

COVID-19 Emergency Support Framework

Engagement and support call Summary Record

The Royal Naval Benevolent Trust

Location / Core Service address	Date
Pembroke House 11 Oxford Road , Gillingham ME7 4BS	29/06/2020

Dear The Royal Naval Benevolent Trust

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

From our discussion and other information about this location, we assess that you are managing the impact of the COVID-19 pandemic.

Infection control products and practice

At times getting hold of some PPE has been difficult. You have worked hard to find

supplies from various sources. Staff have received updated training in PPE.

Testing for COVID-19

You strove to access testing as soon as it was available. All staff and people have been tested as negative. You and your staff team remain vigilant in your infection control practices to help minimise the risk of a Covid-19 outbreak.

Staff cover

You have assessed how to respond if there are critical staff shortages. Staff are working flexibly and are motivated to cover staffing shortfalls should they occur. Assessments have taken into consideration the deployment of people from BAME groups at the service.

Supporting staff

You regularly reassure staff that you take their safety very seriously and, that if staff have concerns, they are welcome to talk to you. You gave a number of examples of the ways you have supported staff's well-being and resilience. This includes talking to staff when they are feeling low, signposting staff to support, regular communication and information sharing and keeping in touch with staff on furlough. Feedback from staff is that this support has been effective in maintaining high morale at the service.

Management of the service

You have continued to provide a positive and open culture and meet the aims of the service. You have been a visible presence at the service, filling staff roles when and where needed. The aim of "Every day to make the residents smile and laugh" has been achieved through a range of activities which have continued through the pandemic. This has included celebrations for VE day, gin tasking and quizzes. Compliments and thank yous have been received from relatives and staff alike. As a result the staff team have grown closer together during the shared experience of supporting people through the pandemic.

Improving and delivering care

Staff shift patterns have been changed to meet people's needs and staff have feedback their wish to keep this change going forward.

Staff enable people to maintain contact with family and friends. Initially this was through video and phone calls and now arrangements are in place for weekly face to face, socially distanced meetings in the garden. A driver is collecting one relative who is shielding and unable to use public transport.

You have set aside a part of the service to accommodate people discharged from hospital. This is to help prevent cross-infection to residents in other parts of the service.

Innovation

Your nurses are working in the residential part of service, undertaking tasks on behalf of the district nursing team. This is to help keep people safe.

A kinesiologist has continued to be employed to help strengthen people's core muscles and improve their physical and mental well-being.

You have delivered a video presentation so people can see what it is like to be

supported at the service during the pandemic.