

## Barchester Healthcare Homes Limited

# Wimbledon Beaumont DCA

### Inspection report

35 Arterberry Road  
Wimbledon  
London  
SW20 8AG

Tel: 02089448299  
Website: [www.barchester.com](http://www.barchester.com)

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Wimbledon Beaumont DCA is a domiciliary care service providing personal care to up to 15 people living in supported living apartments. The apartments are based within the grounds of Wimbledon Beaumont, a nursing home run by the same provider. At the time of our inspection there were 10 older people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People continued to receive care that was safe. People were protected against the risk of harm. Risk management plans were robust and enabled people to take risks safely. Staff received safeguarding training and knew how to report and escalate suspected abuse. People's medicines were managed safely. People continued to receive support from suitable numbers of staff who were robustly vetted.

People received support from staff that were knowledgeable and reflected on their working practices to drive improvement. People were supported to monitor and maintain their health and wellbeing and had access to healthcare services as and when required. People's nutritional needs and preferences were catered for.

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.

People were treated with kindness and compassion. People were supported to maintain their independence whenever safe to do so. Staff were aware of people's diverse needs and treated them equally.

People's communication needs and preferences were recorded. People continued to receive a personalised service and care plans were regularly reviewed to reflect their changing needs. People knew how to raise concerns and were confident these would be acted upon in a timely manner.

People and staff spoke highly of the registered manager and told us the service was well-led. The registered manager had oversight of the service to drive improvements. People benefitted from a service that worked in partnership with other organisations and strove for continual improvement. People's views were regularly sought and action taken when issues identified.

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 26 July 2017).

#### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

#### Follow up

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 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 DCA

## 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.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes in a purpose-built building on the grounds of Wimbledon Beaumont, a nursing home run by the same provider.

#### Registered Manager

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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 28 June 2022 and ended on 5 July 2022. We visited the location's office/service on 28 and 30 June 2022.

#### 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. We used the information the provider sent us in the provider information return (PIR). 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 one person who used the service and contacted another via email. We emailed two relatives to gather their views of the service. We spoke with five staff members, including care workers, the clinical development nurse and the registered manager. We reviewed two care plans, staff recruitment files, policies, accidents and incidents and other records relating to the management of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to receive support from staff that had comprehensive knowledge of the provider's safeguarding policy.
- Staff told us they would report any incidents of suspected abuse to the registered manager immediately and where no action was taken, they would whistleblow poor practice to appropriate outside agencies.
- At the time of the inspection records showed staff received safeguarding training and there were no safeguarding incidents being investigated.
- The registered manager was aware of the provider's safeguarding policy in reporting to the local authority safeguarding team and CQC.

Assessing risk, safety monitoring and management

- People received a service that was safe. People's identified risks were clearly recorded and gave staff guidance for on how to mitigate those risks.
- Risk assessments documented the hazard, severity of risk, likelihood of occurrence and the action to be taken to reduce the risk.
- Risk assessments covered all aspects of people's lives, for example, mobility, mental health and cognition, personal hygiene, breathing and nutrition and hydration.
- People's risk assessments were regularly reviewed and updated to reflect their changing needs.

Staffing and recruitment

- People continued to receive support from staff that had undergone a robust recruitment process to ensure their suitability for the role.
- Staff recruitment files contained a completed application form, employment history, satisfactory references and a Disclosure and Barring Services (DBS) check. A DBS check provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us there were sufficient numbers of staff deployed to keep them safe. One person said, "I have a call bell and I wear it around my neck. If I call for staff, they will respond quickly unless they're really busy."
- A staff member said, "I can 100% say we have enough staff to cover. We do give the best care and whatever they need we can supply. If a staff member is sick, we can use staff from the main home to help cover."
- We reviewed the staff rotas and found these reflected what people and staff told us.

Using medicines safely

- Systems in place ensured people received their medicines as intended by the prescribing G.P.

- One person told us, "The staff administer the medicines to me. I count them with the staff, and they are right."
- We reviewed the Medicines Administration Record [MARs] and found these were completed correctly with no gaps or omissions.
- People's medicines assessments gave staff clear guidance on who administered the medicines and where the medicines were stored. Records confirmed staff received on-going medicines training.

#### Preventing and controlling infection

- People were protected against the risk of cross contamination. People continued to receive support from staff that were aware of and followed government guidance for the use of Personal Protective Equipment (PPE).
- A staff member told us, "We still do tests and we do it twice a week, it changes between lateral flow tests and PCR [Polymerase Chain Reaction]testing. We have more than enough PPE, we have lots in stock."
- Records confirmed staff received COVID-19 training.

#### Learning lessons when things go wrong

- The service had an embedded culture that focused on learning lessons when things went wrong.
- Systems in place ensured incidents were monitored, reviewed and analysed driving improvements.
- The registered manager told us, "It is very important to reflect on what went wrong and what we could have done better. It's vital that in any reflection we come to the conclusion that we need to understand what happened."

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Systems in place ensured people's needs and choices were delivered in line with standards.
- Pre-admission assessments were undertaken by the service prior to people living at Wimbledon Beaumont DCA, to ensure the service could effectively meet their needs.
- Pre-admission assessments detailed people's cultural and spiritual needs, medicines, allergies, past and current medical history and people and healthcare professionals involved in their care. Care plans were then developed using information contained in the pre-admission assessments.

Staff support: induction, training, skills and experience

- People received support from staff that received on-going training. Training covered for example, first aid, infection control, safeguarding and food hygiene and mobility. One person told us, "The staff know what they are doing."
- Staff spoke positively about the training provided and confirmed this had enhanced their skills and was implemented into the care delivery.
- Newly employed staff continued to receive an induction programme that assessed their competency in the role and suitability to work without direct supervision. One staff member told us, "I had an induction and it covered a whole lot. We covered introducing me to the work, the people, food handling, infection control and moving and handling. The induction lasted a couple of weeks and I had competencies signed off. I shadowed [an experienced staff member] for a week, that was enough."
- Regular supervisions were held with staff members and the registered manager to ensure staff reflected on their working practices and focused on specific topics of interest. For example, we reviewed the supervision records for two staff and identified there had been discussions around safe medicines management. Staff confirmed they found the supervisions valuable.

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

- People were supported to have access to a wide range of food and drink that met their dietary needs and requirements. One person told us, "The food is tasty."
- Where people required specialist diets, these were catered for. For example, one person's care plan detailed the risks associated with eating and drinking and how best to prepare their meals. i.e. soft or fortified meals.
- Care plans also detailed people's preferences, for example what foods they liked to eat at what meal times. This meant staff members were able to easily offer people choices at mealtimes.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People were encouraged to live healthier lives where possible. Staff supported people to attend appointments with healthcare professionals. Guidance provided was then documented in their care plan, the updated information was then shared with staff accordingly.
- One person told us, "I make my own G.P appointments if I need to. If I couldn't call a G.P myself I'm confident the staff would."
- Records showed people had access to a wide range of healthcare services, for example, G.P and hospital visits.

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 MCA 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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity to make specific informed decisions was monitored by staff who understood their role and responsibilities in line with legislation.
- One staff member told us, "The [MCA] is there to protect people. We [staff members] support [people] to make a decision. We give them practical support and don't assume they can't make a decision. External people come and assess them re their capacity."

# 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 our last inspection we rated this key question good. The rating for this key question has remained 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; respecting equality and diversity

- People continued to receive support from staff that were kind, sincere and who treated them with respect.
- One person told us, "The staff are very good, certain staff are great at inspiring other people. All the staff here are kind; and I feel younger than I actually am and that's because of the staff, we are friends."
- People's diverse needs were respected and encouraged. Staff were aware of people's cultural and faith needs, and confirmed people were supported to engage in their faith whenever they so choose.
- Throughout the inspection we observed staff members talking to people in a supportive manner, maintaining eye contact and demonstrating patience when affording people time to respond.

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

- People were consulted about their care and supported to make decisions and had their decisions respected.
- One person told us, "Yes, [I make my own decisions]." A staff member said, "By asking people we offer them choices. We have good communication with people and when we offer them choices, they can make the decision."
- Care plans detailed how people communicated and how best staff could support them to express their views and make decisions about all aspects of their care.

Respecting and promoting people's privacy, dignity and independence

- People's independence was consistently promoted, and staff ensured they treated people with dignity whilst maintaining their privacy.
- People confirmed staff supported them to do things for themselves but were on hand should they need help. A staff member said, "If someone wanted something done, we will support them with it especially if they can't do it themselves. The people we support are very independent."
- People's care plans detailed the level of support people required to do things and any goals or aspirations they have for the future and how these could be achieved.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People's care continued to be planned and delivered in a person-centred way, that reflected their preferences.
- One person told us, "Yes, I do have a care plan for my care." Staff had a clear understanding of the importance of ensuring any changes to people's presentation was shared with the team and care plans updated. A staff member said, "All staff are to follow the care plan and give the best care [possible]. Each care plan is different as they are person-centred. The care plan guides you in what we need to do, they are reviewed monthly but if someone's condition changes we review it straight away."
- People were encouraged to be involved in the development of their care plans. Care plans detailed people's life history, both current and previous needs, nutritional profile, culture, personal care, mobility and hopes and concerns for the future.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs and preferences were recorded in their care plans.
- Where people had communication difficulties staff had the skills to ensure they could support them effectively and in a way they preferred, for example via email.
- During the inspection we observed staff speaking with people, staff-maintained eye contact, were at eye level and spoke clearly and gave people time to respond at a pace that suited them.

Improving care quality in response to complaints or concerns

- People were aware of who to raise concerns and complaints with and told us they would be confident the registered manager would deal with these effectively.
- Staff had a clear understanding of the provider's complaints policy and their responsibilities in responding to complaints received. A staff member told us, "If someone wanted to make a complaint, I would listen to them and try to understand what it is that they are complaining about, I would inform the senior staff."
- Records showed the service had not received any official complaints in the last 12 months. Despite this, the registered manager gave us examples of how she would respond to concerns in line with the provider's complaints policy.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. 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 received a service that had an embedded person-centred culture that continually sought good outcomes for them. The registered manager placed significant importance on ensuring the service was inclusive of everyone.
- People and staff spoke highly of the service. Comments received included, "I like to work here with [the registered manager], she makes you feel comfortable and she listens to what you say, she is a good [registered] manager." "The [registered] manager is lovely and always supports the team. If we need anything or have any issues, we can speak to her and we always get the best response." And, "[The registered manager] is very approachable and she makes you feel good, she's very friendly. I really do mean what I'm saying."
- Throughout the two-day inspection we observed people and staff seeking guidance and reassurance from the registered manager, who was respectful, compassionate and professional.
- The service had a relaxed and welcoming atmosphere and people appeared at ease in the registered manager's company.

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 registered manager understood their responsibility under the duty of candour.
- The registered manager told us, "[The duty of candour] means for us to be honest, upfront and transparent. If I've done something wrong, I need to own it and apologise and correct things."

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

- Appropriate notifications were made to the Care Quality Commission as required.
- Regular one-to-one and staff meetings ensured staff were clear about their roles within the organisation. Staff told us they could speak with the registered manager if they were unsure of anything and that an answer would be forthcoming.
- Quality assurance systems in place ensured that the registered manager had clear oversight of the service and could monitor its performance frequently.
- Audits covered care plan reviews, medicines management, healthcare, complaints, staffing levels, safeguarding and staff recruitment files. Issues identified were then actioned in a timely manner.
- The registered manager told us they were well supported by the staff team at Wimbledon Beaumont DCA

and by other senior staff employed by the provider.

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

- People's views continued to be sought to drive improvements wherever possible. People told us staff and the registered manager wanted to hear their voice and that they could approach them about anything they wished.
- Quality assurance questionnaires were given to people, their relatives and staff to ensure their views were captured, and where issues had been identified action taken to address them. We reviewed the completed questionnaires and found that Wimbledon Beaumont DCA scored higher than most of the providers other services in caring, satisfaction, access to healthcare services, quality of food and being kept informed about the service.
- Staff also confirmed the registered manager wanted to hear their views about the service through regular supervisions and team meetings. One staff member said, "We have a team meeting every couple of weeks, they ask for our opinion."

Working in partnership with others; Continuous learning and improving care

- The registered manager had worked hard to develop relationships with people, their relatives, staff and healthcare professionals to deliver a service that met people's needs.
- The registered manager was keen to ensure there was an embedded culture that focused on learning and improving wherever possible. This was achieved through a non-blame culture but one whereby people were given the opportunity to learn.