Barchester Healthcare Homes Limited

Wimbledon Beaumont

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 15 and 20 June 2017 and was unannounced. At the last inspection of the service on 3 March 2015 we found the service was rated 'Good' in all key questions and overall.

Wimbledon Beaumont provides accommodation for up to 49 people who require nursing and personal care. People using the service had a wide range of healthcare and medical needs. The home specialises in caring for older people with dementia and physical disabilities. They also provided care to people with end of life care needs. At the time of our inspection there were 38 people living at the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At this inspection we found the service continued to be rated 'Good'.

Risks to people and the premises were generally managed well. However, staff were not following corporate policy in using separate slings for individuals during hoist transfers. This meant people were at increased risk of falls and the provider was not always managing risks relating to infection control well.

Access to the home was unmonitored for short times such as when there were no staff on reception and the front door was unlocked. However, the provider was aware of this and was actively considering solutions to increase the security of the building to reduce risks to people as soon as possible.

People felt safe and staff understood how to keep people safe from abuse. Staff were recruited through robust procedures and there were enough staff to care for people appropriately. Medicines management was safe.

Staff received the right support to care for people with training, support, supervision and appraisal. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were kind and caring and treated people with dignity and respect. Staff knew the people they cared for well and involved them in their care, giving information and explanations when required. The provider supported people to plan how they would like to be cared for at the end of their lives.

People were provided with a range of activities they were interested in. People's care plans were current and staff generally followed them in providing care. People were involved in their care reviews. The provider investigated and responded to complaints appropriately.

The service was well led with visible leadership and people were supported by staff who enjoyed and felt motivated in their work. The provider encouraged open communication with people, their relatives and staff. A range of suitable audits were in place to assess and monitor the quality of service delivery.

Further information is in the detailed findings section of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Risks relating to individuals and the premises were generally managed well. However, the provider agreed to take further action to reduce the risk of people falling during transfers, to reduce some risks relating to infection control and to increase the security of the building.

Medicines management was safe. Staff understood the signs people may be being abused and how to respond to these to keep people safe.

The provider checked staff were suitable to work with people prior to offering them employment and there were enough staff deployed to work with people.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection. The inspection took place on 15 and 20 June 2017 and was unannounced. The inspection was carried out by an inspector, a pharmacist, a specialist advisor who was a nurse and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider since the last inspection and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

During the inspection we spoke with 14 people who used the service, four relatives, the registered manager, the matron, a nurse, four care staff, the activities leader, maintenance manager, regional manager, administrator and the chef. We also spoke with the GP. We looked at a range of records including three staff files, five people's care plans and other records relating to the management of the home including medicines records.

Requires Improvement

Our findings

The provider generally managed risks to individuals well as risks were assessed and suitable risk management plans put in place to mitigate the risks. This included risks relating to medicines, including people who chose to self-administer medicines, falls, choking, malnutrition, moving and handling and fire safety. However, we identified staff were not following corporate policy in using separate slings for individuals who required the use of lifting equipment to transfer. This meant there was a greater risk of staff using the wrong size sling for people putting them at risk of falls. In addition this meant risks relating to infection control were not always well managed. The registered manager told us they would immediately take action to remove these risks and obtain separate slings for individuals when we brought this to their attention. Generally staff transferred people safely, according to best practice and guidance in their care plans, but we observed one staff member support a person to stand using a technique which was unsafe and therefore placing the person at risk of injury. They were also not following the agreed action to support the person as detailed in the manual handling care plan. When we raised our concerns with the registered manager they told us they would support the staff member with further training as soon as possible.

The provider managed risks to the premises and equipment well. Suitable risk assessments and risk management plans were in place including those relating to the environment, water systems and fire safety. Health and safety of the premises and equipment was overseen by a knowledgeable maintenance team who ensured regular checks were carried out by external contractors and internal staff where required.

People told us they felt safe at the service and relatives agreed. One person told us, "I don't worry about safety. Everything I own is well looked after and kept safe as am I." Staff understood how to keep people safe from abuse and neglect and received regular training relating to this. Staff had no concerns about the way any other members of staff cared for people. Staff were aware of the phone line the provider had in place for staff to whistleblow anonymously about any concerns they had and told us they would immediately report it if they suspected staff were abusing people. We identified the premises were sometimes unsecured for short periods such as when there were no staff on reception and the front door was unlocked. The registered manager told us they were aware of this and the provider was considering proposals to secure the front door in various ways.

At our last inspection we found recruitment practices were safe as the provider carried out robust checks that staff were suitable before offering them employment. At this inspection we found staff recruitment remained robust. The provider continued to check staff previous employment, qualifications, criminal records, identification and the registration status for nurses.

The provider deployed enough staff to meet people's needs. One person said, "They come quickly if you ring the bell. There is always plenty of staff, you never wait." Staff told us they were not under pressure to rush their work as there were sufficient staff. Our observations were in line with this as we saw staff carried out their work at a comfortable pace and had enough time to sit and interact with people.

Staff managed people's medicines safely. One person told us, "If I want painkillers I ask and they check me and write it down. They ask regularly if I would like a painkiller. It is my choice." Our checks showed medicines were received, administered, recorded and disposed of safely, and in line with best practice. Medicines were generally stored safely. Staff ensured people who required regular blood tests had them on time and their medicines were adjusted and administered correctly in line with the blood test results. Where medicines were prescribed 'when required' we saw clear protocols to support their use. Staff understood which medicines needed to be given at specific times and the reasons why this was important to the people they were looking after.

Good

Our findings

People were supported by staff who received a range of suitable training with regular supervision and annual appraisal. One person told us, "[Staff] are very good and the excellent ones show the others what to do and how to do things well. [Staff] learn fast here." All staff enrolled in mandatory training which included dementia awareness, moving and handling, safeguarding and fire safety. Additional training was provided for staff relevant to their role, including diplomas in health and social care for care workers, particular areas of clinical practice for nurses, leadership and management training for managers and activities training for the activities team, including activities for people with dementia. Staff told us they received regular supervision with their line manager and this was a useful opportunity to receive guidance on any issues they wished to raise, review training needs and received feedback on their performance. Staff told us they felt the training was good quality and they felt well supported.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Our discussions with staff showed they had a good understanding of their responsibilities in relation to the MCA code of practice and they understood the process of making decisions in people's best interests when they lacked capacity to make decisions.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered managers understood these and applied for authorisations to deprive people of their liberty as part of keeping them safe. They recently applied for several applications to be renewed and were awaiting the outcomes. Staff understood the conditions of authorisations in place for individuals and implemented these.

People told us they enjoyed the food they were provided and they had choice. One person said, "They respect that I like to try but struggle with feeding myself so they offer help. They don't rush me. The food is very tasty and you get to choose on the day." Food was provided to meet people's cultural needs as well as dietary preferences. The Chef knew how individuals required food to be prepared to reduce the risk of choking, as well as people who required special diets due to medical needs such as diabetes. Staff monitored people's weights closely and took appropriate action to support them when there were

concerns, including following guidance from the GP or dietitian to help them maintain a healthy weight.

Staff supported people to access the healthcare professionals they needed to maintain their health including their GP, dentists, psychiatrists and physiotherapists. One person said, "I have seen physios here and opticians. The dentist comes regularly and I am assisted on hospital appointments." Staff kept records of appointments people had with healthcare professionals and the outcomes to ensure a clear audit trail.

Good

Our findings

People and relatives told us staff were kind and caring. One person said, "Yes they are lovely. They hold my hand and we have a chat when I feel a bit sad." Another person said, "They have always been very kind. They are very kind to people and chat and sit with me and help with anything you ask." A relative told us staff had, "Lots of consideration and empathy". Another relative said, "I think [staff] are kind and extremely nurturing". Our observations were in line with these comments as we saw staff supporting people in a caring, compassionate manner throughout our inspection.

Staff treated people with dignity and respect. One person told us, "They always knock… They are very respectful". A relative said, "They are very respectful if I am visiting and only interrupt if they have to and are very apologetic if they do". People were supported by staff to maintain their appearance with matching clothes which were appropriate for the weather. People could see a hairdresser who visited several times a week. Staff respected people's privacy. People told us staff were "discreet" and had "treated information sensitively" when they had shared private issues with staff.

People told us staff understood them and how they liked to be cared for. One person said, "They know how I like things and what I am particular about because they ask me and listen to me." Another person said, "The carers all know what I am happy to do…They read my plan". A relative said, "They know and meet [my family member's] needs very well. I think [staff] all work across the different parts of the building so everyone knows everyone." Our discussions with staff showed they understood people's backgrounds and the people who were important to them.

Staff involved people in decisions regarding their care and gave people information and explanations when they required it. One person said, "I am given choices, time and respect. Time to talk and be listened to is very important to me and I get this to air my opinions." Another person said, "[Staff] are very respectful during personal care. They ask if I require help and if I say no they respect that". A third person said, "[Staff] always tell me why they are there and explain everything on the way."

The provider supported people to consider and record their wishes for their end of life care. One person told us, "I have particular views on my end of life and what I would like and they chatted with me about it and wrote down my wishes". A relative told us, "[My family member's] requests on how he would like to live his life right to the end have been sensitively addressed and recorded. We all discussed it together and there was understanding and empathy throughout."

Good

Our findings

The activities team provided a range of activities people were interested in with a new activity programme prepared weekly. One person told us, "I join in games in the lounge. We played giant Scrabble today and it was a fun atmosphere." A relative said, "There is always something going on and they come to her room to do one to one activities. [Staff] do word games, sing, puzzles. [My family member] is always entertained if she wants to be". Another person said, "I like to go out on trips…Usually we go in the minibus once a week. Today we are going to [a National Trust location]." People were provided with individual plots of land to garden if they wished. One person told us, "I like gardening and I'm growing carrots and courgettes in my little garden."

One person said, "I have a care plan and they chat with me about it." A relative said, "I know about all [my family member's] support and the care plan and we have regular chats and reviews". Staff followed people's care plans to provide care in the ways appropriate to individuals and care plans were 'person-centred', focused on people's individual needs. People's care plans contained accurate information about their needs and wishes and the provider reviewed them regularly involving people and their relatives in the process. This meant care plans were accurate and reliable for staff to use in providing care. Care plans included information about people's personal history, individual preferences, interests and aspirations to inform staff. A healthcare professional told us the provider met people's clinical needs well and they were excellent at treating pressure ulcers as recently several people had been admitted to the service with existing pressure ulcers.

Records showed the provider recorded and responded to complaints appropriately. People and relatives told us they knew who to complain to and had confidence in how the registered manager would deal with any complaints. One person said, "I know [the management team] would all listen". Another person said, "I have complained and it was dealt with very quickly by the manager". A relative told us, "We had a family meeting with the manager and he came across far better than I expected. He was very organised and efficient and we all had individual feedback".

Good

Our findings

People and relatives were positive about the leadership of the home describing the registered manager as 'approachable', and 'friendly'. A relative told us, "I find [the registered manager] organised and proactive." We found leadership in the home was strong and visible and the matron who worked under the registered manager, in particular, was praised by people, relatives and staff. The registered manager was supported by other managers across the service as well as the regional manager who visited the service regularly. People were supported by staff who enjoyed their work and felt motivated. Our inspection findings and discussions with the registered manager and staff showed they had a good understanding of their roles and responsibilities.

The registered manager encouraged open communication with staff, people and their relatives. One person told us, "We have resident's meetings and air our views and make requests and suggestions". A relative said, "I receive calls, emails and there are relative meetings that are informative and inclusive". The provider also gathered feedback anonymously via an independent organisation each year. The most recent survey reflected very high satisfaction of people using the service and their relatives in all areas compared to other care homes. Each morning the registered manager led a meeting involving key people from the nursing and care team, kitchen, cleaning, maintenance and activities teams. Plans for the day were discussed and the registered manager updated staff on any significant events including accidents and incidents as well as changes in people's conditions. The registered manager also held regular staff meetings, nurses meetings and management meetings to communicate with and gather feedback from staff. In addition the provider produced a weekly bulletin for staff to update them on organisational news.

A comprehensive range of audits to assess, monitor and improve the quality of the service was in place. These audits included health and safety, care plans and medicines management. The provider also monitored staff training, supervision and appraisal and also checked staff recruitment files to ensure these contained the information required by law. The regional manager and regional directors carried out regular quality assurance visits and actions identified from these were used to improve the service.