

Barchester Healthcare Homes Limited

Wimbledon Beaumont

Inspection report

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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 ●

Summary of findings

Overall summary

About the service

Wimbledon Beaumont is a care home providing personal and nursing care for 40 older people, at the time of the inspection. The service can support up to 49 people. The provider is Barchester Healthcare Homes Limited and the service is situated in the Wimbledon area of south west London.

People's experience of using this service and what we found

People enjoyed living at Wimbledon Beaumont and staff working there. They thought the home was a safe place to live and work in. Risks to people were assessed, enabling them to live safely, whilst enjoying their lives, and taking acceptable risks. The home reported, investigated and recorded accidents and incidents and safeguarding concerns. There were suitable numbers of appropriately recruited staff. Medicines were safely administered.

Well-trained and supervised staff spoke to people in a clear way, that they could understand. People were encouraged, by staff, to discuss their health needs and had access to community-based health care professionals. Staff protected people from nutrition and hydration risks and people were encouraged to choose healthy and balanced diets that also met their likes, dislikes and preferences. The premises were adapted to meet people's needs. Transition between services was based on people's needs and best interests.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The home had a warm, welcoming and friendly atmosphere with staff providing care and support in a way people enjoyed. People did not experience discrimination and had their equality and diversity needs met. The staff we met were caring and compassionate. Positive interactions took place between people, staff and each-other during our visit. Staff observed people's privacy, dignity and confidentiality and encouraged and supported them to be independent. People had access to advocates.

People had their needs assessed and reviewed and received person centred care. They had choices, pursued their interests and hobbies and did not suffer social isolation. People were provided with information, to make decisions and end of life wishes were identified. Complaints were investigated and recorded.

The home had an open, positive and honest culture with transparent management and leadership. There was a clear organisational vision and values. Service quality was frequently reviewed, and areas of responsibility and accountability established. Audits were carried out and records kept up to date. Good community links and working partnerships were established. Registration requirements were met.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection and update

The last rating for this service was requires improvement (published 29 September 2018) and there were multiple breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Wimbledon Beaumont

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Wimbledon Beaumont is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection, the provider completed 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. This information helps support our inspections. We also checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider. We used all of this information to plan our inspection.

During the inspection

We spoke with six people, five relatives, five care staff, and the registered manager. We looked at the personal care and support plans for six people and three staff files. We contacted seven health care

professionals to get their views.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We requested additional evidence to be sent to us after our inspection. This included training matrix, audits and activities. We received the information which was used as part of our inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection there were not sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At this inspection the home employed enough staff to provide care to meet people's needs. Staffing levels, during our visit, matched the rota and enabled people's needs to be met and for them to take part in activities safely.
- The staff recruitment process was thorough, and records demonstrated that it was followed. The process contained scenario-based interview questions to identify prospective staffs' skills and knowledge of providing care and support. References were taken up and Disclosure and Barring Service (DBS) security checks carried out prior to starting in post. There was also a three-month probationary period with a review for junior staff and six-months for seniors.
- Staff received regular supervision, an annual performance review and there were monthly staff meetings.

Using medicines safely

At our last inspection the provider did not ensure the proper and safe administration of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At this inspection medicines were safely administered, regularly audited and appropriately stored and disposed of.
- People's medicine records were fully completed and up to date.
- Staff were trained to administer medicines and this training was regularly updated. If appropriate, people were encouraged and supported to self-administer their medicines.

Systems and processes to safeguard people from the risk of abuse

- People told us, and their relaxed body language indicated that they felt safe. One person told us, "A safe place, no question."
- People were safeguarded by trained staff who knew how to identify abuse, the action to take if encountered and how to raise a safeguarding alert. There was no current safeguarding activity.
- There were provider safeguarding and abuse policies and procedures.

- Staff advised people how to keep safe and recorded areas of individual concerns in their files.
- General risk assessments, for the home, were regularly reviewed and updated. This included equipment used to support people which was serviced and maintained. There were clear fire safety plans for staff about what to do in the event of an emergency. Fire drills were held regularly.
- Monthly staff workshops took place that included sessions on safeguarding, infection control, 'safe to be me' guidance, regarding Lesbian Gay Bisexual Transgender (LGBT) needs of people and dignity in care that the home had signed up to.

Assessing risk, safety monitoring and management

- Risks were appropriately assessed, and measures put in place to minimise risks, with clear directions for staff. This included all aspects of people's health, daily living and social activities which were regularly reviewed and updated as people's needs and interests changed.
- People who displayed behaviours that challenged, at times had clear records of incidents and plans in place to reduce these. Records showed that action was taken, and the advice of specialist professionals sought when these occurred. A staff handover was completed including a person by person break-down.
- Staff checked on people frequently to ensure they were safe, during our visit.

Preventing and controlling infection

- Staff work practices reflected that they had infection control and food hygiene training. The premises were clean. We observed staff wearing appropriate personal protective equipment (PPE) when supporting people and washing their hands using recognised techniques.
- Bi-annual infection control audits took place.

Learning lessons when things go wrong

- The home maintained accident and incident records and there was a whistle-blowing procedure that staff said they would be comfortable using. The incidents were analysed to look at ways of preventing them from happening again.
- People who were assessed as being at high risk of falls or choking had clear plans in place to reduce the likelihood of these incidents. Falls were recorded in a falls diary and the registered manager analysed these to look for patterns and trends.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the care and treatment of people was not provided with the consent of the relevant person. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At this inspection consent to treatment of relevant persons was obtained.
- Staff we spoke with understood their responsibilities regarding the MCA and DoLS.
- 16 people had up to date DoLS authorisations in place and two were awaiting outcomes.
- Mental capacity assessments and reviews took place as required.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before a new person moved in, if there was a commissioning body, it was required to provide the home with assessment information and information was also requested from any previous placements. The home, person and relatives together carried out a pre-admission needs assessment. The speed of the pre-admission assessment and transition was at a pace that suited the person, their needs and which they were comfortable with.
- People visited the home as many times as they wished, before deciding if they wanted to move in. They were able to share meals, to help them decide. During these visits, assessment information was added to.
- The home provided easily understandable written information for people and their families.
- People had moved into the home, having previously received respite care.

Staff support: induction, training, skills and experience

- Staff supported people in a way that met their needs effectively. This was enabled by the induction and mandatory training staff received. A staff member told us, "The training is such that we can deal with difficult situations."
- New members of the team shadowed more experienced staff as part of their induction. This improved their knowledge of people living at the home, their routines and preferences.
- The induction was based on the Skills for Care 'Common induction standards. These form part of the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors.
- The training matrix identified when mandatory training was required to be refreshed. There was specialist training specific to the home and people's individual needs, with detailed guidance and plans. The specialist training included dysphagia and choking.
- Staff were trained in de-escalation techniques to appropriately deal with situations where people may display behaviour that others could interpret as challenging.

Supporting people to eat and drink enough to maintain a balanced diet

- People had care plans that included health, nutrition, diet information and health action plans. There were nutritional assessments and fluid charts that were completed and regularly updated. Nutrition and hydration audits took place quarterly.
- Staff observed and recorded the type of meals people received, to encourage a healthy diet and make sure people were eating properly. Meals accommodated people's activities, their preferences and they chose if they wished to eat with each other or on their own.
- Whilst encouraging healthy eating, staff made sure people had meals they enjoyed. One person told us, "I love the food."
- Staff frequently went around with drinks, as the weather was very hot, to make sure people stayed hydrated.

Staff working with other agencies to provide consistent, effective, timely care

- Staff cultivated solid working relationships with external health care professionals such as GPs, speech and language and physio therapists.
- The home provided written information and staff accompanied people on health and hospital visits, as required.

Adapting service, design, decoration to meet people's needs

- The home was appropriately adapted and equipment provided was regularly checked and serviced to meet people's needs. People could bring items of furniture with them, provided it would fit into their private accommodation.

Supporting people to live healthier lives, access healthcare services and support

- People received annual health checks and referrals were made to relevant health services, when required.
- Everyone was registered with a GP, either the one retained by the home or their own. A GP surgery was retained with a doctor visiting at least once a week, or as required. People had access to community-based health care professionals such as dentists, chiropodists and speech and language and physio therapists.
- Health care professionals did not raise any concerns about the quality of the service provided.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People enjoyed and were relaxed in the company of staff and each other. This was reflected in their positive body language. There was much laughter shared between everyone, during our visit. One person said, "They go the extra mile." A relative said, "Staff are so brilliant with [person]."
- People did as they wished with staff support. One relative told us, "I always feel comfortable leaving [person] here. Everyone here is so friendly and there is a comfortable feel that helps [person]."

People felt respected and relatives said staff treated people with kindness, dignity and respect

- Staff were passionate and committed about the care they provided and people they provided it for. This was delivered in an empowering and thoughtful way. A relative said, "Absolutely wonderful. Everyone from the cleaner up always greets people and says hello." Another relative told us, "We are so lucky to have [person] there now. The care and attention she gets is second to none. The place is kept spotless and the care givers are truly passionate and professional about what they do. Overall the home is a very special place to entrust a much-loved parent with dementia."
- Staff received equality and diversity training that enabled them to treat people equally and fairly whilst recognizing and respecting their differences. This was reflected in inclusive staff care practices with no one being left out. Staff treated people as adults, did not talk down to them and people were treated respectfully, equally and as equals.
- Staff were trained to respect people's rights and be treated with dignity and respect. They provided support accordingly, in an enjoyable environment. This was reflected by staff practices throughout our visit with caring, patient and friendly support provided that respected people's privacy.

Supporting people to express their views and be involved in making decisions about their care

- During our visit people came and went, as they pleased, attending various activities including poetry and music sessions. These were very well attended. A relative said, "[person] has an exercise routine to become mobile again. Sometimes he joins in, sometimes he doesn't. This depends on what he feels like."

Respecting and promoting people's privacy, dignity and independence

- Staff's knowledge of people meant they were able to understand what words and gestures meant and people could understand them. This enabled them to support people appropriately, without compromising their dignity, for example if they needed the toilet. They were also aware this was someone's home and they must act accordingly.
- The home had a confidentiality policy and procedure that staff understood and followed. Confidentiality

was included in induction and on-going training and contained in the staff handbook.

- There was a visitor's policy which stated that visitors were welcome at any time with the agreement of people. Relatives said they were made welcome and treated with courtesy. This was what we found when we visited.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff supported people to make their own decisions regarding their care, how it was delivered and activities they did. Staff checked that people understood what they were saying, the choices available to them and that they understood people's responses. Staff asked what people wanted to do, where they wanted to go and who with. One person said, "They know me, full marks." Another person told us, "Nothing but positive. I mention something, and it is done."
- People's needs, and wishes were met by staff, in a timely fashion and in a way that people liked and were comfortable with.
- People's care plans were individualised, and recorded their interests, hobbies and health and life skill needs, as well as their wishes and aspirations and the support required to achieve them.
- People's care and support needs were regularly reviewed, re-assessed with them and their relatives and updated to meet their changing needs with fresh objectives set. People were encouraged to take ownership of the care plans and contribute to them, as much or as little as they wished.
- The registered manager and staff made themselves available to discuss any wishes or concerns people and their relatives might have. People's positive responses reflected the appropriateness of the support they received. A relative told us, "The [registered] manager is a force for good. Kind and considerate and this permeates into the attitude of the whole home." Another relative said, "If anything happens we are phoned immediately."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The AIS was being followed by the organisation, home and staff with clear information available to make it easier for people to understand. Staff communicated clearly with people which enabled them to understand what they meant and were saying. People were also given the opportunity to respond at their own speed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had individual and group activities, at home and in the community. They included, newspaper review, morning stroll with friends, keep fit, pre-lunch sherry, outside entertainers, documentaries and shopping trips. There was a visit from local children planned, for afternoon tea and a tour of Wimbledon.

One person told us, "More than enough to do. You choose if you want to join in or not."

- People were encouraged to keep in contact with friends and relatives. People regularly received visits from friends and relatives and were encouraged to keep in contact as much as they wished.
- People made good use of shops, in Wimbledon and were well known in the community. There was also a visiting hairdresser and fully equipped salon, similar to one you would find in a high street. One relative told us, "The home is re-introducing [person] to people he used to know in the local community."
- People and their relatives received a weekly activities programme.
- The activities co-ordinators had devised an ongoing arts therapy group report that identified outcomes for people regarding their engagement, communication and discussion, required emotional and psychological support and sharing life histories through poetry, dance and music.

Improving care quality in response to complaints or concerns

- People did not comment on the complaint's procedure. Relatives said they were aware of the complaints procedure and how to use it. A relative told us, "Such a turnaround, no complaints." The complaints procedure was readily available and easy to understand. There was a robust system for logging, recording and investigating complaints.

End of life care and support

- Whilst the service did not provide end of life care, people were supported to stay in their own home for as long as their needs could be met with assistance from community based palliative care services, as required. End of life wishes were recorded in people's care plans.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
Continuous learning and improving care

At our last inspection the provider did not operate effective systems to assess, monitor and improve the quality and safety of the services provided, nor seek and act on feedback from relevant persons. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At this inspection the home and organisation's quality assurance systems were robust and contained performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was accomplishing or exceeding targets.
- Audits were carried out by the registered manager and the internal quality team. They were up to date. There was also an audit action plan.
- The regional director visited monthly and checked clinical governance as part of their review.
- Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.
- The home's previous rating was displayed and available on the organisation's website.
- The registered manager conducted a series of spot checks on night staff, looking at fire safety, positioning and staffing. One had taken place on the night before the inspection and the registered manager was onsite when we arrived. There was a daily heads of department meeting where risks, concerns, upcoming events and good practice were shared and then cascaded down to staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The home had an open and positive culture. This was due to the contribution and attitude of the staff who listened to people and acted upon their wishes. One person said, "They encourage you to try different things." The registered manager had an open-door policy. One person told us, "Everything is organised, what an amazing difference." A staff member said, "The [registered] manager is approachable, listens and we have regained our passion for the job. We want to make people happy."
- The organisation's vision and values were clearly set out and understood by staff. They were explained during induction training and revisited at staff meetings.
- Staff reflected the organisation's stated vision and values as they went about their duties. There were clear

lines of communication and specific areas of responsibility, regarding record keeping.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics Working in partnership with others

- The home built close links with services, such as speech and language therapists, GP and other health care professionals. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere. One healthcare professional said, "I would be happy to place my parents there."
- The home had built up solid links with community organisations such as churches and other places of religious worship, libraries, volunteers and a women in business network.
- The home held meetings for people and their relatives and questionnaires were sent out. These included meeting the chef to discuss menus. Staff also received questionnaires.
- The home had introduced a weekly 'Don't Dine Alone' event where elderly people from the local community were invited to an afternoon of activities, and afternoon tea, to tackle loneliness
- The home had an employee of the month award, that recognised staff hard work and good conduct.