

Care UK Community Partnerships Ltd

Newbury Grove

Inspection report

370 London Road
Newbury
Berkshire
RG14 2QH

Tel: 01635818887

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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

Newbury Grove is a 'care home'. People in care homes receive accommodation and nursing or personal care, as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. This care home is run by two providers; namely, Care UK Community Partnerships Ltd and WT UK Opco 4. These two providers have a dual registration and are jointly responsible for the services at the home. This report is in relation to Care UK Community Partnerships Ltd. A separate report has been produced for WT UK Opco 4. Newbury Grove accommodates up to 68 people in one building over three floors. The first floor was the 'Memory Care' community, which had been designed as a living space suitable for people living with dementia. There were 62 people living in the home at the time of inspection. People living at the service were older people, some of whom were living with dementia.

We found the following examples of good practice:

The provider followed current Government guidance to protect visitors from catching and spreading infection. For example, visitors were provided with personal protective equipment (PPE) to wear whilst visiting the home. Visitors, including health care professionals were asked to complete a lateral flow test (LFT) and health care professionals were asked to evidence their COVID-19 vaccination status before entering the home. All staff who worked at the home were vaccinated against COVID-19.

People were admitted into the service safely. The provider ensured people had been tested for COVID-19 before admitting them into the home.

Staff had good understanding of COVID-19 symptoms that present in older people. The registered manager ensured the staff and people who presented with COVID-19 symptoms were tested immediately.

People and staff had adequate access to COVID-19 testing programme. The provider had an infection prevention policy in place and contacted their local health protection team in a timely way in the event of a COVID-19 outbreak.

Staff had received infection prevention and control training. During our visit we observed staff adhere to good practice in relation to PPE. The provider had appointed a COVID-19 coordinator. They supported the registered manager and clinical nurse managers to operate the provider's competency framework in relation to COVID-19. They also quality assured staff delivery of care in accordance with COVID-19 risk assessments.

The provider ensured sufficient stock of PPE and COVID-19 tests were available and the management team maintained the testing regime in line with national guidance.

The provider had adapted the premises to prevent and control the spread of infection. For example, the

provider had created a one-way system for entering and leaving the premises, additional hand washing facilities had been created and accommodation adapted to provide staff changing rooms and rest rooms on each floor. The provider had designated a room for staff testing, created multiple donning and doffing facilities and PPE stations were placed in prominent areas of the home.

Highly visible signage provided the necessary information to staff relating to transmission-based precautions and the level of support required for each person. For example, restricted access signage was clearly posted on the doors of people who had been infected with COVID-19 and were isolating in their room. Appropriate signs clearly identified the increased risk and the requirement for staff to wear enhanced PPE when supporting people with equipment and techniques which increased the risk of infection.

The provider's visiting policy ensured that individual risk assessments assessed the rights and needs of people, as well as any specific vulnerabilities outlined in their care plan, and considered the important role that visiting can play in this.

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.

Newbury Grove

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 care homes with outbreaks of COVID-19, we are conducting reviews to ensure that the Infection Prevention and Control (IPC) practice is safe and that services are compliant with IPC measures. This was a targeted inspection looking at the IPC practices the provider has 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 8 February 2022 and was announced. We gave the service 24 hours' notice of the inspection.

Is the service safe?

Our findings

Staffing

- The provider told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures. This was confirmed during conversations with the registered manager, two clinical nurse managers, including the infection and prevention control lead, nurses and care staff, and by documents reviewed.

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 personal protective equipment 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.

Visiting in care homes

- The provider was supporting people in accordance with the government guidance published on 31 January, 2022 where care homes had experienced an outbreak of COVID-19. For example, essential care givers were allowed to continue to visit indoors. Other methods of maintaining contact between people and their families were being effectively supported. This included visits in well-ventilated spaces, telephone calls, video calls and weekly newsletters.
- The registered manager completed a dynamic risk assessment considering the impact of the outbreak and their capability to facilitate visits without breaching zoning or cohorting of residents and staff.
- The provider had actively engaged with local authority directors of public health, clinical commissioning group infection control leads and other partners to seek advice.
- From 11 November 2021, registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

- The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.