

Barchester Healthcare Homes Limited

Wimbledon Beaumont DCA

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

This inspection took place on 27 June 2017 and was unannounced. At the last inspection in March 2015 we found the service was rated 'Good' in all key questions and overall.

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 used this service had a range needs. At the time of the inspection, four people were using the service to provide them with personal 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.

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

People were supported by staff who received training in safeguarding people from abuse. The provider had robust procedures to recruit only staff who were suitable to work with people, although there had been no new staff recruited since our last inspection. Staff managed people's medicines safely. The provider managed risks to people well.

Staff received training, supervision and annual appraisal to support them to understand and meet people's needs. Staff understood their responsibilities under the Mental Capacity Act 2005 to help ensure people's rights were protected. People received food and drink according to their preferences and dietary requirements.

People were supported by staff who were kind and caring and treated them with dignity and respect. People were involved in their care and staff knew people's needs and preferences well. Staff supported people to maintain their independence.

A range of activities were available to people according to their interests. The provider ensured information in people's care plans was accurate as they were regularly reviewed. This meant they were reliable to staff to follow when caring for people. The provider involved people in their care reviews. A suitable complaints process was in place and people were confident any complaints they made would be investigated properly.

The service was well led and the registered manager and staff understood their roles and responsibilities. The provider encouraged open communication with people 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?

The service remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

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 was a comprehensive inspection. The inspection took place on 27 June 2017 and was unannounced. The inspection was carried out by a single inspector.

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 three people who used the service, the registered manager, the matron, one senior care worker, the activities leader and a housekeeper. We looked at a range of records including three people's care plans and other records relating to the management of the home including medicines records.

Is the service safe?

Our findings

People told us staff made them feel safe. One person told us, "Yes I do feel safe. I have a call bell" Staff understood how to keep people safe from abuse and neglect and received regular training relating to this. 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 a person was being abused.

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. We did not check recruitment practices as the provider had not taken on any new staff to work at this service since our last inspection.

People told us there were enough staff to work with people, although one person said they sometimes had to wait slightly longer than usual in mornings as staff were busy supporting other people. Rotas showed one staff member was allocated to work with people using the service and the registered manager told us staffing would be increased if the needs of people using the service changed or if more people began using the service.

Staff managed people's medicines safely. One person told us, "I have one tablet twice a day. I get those". Medicines records showed medicines administration was recorded in line with best practice. Staff confirmed they received regular training and competency assessments regarding medicines management.

The provider managed risks to individuals well. Risks were assessed and suitable management plans put in place to mitigate the risks people may face. This included risks relating to medicines, including people who chose to self-administer medicines, moving and handling and fire safety. People told us staff supported them safely. One person said, "If they do what I tell them [in relation to supporting me to transfer] it's ok. Once they're used to you it's fine."

Is the service effective?

Our findings

People were supported by staff who received a range of suitable training with regular supervision and annual appraisal. Staff felt well supported by the provider. All staff enrolled in mandatory training which included dementia awareness, moving and handling, safeguarding and fire safety. Staff confirmed additional training was provided for staff relevant to their role, including diplomas in health and social care for care workers and activities training for the activities team, including activities for people with dementia. Staff told us the quality of training was good.

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 discussion with staff showed they understood their responsibilities in relation to the MCA code of practice. People were all able to give consent to personal care. Staff understood how to make decisions in people's best interests if people lost capacity to make decisions in the future. One senior care worker said, "We respect people's choices even if we don't think it's a good idea."

One person said, "I come to lunch [in Wimbledon Beaumont] two to three times a week. It's usually pretty good." People had the option of eating food in the dining area of Wimbledon Beaumont, if they did not want to prepare their own meals. People told us they were usually provided with refreshments by staff when they spent time in Wimbledon Beaumont for example when they took part in activities in the care home. Staff understood how to prepare people's food according to their preferences and to reduce the risk of them choking.

Staff were aware of people's healthcare needs and this information was clearly recorded in people's care plans for staff to refer to. Staff were available to support people to access healthcare services if people required this type of support.

Is the service caring?

Our findings

People told us staff were kind and caring. One person said, "The staff are very nice...they are kind and they respect you." Another person said, "Staff never rush us." Staff spoke about people with compassion and told us they had stayed for many years to work at the service because they enjoyed caring for the people so much.

People told us staff treated them with dignity and respect and respected their privacy. One person said, "They are respectful." Staff spoke to us about people in a respectful manner and staff referred to people in their care plans and daily care records respectfully. People could see a hairdresser, who visited Wimbledon Beaumont several times a week, to support them with their personal appearance.

People told us they had developed good relationships with staff and staff knew their preferences. One person told us, "You get to know [staff] quite well. I usually have the same staff [caring for me each day]." Our discussions with staff showed they knew people, including their backgrounds, and understood their needs well.

People were supported to maintain their independence as their care plans set out where they needed support and what tasks they could do themselves which staff should not support them with unless requested. One person told us, "[Staff] don't do more than they should." In addition the activities leader arranged a weekly trip to support some people to carry out their food shopping while others preferred to do their shopping independently. People were involved in decisions regarding their care and their care plans were based on their views as to the care they required and how they would like to receive their care.

Is the service responsive?

Our findings

One person told us, "Merton library service visit but I like to read books on my Kindle." They also said, "I get a list of activities every week and I can participate in any." The activities team provided a range of activities people were interested in and they could join other people in the lounge of Wimbledon Beaumont. Activities included scrabble, word games, singing, puzzles and arts and crafts. People were also invited to take a small plot of land at Wimbledon Beaumont to garden. In addition people were also welcomed to join the weekly trips to local places of interest. The activities leader held a weekly pre-lunch sherry for the people using this service which people enjoyed and used as an opportunity to maintain social connections.

People's care plans were 'person-centred' and focused on people's individual needs. People's care plans contained accurate information about them and the provider updated them as people's needs changed so they were reliable for staff to use in providing care to individual. People told us they were involved in the review process. When a person's regular family carer suddenly became unavailable, the provider offered them an increased care package of full time care in the adjoining care home which they agreed to. As soon as their regular family carer returned they returned to their flat and their care package returned to usual. The family carer told us the support provided during this difficult time was excellent and very responsive to the sudden change in the person's needs. Care plans included information about people's personal history, individual preferences, interests and plans and concerns about the future to inform staff. Staff received training in equality and diversity and understood people's needs in relation to their age and their disabilities well. People told us staff were responsive to their needs and "come straight away" when they rang their call bells.

One person told us, "I would have no issue complaining [if I had any concerns]. I like the registered manager and he is always around." The registered manager told us they had not received any complaints in the past year. However, people were aware of who to complain to and they had confidence the registered manager would respond appropriately if they chose to complain.

Is the service well-led?

Our findings

People and staff described the registered manager positively and told us the service was well-led. One person said, "People like [the registered manager]." Our inspection findings showed the registered manager understood their role and responsibilities well, as did staff. The registered manager was well supported by other members of the management team, as well as the regional manager who visited the service regularly. People were supported by staff who enjoyed their work and felt motivated.

The registered manager encouraged open communication with staff, people and their relatives. One person told us, "We recently had a meeting [for people using the service] and they asked us about food [and other issues]. It was useful." The provider also gathered feedback anonymously via an independent organisation each year. The most recent survey conducted between October 2016 and January 2017 reflected an overall satisfaction of 97% of people using the service compared to 88% satisfaction for people in similar care services. Each morning the registered manager led a meeting involving care workers for this service and other key staff working at Wimbledon Beaumont. 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 to communicate with and gather feedback from staff. In addition the provider produced a weekly bulletin for staff to update them on organisational news and good practice.

A comprehensive range of audits to assess, monitor and improve the quality of the service was in place. These audits included environmental safety, care plans and medicines management. The provider also monitored staff training, supervision and appraisal and also checked staff recruitment files 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 to ensure people received quality care.