

# Barchester Healthcare Homes Limited

# The Epsom Beaumont

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

The Epsom Beaumont is a care home providing nursing and personal care for up to 55 people in one adapted building. At the time of the inspection there were 45 people living in the home with a variety of care needs and some people who were also living with dementia.

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

People felt safe living at the home. Staff knew how to safely support people and understood what they needed to do if they thought someone was at risk of harm. Risks to people were appropriately assessed and managed to reduce the risk of harm to people.

Care was provided by a sufficient number of staff who understood people's needs and wishes. Staff received training to help them carry out their roles and were supported by an experienced and skilled management team.

People were supported with their medicines and these were appropriately monitored. The home was kept clean and tidy. People were protected from infections and staff were observed carrying out effective infection control procedures. The service continually looked for opportunities to learn and improve to provide care of a high standard.

The registered manager had good oversight of the service and people spoke positively about how the home was run. People felt able to raise concerns and were confident that action would be taken. The service had good working relationships with other healthcare professionals to ensure the best outcomes were achieved for people.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection -

The last rating for this service was Good (published 1 August 2017). The service remains Good.

### Why we inspected

The inspection was prompted in part due to concerns received about staffing levels. A decision was made for us to inspect and examine those risks.

We received concerns in relation to staffing levels. As a result, we undertook a focused inspection to review

the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has remained Good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-Led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Epsom Beaumont on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?

Good ●

The service was safe.  
Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.  
Details are in our well-Led findings below.

# The Epsom 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

The Epsom 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. We used all of this information to plan our inspection.

During the inspection-

We spoke with six people who lived at the service and four visitors about their experience of the care provided. We spoke with four members of staff including the registered manager, nurses, care workers and activity co-ordinator. We reviewed four care files, the staffing rotas, records to determine staffing levels, accident and incident records, quality assurance records and medicine records. 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 continued to seek clarification from the provider to validate evidence found.

# 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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One person told us, "I'm not worried about my security." A relative told us, "He's safe and well looked after".
- Staff received training in safeguarding and understood the different types of abuse and their responsibility to report any concerns. One staff member told us, "I would write a report and let the manager know. If needed I would go to the safeguarding team".
- The registered manager appropriately reported concerns to the safeguarding team and kept a log of any safeguarding incidences that had happened.

Assessing risk, safety monitoring and management

- Risks to people were appropriately assessed and monitored. People had detailed and personalised care plans and risk assessments that were reviewed monthly or if something changed.
- One person was at high risk of developing pressure damage to their skin. A risk assessment was in place with guidance for staff on how to reduce this risk. The person had developed pressure damage and an analysis was completed to identify how this had occurred and what could be learnt.
- Another person had risks associated with their mental health. A detailed risk assessment was in place to support the person. This included practical steps for staff to take to mitigate risk such as giving consideration to the environment and how the person was monitored.

Staffing and recruitment

- People told us that staff responded to them in a timely way. One person said "Most of the time staff come quickly when I press my bell". A relative said that they felt staff were very responsive. One relative told us "The staff are exceptional and I appreciate the consistency of staff".
- We observed staff carrying out their roles in a timely way. One staff member told us, "We work as a team, it's not a problem. We work in pairs, even if your partner is on their break you can ask the nurse, someone is always willing to help you."
- Staff told us they had time to spend with people. One staff member said, "The carers are busy but they manage to spend time with people and talk to them, they will help do a quiz or knitting with people."
- Staffing levels were determined by assessing peoples needs and adapting the number of staff on duty. People's needs were assessed monthly to ensure any change in need was identified and staff were recruited to support them.
- The service used permanent staff members and maintained their staffing levels in line with the assessed

needs of the people living in the home.

- Staffing rotas were prepared four weeks in advance and daily allocations of staff were displayed. The staffing allocation was clear and supported staff to understand their roles for the day with reminders of specific tasks that needs to be undertaken such as filling out documentation.

#### Using medicines safely

- People received their medicines on time and were supported by suitably trained staff members. Medicines were stored safely in locked cabinets and Medication Administration Records (MAR) were clear with no gaps in recording.
  - Some people had medicines that needed to be taken at the same time every day. There was clear guidance for staff around this specific medicine and we could see that this was being given correctly.
  - People had individual protocols in place to guide staff when and how to give specific medicines as they were required. The protocols outlined individual preferences and needs of the person to support them with their medicines.
  - Medicine administration was reviewed daily by staff. A sample of five MAR would be checked each day to ensure all medicines had been correctly given and signed for. This helped to ensure medicines were being safely administered.

#### Preventing and controlling infection

- 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 somewhat assured that the provider was using PPE effectively and safely. Staff did not always wear their face masks correctly. We addressed this with the registered manager who told us they would address this immediately. After the inspection, the registered manager told us that refresher training on the correct usage of PPE had been delivered to all staff and the monitoring of the correct use of PPE had been increased. The registered manager also told us that they would be carrying out reflective supervisions with staff in relation to the usage of PPE.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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 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.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and the registered manager detailed were action had been taken. These actions were then shared in team meetings with the staff for learning and improvement.
- One person had experienced an unwitnessed fall. A 'lessons learned' investigation was carried out by the manager which included a review of what was already in place and what additional actions could be implemented. The person was referred to the GP and their medication was reviewed to mitigate the risk of future falls.
- The registered manager completed case studies of incidences that took place in the service to support ongoing learning. One case study that was completed looked at nutrition and people's weights. This enabled the registered manager to share with the staff practice that had worked well and give opportunity for new ideas to be developed.



# 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 Good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People felt the service was a positive place to live. One person told us, "They're all so kind. If you want to talk to [the registered manager] he will talk to you."
- Staff told us that there was an open culture within the service. One staff member said, "The atmosphere is good. We all get along and we all help each other."
- During the inspection, we saw staff members working well together and we saw positive interactions between the registered manager and team.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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

- Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. We found this had been happening when necessary.
- When there was an incident, relatives were made aware. One relative told us, "They always ring us, whether there's been a change with food or she's been started on antibiotics".
- There was a clear staffing structure and staff knew who to report to. Staff told us, "The manager is very responsive, no matter what time you contact him. He's available to any staff member, he has time for everyone."
- The management team undertook audits to review the quality of care being provided. They completed daily 'walk around' checks to ensure a high standard of care was being maintained. There was also a weekly clinical meeting where people's health needs were discussed and any actions required were clearly documented.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff said the registered manager was approachable. One staff member said, "The management is very available, they are experienced."
- Regular staff meetings were held. The registered manager also held a monthly optional meeting where

staff could choose to come and speak with him individually about anything they wanted to.

- There were regular resident and relatives' meetings. After the meetings were held, the actions taken were shared with people through displaying the information on a 'you said, we did' document that was circulated and displayed on notice boards in the home. This gave a clear representation of how people's feedback was used to implement change in the service.

Working in partnership with others

- The service had good working relationships with other healthcare professionals. We could see evidence of communications and working together between the service and other professionals in people's care notes to support people to have good health.