. The service was selected to take part in this thematic review which is seeking to identify examples of good practice in infection prevention and control.

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.