

COVID-19 Emergency Support Framework

Engagement and support call Summary Record

GCH (Alan Morkill House) Limited

Location / Core Service address	Date
Alan Morkill House 88 St Marks Road , W10 6BY London	10/06/2020

Dear Alan Morkill House,

The Care Quality Commission is not routinely inspecting services during the COVID-19 pandemic. We are maintaining contact with providers through existing monitoring arrangements and engagement and support calls covering four assessment areas:

- Safe Care and Treatment
- Staffing arrangements
- Protection from Abuse
- Assurance Processes, Monitoring and Risk Management

This Summary Record outlines what we found during the engagement and support call shown above, using standard sentences and an overall summary.

We have assessed that you are managing the impact of the COVID-19 pandemic at the above service. The overall summary includes information about the internal and external stresses you are currently experiencing, how they are being managed, and sources of support that are available.

Emergency Support Framework calls and other monitoring activity are not inspections. Summary Records are not inspection reports. Summary Records are not published on our website.

Assessment Area 1

Safe care and treatment

1.1 Had risks related to infection prevention and control, including in relation to COVID-19, been assessed and managed?

Yes There were systems to assess and respond to risks regarding infection prevention and control, including those associated with COVID-19.

1.2 Were there sufficient quantities of the right equipment to help the provider manage the impact of COVID-19?

Yes Essential equipment, such as personal protective equipment, was available in sufficient quantities to help you manage the impact of COVID-19.

1.3 Was the environment suitable to containing an outbreak?

Yes You had taken steps to ensure the environment was as effective as possible in containing an outbreak of COVID-19.

1.4 Were systems clear and accessible to staff, service users and any visitors to the service?

Yes Systems to ensure the environment were conducive to containing an outbreak of COVID-19 were clear and accessible to people using the service.

1.5 Were medicines managed effectively?

Yes Service users' medicines were effectively managed, despite the increased pressures associated with COVID-19.

1.6 Had risk management systems been able to support the assessment of both existing and COVID-19 related risks?

Yes Systems enabled the continued management of known risks, as well as enabling the provider to respond to new and emerging risks, including those posed by COVID-19.

Assessment Area 2

Staffing arrangements

2.1 Were there enough suitable staff to provide safe care and treatment in a dignified and respectful way during the Covid-19 pandemic?

Yes There were enough suitably skilled staff to provide people with safe care in a respectful and dignified way during the Covid-19 pandemic.

2.2 Were there realistic and workable plans for managing staffing levels if the pandemic leads to shortfalls and emergencies?

Yes There were realistic and workable contingency plans for staffing shortfalls and emergencies during the COVID-19 pandemic.

Assessment Area 3

Protection from abuse

3.1 Were people using the service being protected from abuse, neglect and discrimination?

Yes People were being safeguarded from abuse, harassment and discrimination.

3.2 Had the provider been able to properly manage any safeguarding incidents or concerns during the pandemic?

Yes Action had been taken to properly respond to incidents, alerts or potential safeguarding incidents at the service.

Assessment Area 4

Assurance processes, monitoring and risk management

4.1 Had the provider been able to take action to protect the health, safety and wellbeing of staff?

Yes Staff health, safety and wellbeing were protected despite the increased pressures associated with COVID-19.

4.2 Had the provider been able to implement effective systems to monitor and react to the overall quality and safety of care

Yes There were effective systems to monitor the overall quality and safety of care being provided at the service during the COVID19 pandemic.

4.3 Is the provider able to support staff to raise concerns during the pandemic?

Yes Staff were able to raise concerns and were supported to speak up during the pandemic.

4.4 Had care and treatment provided to people been sufficiently recorded during the Covid-19 pandemic?

Yes Care and treatment provided to people is being sufficiently recorded during the Covid-19 pandemic.

4.5 Had the provider been able to work effectively with system partners when care and treatment is commissioned, shared or transferred?

Yes Working arrangements and information sharing with system partners during the Covid-19 pandemic are effective.

Overall summary

This ESF discussion took place on 4/6/2020. The RM confirmed robust systems in place to promote safety for people and staff. For example, service accessed suitable and sufficient PPE and staff received relevant training including infection prevention and control, and safe hand washing techniques. Provider stated there is a Covid-19 risk management policy and procedure which has been reviewed and updated in

accordance with national guidance. Changes to the environment implemented to promote safety, eg. a senior staff member meets professional visitors/contractors at the main door, facilitates their access to PPE including hand gel and escorts them to applicable bedrooms or areas. Staffing levels described by RM as safely maintained; provider has been able to use an internal staff bank. Recruitment has continued during the pandemic. No new safeguarding notifications/whistle blowing reported to CQC since onset of COVID-19. Staff have regular safeguarding training and processes in place to raise concerns about COVID -19 and any other matters. There is an employee assistance programme, staff have been supported to be tested and RM stated he promoted a supportive culture, transparency and an 'open door' approach.

Provider stated there are practices to address the emotional needs of residents. For example, staff help people to use IPADs, phones and photos to communicate with their loved ones. People within the building can safely engage with relatives situated in the car park. RM informed us there are no concerns with medicine management and ongoing regular QA is taking place, eg Resident of the Day and audits. Staff encouraged to talk, they can speak with provider's Mental Health First Aider. Their morale boosted by community support eg. delivery of staff meals. RM described helpful relationships with external parties, eg LA quality monitoring officer (CW) and NHS frailty team. CQC contacted CW and received positive feedback. No residents presented with C-19 symptoms.