

# Barchester Healthcare Homes Limited

# Wimbledon Beaumont

## Inspection report

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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

Wimbledon Beaumont is a residential care home that can provide nursing and personal care for up to 49 people. At the time of our inspection 44 older people were living at the care home, some of whom were also living with dementia. The service is managed by Barchester Healthcare Homes Limited.

We found the following examples of good practice.

There were suitably robust measures in place to prevent or minimise the risk of relatives and friends, professionals and others who visited the care home from catching or spreading infections. Visitor numbers were limited to a family member or friend of individuals who were receiving end of life care. All visitors were required to have their temperature checked, wash their hands and wear a face covering on arrival at the care home. Easy to understand instructions explaining what visitors must do to minimise the spread of infection were prominently displayed throughout the care home, including in the entrance porch.

Alternative arrangements had also been developed to help people maintain social contact with their family members and friends. For example, people could still meet their visitors indoors in a specially adapted visitor's room that had been partitioned in half using a transparent plastic wall and an intercom installed to allow people to communicate with their guests. There was an external door for visitors that lead straight into the garden, which meant they did not have to walk through any part of care home to meet their relative or friend in the designated visitors' room. There was a booking system in place to stagger the times of these visits. The service also increased the use of video calls and socially distanced garden visits (weather permitting) to help people keep in touch with their family and friends.

There were suitable arrangements in place to ensure people admitted to the care home were tested for Covid-19 and had to self-isolate in their single occupancy bedroom for at least 14 days thereafter. People already living in the care home who were found to be symptomatic also had to self-isolate in their rooms for 14 days and were not permitted to enter any of the communal areas or share lavatories and bathrooms. People continued to be assessed twice daily for symptoms of Covid-19, including having their temperature checked.

Staff used personal protective equipment (PPE) in accordance with current infection prevention and control (IPC) guidance. We saw staff wearing PPE correctly in people's bedrooms and the main communal areas. All staff had received up to date training in Covid-19 related IPC guidance and use of PPE. Staff demonstrated a good understanding of safe IPC practices and the correct use of PPE, including donning and doffing procedures (putting on and taking off PPE). Staffs competency to follow Covid-19 related IPC and PPE guidance had been assessed by managers and senior nursing staff working in the care home throughout October 2020. The service had adequate supplies of PPE.

The care home was kept clean. The housekeeping staff had recorded cleaning schedules, which they were required to complete and that included frequency of cleaning of high touch areas, such as light switches,

grab rails and door handles. Housekeeping staff were required to clean these high touch areas at least twice daily, which we observed happen during our inspection. We also saw communal areas were kept uncluttered so cleaning could take place effectively. There were laundry processes in place, so clothes were not mixed and washed together, and the laundry room was subject to regular enhanced cleaning.

The provider had thoroughly assessed and mitigated infection risks to staff working at the care home, including staff in high risk groups, such as black, Asian and minority ethnic (BAME) members of staff. The registered manager told us she would take these identified risks into consideration and made reasonable adjustments if staff needed to be assigned staff to support people who were symptomatic and/or had tested positive for Covid-19.

The registered manager confirmed the service did not currently use any temporary agency or bank staff. They were also aware of good practice in relation to care staff only working in one care setting to reduce the risk of spreading infection. Staff who did work in multiple care settings were told they were no longer permitted to do this and were asked to choose which care setting they wanted to permanently work in. We saw declarations had been signed by staff to confirm they understood and agreed to the principle of working in only one care setting to help control the spread of infection. To help staff maintain social distancing staff handovers at the end of each shift were done virtually, utilising electronic messaging apps. Only senior nurses in charge met in-person at appropriately safe distances to give a verbal shift handover.

A regular 'whole home testing' regime was in place at the care home. This ensured people living in the care home were tested at least monthly and staff were tested weekly. People were also tested without delay if they became symptomatic or if anyone in the household 'bubble' of a member of staff displayed symptoms. The registered manager knew how to apply for coronavirus testing kits for people living in the care home and for staff. They had no issues with the supply of Covid-19 home testing kits. People living in the care home had received the flu vaccination and staff were being encouraged to follow suit. Most staff had taken Covid-19 antibody tests.

There were a range of IPC policies and procedures which had been reviewed and updated since the start of the Covid-19 pandemic. These included contingency plans for managing adverse events, such as Covid-19 outbreaks and related staff shortages. Managers and senior nurses routinely monitored and audited compliance with IPC practices. This included daily walkabout tours of the building to check the premises were clean and that staff wore their PPE correctly. Managers also supported people and their relatives to understand the isolation processes and how the service could help to alleviate them feeling lonely.

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**

# Wimbledon Beaumont

## **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 coronavirus, we are conducting reviews to ensure that the Infection Prevention and Control (IPC) practice was safe and the service was compliant with IPC measures. This was a targeted inspection looking at the IPC practices the provider has in place.

This inspection took place on 24 November 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 promoting safety through the layout and hygiene practices of the premises.
- 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 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.