

3A Care (Surrey) Ltd

# Beauchamp Court

## Inspection report

18 Beauchamp Road  
East Molesey  
Surrey  
KT8 0PA

Tel: 02087830444

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Beauchamp Court is a residential care home providing accommodation and personal care for a maximum of 19 older people, including people living with dementia. There were 16 people living at the home at the time of our inspection. Accommodation is provided over 3 floors in one adapted building.

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

Risk assessments did not encompass all areas in which there may have been risks to people's safety and well-being. This meant some risks people faced may not have been identified or plans put in place to mitigate them.

People's care plans did not encompass all relevant areas of their lives. For example, there were no care plans in place in relation to communication needs or about the care people wished to receive towards the end of their lives. This meant there were some important aspects of people's lives in which there was no guidance for staff about the care people needed.

People felt safe when staff provided their care. People told us they received their care from regular staff, which was important to them.

Accidents and incidents were recorded and reviewed by the manager to identify themes and any actions needed to minimise the risk of a similar incident happening again.

Staff kept the home clean and people were protected from the risk of infection. Medicines were managed safely.

There were enough staff on each shift to keep people safe and meet their needs. Staff were recruited safely and understood their role in safeguarding people from abuse.

Staff monitored people's health and supported people to access healthcare services when they needed them.

Staff had access to the training and support they needed for their roles. Staff supported one another effectively and worked well as a team.

Staff were kind and caring and treated people with respect. They encouraged people to make choices about their care and respected their decisions. People were supported to be independent where this was important to them.

People's care was designed and planned to meet their individual needs. 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.

People enjoyed the food at the home and had input into the development of the menu. People's specific dietary needs were met. People had access to in-house and external activities.

The manager provided good leadership for staff and communicated effectively with people, their family members and professionals. Staff were positive about their roles and felt valued for the work they did.

The views of people who lived at the home, their family members and staff were listened to and acted upon. People and their family members felt able to raise any concerns they had and were confident these would receive an appropriate response.

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 legal entity of the registered provider has changed since the last inspection. The service was registered under the new legal entity on 23 February 2022. The last rating for the service under the previous provider was good, published on 21 June 2018.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Beauchamp Court

## 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 Health and Social Care Act 2008.

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

The inspection was carried out by 1 inspector.

#### Service and service type

Beauchamp Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Beauchamp Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

There was not a registered manager in place at the time of our inspection. The manager had previously been registered with CQC but had left their post in October 2022 and cancelled their registration. The manager who replaced them had left before becoming registered with CQC. A new manager was due to start on 11 April 2023. The previous registered manager had rejoined the home to provide management cover until the new manager started.

#### Notice of inspection

The first day of the inspection was unannounced. The second day of the inspection was announced.

#### Before the inspection

We reviewed information we had received about the service since the last inspection, including notifications of significant events. We reviewed monitoring activity we had carried out in October 2022, which included speaking with the manager, and feedback forms completed by relatives as part of this monitoring activity. We used the information the provider sent us in the provider information return (PIR) on 6 February 2023. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 5 people who lived at the home and 4 friends and family members. We spoke with the manager, 2 team leaders, 3 care staff, and the cook.

We looked at care records for 3 people, including their assessments, care plans and risk assessments. We checked 3 staff recruitment files, health and safety records, meeting minutes, records of complaints and accidents and incidents, and the arrangements for managing medicines.

# Is the service safe?

## Our findings

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

This was the first inspection of the service under the provider's new legal entity. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments did not address all areas in which there may have been risks to people's safety and well-being. We found evidence of risk assessments in relation to falls and nutrition but none in relation to areas such as continence, medicines, moving and handling, or skin integrity. This meant risks people faced may not have been identified or plans put in place to mitigate the risk.
- Guidance issued by the National Institute for Health and Care Excellence (NICE) recommends the use of a validated assessment scale, such as the Braden scale or the Waterlow score, when assessing people's risk of developing pressure ulcers. This had not been carried out and 1 person had developed pressure ulcers, which led to the local authority carrying out a safeguarding enquiry.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt safe when staff provided their care. One person said staff maintained their safety when mobilising, telling us, "They say to me, 'Don't worry, we won't let you fall', and they never have. They are very good like that."
- If accidents or incidents occurred, staff recorded the circumstances and factors that may have contributed to the event. The manager reviewed individual incidents and to identify any emerging themes.
- There was evidence that learning took place when incidents occurred. For example, after a person had a fall in their room, a sensor mat was installed which would alert staff if the person got out of bed.
- There was a fire risk assessment in place and a fire engineer had recently checked and serviced the home's fire alarm and emergency lighting systems. Staff carried out fire safety checks regularly and a personal emergency evacuation plan had been developed for each person.

Staffing and recruitment

- People told us staff were available when they needed them. They said they did not have to wait when they needed care or support, which was confirmed by our observations. One person told us, "There is always someone around if I need them."
- The home had a stable staff team and did not need to use agency staff. Staff told us they worked together to cover any vacant shifts due to holidays or sickness. A member of staff told us, "We never use agency. If someone is sick, they call and we come in."
- The provider's recruitment procedures helped ensure only suitable staff were employed. Prospective staff had to submit an application form and to attend a face-to-face interview. The provider obtained proof of

identity and address, references and a Disclosure and Barring Service (DBS) check in respect of staff. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

#### Systems and processes to safeguard people from the risk of abuse

- Staff attended safeguarding training and understood their responsibilities in protecting people from abuse. One member of staff told us, "We have all had the safeguarding training. It is about protecting people from harm so they will be safe. We have to report if we see anything wrong."
- Staff were able to describe the signs of potential abuse and the action they would take if they observed these, including escalating concerns to external agencies if necessary. One member of staff said, "I would report to the senior or the manager first. If they do nothing, we can call the safeguarding people or I can go to CQC."
- When safeguarding enquiries had taken place, the provider had cooperated with the local authority in investigating these and providing any information requested. Following the investigations, the local authority had closed the safeguarding enquiries, having found no evidence of abuse or neglect.

#### Using medicines safely

- Medicines were managed safely. People told us staff helped them take their medicines when they needed them and family members confirmed their loved ones were supported to take their medicines as prescribed.
- Staff who administered medicines received appropriate training and their practice was assessed before they were signed off as competent. Staff who administered medicines during our inspection demonstrated good practice.
- There were safe and effective systems for the storage, administration and disposal of medicines. The sample of administration records we checked were up-to-date and accurate. Medicines were audited regularly and confirmed that staff managed medicines safely.

#### 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 assured that the provider was using PPE effectively and safely.
- 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.

#### Visiting in care homes

- The provider had followed government guidance regarding visiting during the COVID-19 pandemic. Since the relaxation of restrictions, people told us their friends and families could visit whenever they wished.



# 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

This was the first inspection of the service under the provider's new legal entity. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received the training and support they needed to carry out their roles. Staff completed both online and face-to-face training in areas including moving and handling, health and safety, and nutrition and hydration.
- Staff had access to one-to-one supervision sessions with the manager, which provided opportunities to discuss their performance, training needs and professional development.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People told us they were supported to maintain good health and to access healthcare services when they needed them. One person told us, "One of the girls took me to the surgery when I had pain in my shoulders."
- Family members confirmed staff acted promptly to obtain medical advice if their loved ones became unwell. One family member said, "When [loved one] had a pain, they rang the surgery and the paramedic came out to see her."
- A family member said they had told staff they wished to accompany their loved one to any healthcare appointments. The family member told us staff notified them about any forthcoming appointments so they could make arrangements to attend with their loved one.
- Some people received ongoing input from healthcare professionals to maintain their health. For example, regular visits from district nurses to monitor their skin integrity.
- People were supported to maintain good oral health. A community dentist visited the home to carry out annual check-ups, and a dental hygienist also visited the home regularly.

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

- People told us they enjoyed the food at the home. They said their contributions to the menu were welcomed and that they could have alternatives to the menu if they wished. One person told us, "They do their best to give us a balanced meal and there is always a choice. There is usually something I like [on the menu], but they will always make you something else." Another person said, "It's up to me what I have, really. If it's something I don't like [on the menu], they will offer me soup or a sandwich or scrambled egg; something I like."
- Family members confirmed their loved ones liked the food and said they were able to join their family members for meals. One relative told us, "The food is very tasty, and there is always a choice. It always looks appetising."
- People were encouraged to join others in the dining room at lunchtime but their choice was respected if they preferred to eat in their room. Staff offered people a choice of meals and checked they were happy with

the option they had chosen when it arrived. People who needed support to eat were assisted by staff in a dignified and unhurried way.

- Some people had been assessed by speech and language therapists as needing texture-modified diets. There was guidance in place for staff about the texture of food and fluids people needed to ensure they ate and drank safely.

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

- People's needs were assessed before they moved to the home to ensure staff could provide their care. Assessments addressed areas including mobility, nutrition, continence, and oral health. People and their family members said they had been encouraged to contribute their views to the assessment process.

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

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's care was provided in line with the MCA. People told us staff asked for their consent before providing their care. One person said, "They are very good, they will always let me know what they are doing and check I am okay with it."
  - Staff had received training in the MCA and understood how its principles applied in their work.
  - Mental capacity assessments had been carried out to establish whether people were able to make informed decisions about their care, for example in relation to taking their medicines and taking part in COVID-19 testing. Where people were not able to make informed decisions, appropriate procedures had been followed to ensure decisions were made in their best interests.
- Applications for DoLS authorisations had been submitted to the local authority if people were subject to restrictions for their own safety, for example key coded doors.

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

- The home had been adapted to meet the needs of older people, including the installation of mobility aids and a lift which provided access to all floors.
- The home's communal areas included a lounge, dining area and conservatory, and people had access to outdoor space including an enclosed courtyard and a lawned garden.
- People were able to personalise their rooms according to their preferences and to bring items of furniture if they wished.

# 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

This was the first inspection of the service under the provider's new legal entity. This key question has been rated good. 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; equality and diversity

- People told us staff were kind and caring. One person said, "They are all good. They are very friendly, they will go out of their way to help you." Another person told us, "They are always cheerful, always helpful."
- Family members spoke highly of the staff who provided their loved ones' care. One family member told us, "I am very pleased with the care [my loved one] is getting. The carers are lovely." A family member commented on a feedback form, 'They are very welcoming and friendly and seem to have a lovely, gentle rapport with their clients.'
- Family members said their loved ones had developed positive relationships with the staff who supported them. One family member told us, "[Loved one] knows all the staff and they are all very nice to her. I can see her face light up when they come in." Another family member said, "[Loved one] is very well looked after. The staff seem very attentive. They make a fuss of her."
- People told us there was a friendly atmosphere at the home that they enjoyed. One person said, "I am happy here. Everyone seems to get on." Another person told us what they liked most about the home was, "The friendliness."
- Family members said their loved ones had been given good support to settle in and feel comfortable when they moved into the home. A family member commented on a feedback form, 'When [my loved one] arrived, they took time and care to properly greet her and explain the place, without overwhelming her with dos and don'ts.'
- The home had a stable staff team, which meant people received good continuity of care. Relatives told us this was beneficial for their loved ones, as they had got to know the staff who provided their care, and staff knew their loved ones' needs well. One family member said of staff, "They have all been here a while. They have got to know [loved one] very well. If I ask any questions, they can always give me the answers." Another family member told us, "[Loved one] has got to know all the staff, and they all know her well."
- People's religious and cultural needs were met. A religious leader visited the home each month to deliver a service.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Staff treated people with respect and maintained their dignity when providing care and support. One person said of staff, "They are very respectful." People told us they were able to have privacy when they wanted it and said staff respected their right not to be disturbed if they wanted to spend time alone.
- People told us staff knew their preferences about their care and supported them in the way they preferred. One person said of the support they received from staff, "I am happy with it because they know how I like

things done."

- Family members told us staff respected their loved ones' choices about their support and their day-to-day lives. One family member said their loved one had chosen to stay in bed on the day we spoke with them, and that staff had brought their loved one's breakfast in bed and would bring lunch to their bedroom.
- People were supported to manage aspects of their own care where they were able and wished to do so. A family member told us, "[Loved one] likes to do some things for himself, and they are happy to let him do that, they don't take over."

# Is the service responsive?

## Our findings

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

This was the first inspection of the service under the provider's new legal entity. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;  
End of life care and support

- People's care plans were brief and did not encompass all aspects of their lives. For example, there were no care plans in place in relation to medicines or oral health. This meant there were some important areas of people's lives in which there was no guidance for staff about the care people needed.
- People's preferences about the care they wished to receive towards the end of their lives, such as where they wished to be cared for, whether they wished to be admitted to hospital should their condition deteriorate, and any needs in relation to their religion or culture, had not been recorded. This omission was particularly relevant for 1 person who was receiving palliative care.
- After the inspection, the manager sent us evidence that care plans had been updated to include all relevant aspects of people's lives and the support they needed.
- At the time of our inspection, care plans were in place for other areas of people's lives, such as mobility, eating and drinking, and continence care. Care plans also contained information about people's life history, including their family, important relationships, employment, and interests.

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans did not contain assessments of their communication needs or support plans setting out how any communication needs should be met. This omission was particularly relevant for some people who had specific communication needs. For example, 1 person was unable to communicate verbally.
- After the inspection, the manager sent us evidence that care plans had been updated to include people's communication needs and any support they needed in this area.

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 access to activities and events in the home. The home's in-house activities programme included puzzles, quizzes and film screenings. An external activities provider visited the home each week to deliver an art and craft session, and a person visited the home every week with a therapy dog.
- Some people told us they would like more opportunities to go on trips and outings. The manager said outings had stopped due to the COVID-19 pandemic but there were plans to restart these in the near future.
- People were protected from the risk of social isolation. The home's activities co-ordinator spent time with

people who chose to stay in their rooms and befrienders from a local church visited twice a month.

- One person told us they were not able to mobilise independently but said staff offered to take them to the lounge in a wheelchair so they could join in group activities. A family member told us their loved one was no longer able to take part in activities but staff brought their loved one to the lounge so they could be around other people.

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain and were confident any concerns they raised would be addressed. None of the people we spoke with had complained, but all said they would feel comfortable raising concerns if necessary. A family member told us, "I would speak up if I wasn't happy because [loved one's] care is in their hands. People who had raised concerns in the past said these had been dealt with to their satisfaction. A family member said, "There have been some little niggles, but they have all been sorted out."
- The provider had a procedure which set out how complaints would be managed. The complaints log demonstrated that any complaints received had been managed in line with this procedure.

# 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

This was the first inspection of the service under the provider's new legal entity. This key question has been rated requires improvement. This meant the service management did not always support the delivery of high-quality, person-centred care.

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

- Audits of key areas of the service, such as medicines, IPC and health and safety, were carried out regularly. Care plans were reviewed quarterly, earlier if people's needs changed, and there was an overall review of care plans each year. However, these reviews had not identified the shortfalls we found in relation to care planning and risk assessment, which meant the systems and processes in place to monitor quality and safety had not been effective.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Family members told us the manager was willing to discuss their loved ones' care with them and to answer any questions they had. One family member said, "I think she is a good manager, she is very approachable. She will answer all my questions, she will make herself available if I want to talk to her."
- People told us the manager and staff made their family members welcome when they visited. One person said, "They always make them welcome and offer them a cup of tea."
- Family members told us staff got on well with one another and enjoyed their work, which was beneficial to people living at the home. One family member said of staff, "They seem to be a happy little band, which is good for the residents."
- Staff told us they supported one another and worked well as a team. One member of staff said, "We have got a good team. We all support each other, we all pitch in when needed." Another member of staff told us, "I like it here. Everybody is lovely. We work as a team, the manager is good; it is like a family."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us staff listened to what they had to say and respected their decisions. People were able to give their views about the food, activities and any other issues they wished to raise at forums which took place bi-monthly.
- Relatives told us staff kept them up to date about their family members' well-being and any events affecting their welfare. One relative said, "They alerted me when [loved one] had a fall and I met her at the

hospital."

- One family member told us they found family meetings useful opportunities to keep up to date with developments at the home and to ask questions. The family member said, "There was a family meeting not long ago. I found that helpful; you could ask questions, and some people asked questions I had not thought of. I hope that continues."
- Staff told us they received good support from the manager and the provider's directors. One member of staff said, "[Manager] is supportive. We also have the directors; they pop in once a week, and we can always call them." Another member of staff told us, "[Director] comes in about once a week. She talks to us when she comes in and asks if we have any problems." Staff said the provider's directors were responsive to any requests they made to address maintenance issues or purchase equipment for activities.
- Staff told us the provider had supported them to work towards further, relevant qualifications. One member of staff said, "They are very supportive. They put me through my level 3 [diploma in health and social care] and I have just started my level 4. They are paying for that."

Continuous learning and improving care; Working in partnership with others; 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 manager and registered provider sought and acted on feedback from people who lived at the home and their family members to improve the care people received. Any untoward events that occurred were reviewed to ensure learning and improvements took place.
- The manager and staff had developed effective working relationships with other professionals involved in people's care, such as GPs, district nurses, and speech and language therapists.
- The manager understood their responsibilities under the duty of candour and the requirement to submit statutory notifications when required.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.</p> <p>The registered provider had not assessed risks to people's health and safety or done all that is reasonably practicable to mitigate any such risks.</p> <p>Regulation 12 (2) (a) (b).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance</p> <p>The registered provider had not established effective systems and processes to assess, monitor and mitigate the risks relating to people's health, safety and welfare.</p> <p>Regulation 17 (2) (b).</p>