

Barchester Healthcare Homes Limited

Wimbledon Beaumont DCA

Inspection report

35 Arterberry Road, Wimbledon,
London, SW20 8AG
Tel: 020 8944 8299
Website: www.barchester.com

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 3 March 2015 and was unannounced. At the last inspection of the service on 17 December 2013 we found the service was meeting the regulations we looked at.

Wimbledon Beaumont DCA provides home care to people living in assisted living apartments. The apartments are based within the grounds of Wimbledon Beaumont, a nursing home run by the same provider. People living in the assisted living apartments live independently but can choose to purchase a care package from the provider, to assist them with their personal care and support if this is needed. This could range from one visit in the morning to a number of calls

during the day. People who use this service have a wide range of health care or medical needs. At the time of the inspection, nine people were using the service to provide them with home care.

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.

People told us they felt safe in their apartments. Staff knew what action to take to ensure people were

Summary of findings

protected if they suspected they were at risk of abuse or harm. Where any risks to people's health, safety and welfare had been identified, there were appropriate plans in place to ensure these were minimised to keep people safe from harm or injury in the home.

There were enough staff to meet the needs of people using the service. The provider ensured appropriate checks were made to ensure they were suitable to care for and support people using the service. They received appropriate training and support to meet people's needs. The registered manager and provider monitored training to ensure staff skills and knowledge were kept up to date. Staff were well supported by the registered manager and other senior staff and were enabled to discuss any issues or concerns they had. They demonstrated a good understanding and awareness of people's needs and how these should be met.

People received their medicines as prescribed and these were stored safely in their homes. Staff monitored people's general health and wellbeing on regular basis. Where they had any issues or concerns about an individual's health, staff ensured they received prompt care and attention from appropriate healthcare professionals such as the GP.

Senior staff were aware of their responsibilities in relation to obtaining people's consent to care and support and ensured people had capacity to make decisions about specific aspects of this. Care plans were in place which were personalised and reflective of people's individual

choices and preferences for how they received care. People were involved in making decisions about their care needs and support needs and able to retain control and independence in how this was provided.

People told us staff were kind and caring. We observed kind and caring interactions between people and staff during our inspection. Staff showed genuine interest and concern in how people were and how they [staff] could assist them.

People said staff ensured their privacy and dignity was respected and maintained. People were encouraged and supported to develop and maintain relationships. People said they were comfortable raising any issues or concerns they had directly with staff and knew how to make a complaint if needed. People were confident that any complaints they made would be dealt with appropriately.

People's views were sought in developing and improving the service. The provider was committed to improving the quality of care people experienced. This was embedded in the vision and values for the service. There was a well-established quality assurance programme which checked care was being provided to an acceptable standard. Where improvements were needed, the registered manager took action to ensure these were made. They encouraged an open and inclusive environment within the home which enabled people, their relatives and staff to speak honestly about their experiences.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Plans were in place to minimise known risks to people to keep them safe from injury and harm. Staff knew how to recognise if people may be at risk of abuse and harm and how to report any concerns they had.

There were enough staff to care for people. Appropriate checks were carried out to ensure staff were suitable to work in the home.

People received their medicines as prescribed and these were stored safely.

Good



Is the service effective?

The service was effective. Staff received regular training and support to ensure they had the knowledge and skills to care for people who used the service.

Senior staff were aware of their responsibilities in relation to obtaining people's consent. They ensured people had capacity to make decisions about specific aspects of their care and support.

Staff supported people to stay healthy and well by monitoring that they ate and drank sufficient amounts. People received prompt access to other healthcare professionals when they needed this.

Good



Is the service caring?

The service was caring. People and their relatives said staff were kind and caring.

Staff ensured people's rights to privacy and dignity were maintained, particularly when receiving care.

Staff supported people to do as much as they could and wanted to do for themselves to retain control and independence over their lives in their home and in the community.

Good



Is the service responsive?

The service was responsive. People were actively involved in planning their care and support.

People's needs were assessed and care plans set out how these should be met by staff. Plans reflected people's individual choices and preferences and focussed on giving people as much independence as possible. These were reviewed regularly by staff.

The service had arrangements in place to deal with people's concerns and complaints in an appropriate way.

Good



Is the service well-led?

The service was well-led. People were asked for their views on how the service could be improved and these were listened to and acted on by the registered manager.

The registered manager carried out regular checks and audits to assess the quality of care people experienced. They took action to remedy any issues they identified through these checks.

The registered manager was subject to robust scrutiny and challenge from the provider and there were clear lines of accountability for ensuring appropriate action was taken to make improvements in the home when these were needed.

Good



Wimbledon Beaumont DCA

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 inspection took place on 3 March 2015 and was unannounced. The inspection team consisted of two inspectors. Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form

that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information about the service such as notifications they are required to submit to CQC.

During our inspection we spoke with three people using the service, two care support workers and the regional director for the service. We looked at records which included three people's care records, five staff files and other records relating to the management of the service. After the inspection we spoke with another regional director and the deputy manager to obtain further information about the service.

Is the service safe?

Our findings

People told us the care they experienced was good and they felt comfortable and at ease with the staff that supported them. Staff had received relevant training in safeguarding adults at risk of abuse. They spoke knowledgeably about their responsibilities for safeguarding the people they cared for, including how to recognise whether a person may be at risk or being abused, and how to report their concerns and to whom. They had access to policies and procedures which set out their responsibilities for reporting their concerns and how they should do this. The registered manager, through staff team meetings, ensured staff were aware of their responsibility to report any concerns they had about the care people received and the steps they should take to do this. Staff were told they could do this anonymously and had been provided with a 24 hour telephone hotline number to report their concerns. Records showed where safeguarding concerns about people had been raised the registered manager had worked with other agencies to make sure people were sufficiently protected.

The risk to people of injury or harm, in their home and in the community, had been assessed and appropriate plans were put in place to minimise identified risks. Records showed staff assessed risks based on people's specific needs and circumstances. These were reviewed monthly. People had been involved in discussions about the risks they faced and able to state their preference about how staff should support them to stay safe. For example in one person's record they had requested staff keep their home free from clutter to minimise the risks to them of falling. There was clear guidance for staff on people's records on how to minimise identified risks to protect people from the risk of injury or harm. Staff had a good understanding of the risks people faced and how they could support them to stay safe.

There were sufficient numbers of staff to keep people safe. People received their care and support at the times that

had been agreed with them. Staffing levels had been planned based on the number of people using the service and their needs. Staff we spoke with had worked at the service for a considerable number of years and knew people and the service well. Staff told us they predominantly worked at the service but on occasion they could be asked to work at the neighbouring Nursing Home to cover gaps. Through our discussion with the regional directors, we were aware there had been a number of staff vacancies over the last 12 months which had now been recruited to and should ensure that consistency is re-established and maintained.

Records showed the provider had robust recruitment procedures in place and had carried out appropriate employment checks on staff regarding their suitability to work in the home. These included obtaining evidence of their identity, right to work in the UK, relevant training and experience, character and work references from former employers and criminal records checks.

People's medicines were managed so that they received them safely. People told us they received their medicines on time and when they needed them. Medicines were stored in lockable cupboards in people's apartments. People had their own medicines administration record (MAR). For each person we saw their record included a photograph of them and a list of known allergies. These had been completed accurately with no errors or omissions and indicated people received their medicines as prescribed. Records showed staff were up to date with training in safe handling and administration of medicines. There were a number of internal audits carried out to make sure any problems with medicines could be identified quickly and rectified. A weekly audit of medicines was carried out by the nurse on duty. Every two months a further check was undertaken by a senior manager from the provider's organisation and a quarterly check was undertaken by the deputy manager.

Is the service effective?

Our findings

People said the care and support they received from the service met their needs. Staff had received appropriate training and support. Records showed the registered manager ensured staff received regular training in topics and subjects which were relevant to their roles. They had monitored training records to ensure staff were up to date with their training and when they were due to attend refresher training to update their skills and knowledge. Staff we spoke with had worked at the service for a long period of time and as such had come to know people well. They confirmed they received regular training to support them in their roles. They also confirmed they had regular meetings and an annual appraisal with their line manager to discuss their work performance, any issues they had and learning and development opportunities. Staff said their manager was approachable and supportive. Records confirmed managers held regular meetings and appraisals with staff on an individual basis. There were also staff team meetings where staff were able to discuss work issues and practices.

Senior staff had received training in relation to the Mental Capacity Act 2005 (MCA). They were aware of their role and responsibilities in relation to obtaining people's consent to care and ensuring people had capacity to make decisions about specific aspects of their care and support. Records showed none of the people using the service lacked capacity to make decisions or consent to the care and support they received. There was clear involvement and discussions with people about the care and support they wanted and the decisions people made about this were documented. People's care and support plans reiterated the need for staff to ensure they sought people's consent before they provided any care or support.

There were arrangements in place to ensure that people using the service were supported to eat and drink sufficient amounts to meet their needs. People in the assisted living apartments lived independently. This meant they were able to shop for themselves and prepare and cook their own meals if they wanted to. If people did not wish to do this they could purchase meals from the neighbouring Nursing Home and have this brought to them at a time of their choosing. Or they could choose to eat their meals at the Nursing Home. We observed jugs of water were placed within easy reach of people in their apartments. Staff checked that meals had been eaten and if they had any concerns about this they reported this to senior staff. The deputy manager said they would review these concerns and check records kept by the service about the individual such as their current weight and any nutritional risks previously identified, and then take an appropriate course of action such as a referral to the individual's GP for further advice and assistance if this was needed.

Staff also documented in people's daily records their observations and notes about people's general health and well-being. They noted any concerns they had about people's current health and the action they had taken as a result such as notifying senior managers for advice and support. People's care records contained detailed information about how people should be supported to stay healthy and well. There was guidance for staff on the signs and symptoms to look for that could indicate that a person may be ill or unwell and for the appropriate course of action to take to ensure people were able to access quickly, the medical care or support they needed.

Is the service caring?

Our findings

People told us staff were kind and caring. One person said, "I wouldn't want to be anywhere else. They are genuine." We observed kind and caring interactions between people and staff during our inspection. People were at ease and comfortable in the presence of staff and it was clear that people and staff all knew each other well. Conversations between people and staff were warm and friendly. Staff took a genuine interest and concern in how people were that day, what their plans were and what they could do to assist.

Prior to using the service, people were provided with detailed information about the service which included the different options for the level of care and support that was available to them if they chose to move into an assisted living apartment. People had been supported to make decisions by staff about the level of care and support they felt they needed. People were free to choose whether they received a care and support package and some people living at the service chose not to receive this as they did not feel it was relevant to them. For people that had chosen to receive care and support from the service, their individual records showed staff discussed the different options that were available to them. People were able to choose which care package was most appropriate for them. It was clear from people's records their views and preferences for how care was provided were listened to and acted on by staff.

People said staff respected their privacy and that they were treated with dignity and respect. People told us staff asked for permission before they carried out any care and when they provided this, it was done respectfully. We observed staff spoke to people respectfully and asked for permission before entering their apartments. In our conversations with staff they were kind, caring and respectful when they spoke about people. We saw staff did not discuss private and confidential information about people in areas where they could be overheard. The service had ensured confidential information about people was stored in locked cupboards in a lockable office in the main Nursing Home. This helped to maintain people's privacy.

People were supported to be as independent as they could be when they received care and support from staff. People's care records showed staff were prompted to ensure that people were encouraged to do as much as they could for themselves so that they retained as much control as possible. For each person using the service the level of dependency varied but where possible people were encouraged to wash, dress and eat as independently as they could with staff supporting them to do so.

People were encouraged to maintain relationships with people that mattered to them. People had regular visitors to their homes and this was encouraged and supported by staff. There were no restrictions placed on visitors.

Is the service responsive?

Our findings

People told us the care and support they received from staff was good. One person said, “Carers are very good, they know what they are doing.” Another person told us, “They know my ways.” People’s care records showed their care and support needs were assessed and used by staff to develop an individualised care plan for them. As part of the assessment process, staff discussed with people their life histories, likes and dislikes and their specific preferences such as who they wanted to provide them with care and when they received care and support from staff. People’s cultural, spiritual and social values were also discussed and people were able to say how they wanted these to be upheld and respected by staff. People had been able to state the level of control and independence they wished to retain when receiving care and support from staff. This information was then used to plan the care and support people wanted.

People’s care and support needs were reviewed with them regularly. People were able to discuss with staff whether the care and support they received continued to meet their specific goals and aspirations. Where any changes were identified to people’s healthcare needs, their records were updated promptly so that staff had access to up to date information about how to support them. For example for one person who had recently recovered from an illness, there was information and guidance for staff on how to support them during their recovery.

Staff supported people to develop and maintain social relationships to reduce the risk to them of social isolation. People were encouraged to take part in a wide range of activities which took place in the neighbouring Nursing Home. These included activities in the home as well as trips out into the community. We saw people were free to visit the home when they wanted. People had developed friendships with some of the people living at the home and staff supported these relationships by providing opportunities for people to sit with each other and chat. Some people using the service chose to eat their meals at the home which staff supported them to do. People said they enjoyed this as it helped them to make friends and socialise with others on a regular basis.

People said they were comfortable raising issues and concerns with staff and knew how to make a complaint about the service. One person said, “There’s very little to complain about but if I had a problem I’d talk to them [staff].” The provider had arrangements in place to respond appropriately to people’s concerns and complaints. People had been provided information about the complaints procedure so that they knew what to do if they wish to make a complaint about the service. The procedure set out how people’s complaint would be dealt with and by whom. We saw a process was in place for the registered manager to log and investigate any complaints received which included recording all actions taken to resolve these. The service had not received any recent formal complaints but from speaking with people they were confident that the registered manager would take any complaints they had seriously and deal with it appropriately.

Is the service well-led?

Our findings

People and their relatives were actively involved in developing the service. They were able to share their views and suggestions in various ways about how the service could be improved. Every year the provider sent people a survey and asked them to rate their satisfaction with the quality of care they experienced. They were also invited to share their suggestions for how the service could be improved. People's responses were analysed by the provider and where areas for improvement for the service were identified, an appropriate action plan was in place to address these. Progress against this plan was monitored by the registered manager and senior managers within the provider's organisation.

Another way people were able to express their views was by participating in a 'dining committee' which had been created to enable people to share their views and suggestions about the meals provided. This was particularly relevant for those people who ate meals cooked and prepared in the neighbouring Nursing Home. We noted from the minutes of the last meeting in November 2014 people had been able to share their views about the quality of meals and senior managers agreed to take action to make improvements. Progress against these actions would be reviewed at the next meeting of the committee.

The registered manager also sent out a regular newsletter to all the people using the service which contained useful information and updates about the service. They used the newsletter to invite people to share and discuss ways the service could be improved and informed people about the different ways they could do this, i.e. through the registered manager's 'open door policy' or more formally through email or by phone.

The registered manager encouraged an open and inclusive environment in which people, their relatives and staff were enabled to speak openly and honestly. People described the staff and management team as approachable. Records showed the registered manager took people's concerns seriously and took appropriate steps to investigate any issues raised. Staff were given opportunities to talk about any work place issues in team meetings and encouraged to question and raise their concerns about any poor practices they observed by reporting these immediately to senior managers, or anonymously through an established

whistleblowing procedure. If staff did not feel comfortable speaking to the management team, contact numbers for senior managers within the provider's organisation were made available so that staff could speak to them in confidence. Following these meetings the registered manager agreed to take action in areas staff felt needed to be improved. These included ensuring vacancies were recruited to promptly, to reduce the burden on existing staff.

The provider had a clear vision and values about what people could expect and experience in terms of the quality of care they received from staff. People were provided with information about their rights to privacy, independence, choice and dignity, as well as the provider's vision, values and mission for how good quality care should be provided by staff. The registered manager was taking action at the time of the inspection to reinforce the vision and values of the service through individual and team meetings with staff so that they were clear about what these were.

The registered manager carried out various checks and audits to monitor the quality of service people experienced. There was a well-established annual quality assurance programme in place in order to do this. Checks of key aspects of the service were carried out including, care records, infection control and medicines management. Following each audit, where any improvements were identified as being needed, action plans were developed for senior managers to address these. It was clear from records of management meetings and from conversations with senior managers, progress against action plans was closely monitored.

There was regular scrutiny and challenge of senior managers. Regional directors carried out a 'Quality First' visit, every two months, which assessed the service against the five questions we always ask in our inspections. This had been recently carried out in February 2015 by a regional director. The registered manager was provided with feedback following this visit and an action plan put in place to make improvements where these were felt necessary. The regional director told us they would be following this action plan up the following month to ensure these had been addressed and the expected outcomes from these had been achieved. The outcomes of audits and

Is the service well-led?

checks were discussed with staff and also at senior management level so that all were aware of what needed to be done to ensure people experienced good quality care through continuous improvement.