

# Signature Senior Lifestyle Operations Ltd

# Signature at Wimbledon

## Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

### About the service

Signature at Wimbledon is a care home providing personal care to 53 people aged 65 and over at the time of the inspection. The home accommodates up to 79 people in one adapted building.

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

People received their medicines safely, and potential risks to people were managed well. There were enough staff to meet people's needs. The premises were safely maintained staff understood how to manage infection control. Actions were taken to ensure learning from incidents and accidents were learnt. Safeguarding allegations were effectively reported and investigated.

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's food and drink needs were well met, and people were supported to access healthcare professionals where necessary. Staff received appropriate levels of support to enable them to carry out their roles. Improvements had been made to ensure the environment was dementia friendly.

People were supported by caring and compassionate staff. Staff ensured people's privacy and dignity was respected. Where people had cultural or religious needs, the provider looked to accommodate these.

People and their relatives were involved in the planning of their care. Complaints were effectively investigated and responded to. Where people required support with their end of life wishes this was managed sensitively.

The management team were available to people, relatives and staff. Quality assurance systems supported the service to improve and learn. The provider worked alongside other agencies to support improvements in care delivery.

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 Requires Improvement (published 08 December 2018). Since this rating was awarded the two providers have become dual registered. Both providers are jointly responsible for service delivery at the location. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Signature at Wimbledon

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was carried out by two inspectors, an inspection manager and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Signature at Wimbledon is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

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 reviewed notifications we held about the service.

We used all of this information to plan our inspection.

During the inspection

We spoke with 11 people that use the service and three visiting relatives. We also spoke with the registered manager, operations director, deputy chief executive, group facilities manager, hospitality and catering manager, regional support partner, quality team officer, the head chef, the acting dementia care manager, two senior care workers, three care staff and a visiting professional.

We reviewed a range of records. This included four care records, five staff files, multiple medicines administration records and quality assurance documents.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at incident and accident analysis records, as well as the staff appraisal schedule. We sought feedback from a healthcare professional that worked with 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure medicines were always safely managed. During this inspection we found that improvements had been made.

### Using medicines safely

- Medicines were managed safely in the service, and people received their medicines as prescribed.
- We observed medicines being administered in two units. Senior care workers who had been trained and assessed as competent followed the principles of best practice when administering medicines. Each wore a red 'do not disturb' tabard, checked they had the correct medicine, dosage and recipient, and ensured the person had taken their medicines before recording the administration on a medicines administration record (MAR).
- The service had a robust procedure in place for checking medicines had been administered correctly. Medicines were checked three times per day by two staff, and any recording errors identified were able to be rectified in a timely manner during these checks.
- Each person's MAR had their photo on it so that staff could see who they were supposed to be administering medicines to. This reduced the likelihood of staff administering medicines to the wrong person.
- The provider had robust procedures in place for medicines prescribed to be taken 'as needed' (known as 'PRN medicines'). Each person who had been prescribed a PRN medicine had a laminated protocol sheet attached to their MAR detailing the circumstances in which the medicine was to be taken, as well as the dosage. These protocols were reviewed by the GP every six weeks to ensure the guidelines continued to meet people's needs.
- Controlled drugs were managed safely and in line with regulations. Each unit had a 'clinic room' in which medicines were stored, with a fridge for medicines requiring refrigeration. Records showed that the temperatures of the clinic rooms and the fridges were checked daily to ensure medicines were stored at the correct temperature. Clinic room doors were kept locked when the room wasn't directly in use, and medicine trolleys were similarly kept locked when not directly in use.
- The administration of topical medicines such as creams was carried out by care staff while they supported people with personal care. This was recorded on a separate MAR that was kept in the person's room.

At our last inspection we identified that risk assessments were not always completed sufficiently. During this inspection we found that improvements had been made.

### Assessing risk, safety monitoring and management

- Risk assessments were now completed comprehensively and addressed specific needs that were present for the individuals living at the home.
- These included areas such as falls, mobility, nutritional needs or pressure area care. The risk assessments we viewed were detailed in setting out guidance for staff, so that they could safely support people and mitigate the likelihood of an incident occurring.
- People had suitable personal emergency evacuation plans in place, so that staff could support them to exit the building in the event of a fire.
- The premises were safely maintained with regular checks to ensure any environmental risks were assessed and action taken to make necessary improvements. At the time of inspection, we identified that the call bell system was not working effectively. The provider had identified this and plans were in place to update the system.

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

- Staff understood how to recognise and report allegations of abuse. Comments included, "If I was worried about a person I would tell the senior straight away. If they didn't take it seriously I would tell the manager, or CQC or report it to safeguarding myself."
- The registered manager investigated any safeguarding allegations fully, ensuring that they contributed to requirements from the local authority safeguarding team.

#### Staffing and recruitment

- We reviewed the rota and found staffing levels were consistent, however at times we observed staff were task based and did not appear to have adequate time to sit and speak with people. However one staff member said, "I don't feel I have to rush and I get to chat to the residents."
- Despite the above we also saw some positive, non task based attention giving from carers.
- The registered manager confirmed they regularly used agency staff to cover staff absences and where possible used familiar staff, this meant people received care and support from consistent staff members.

#### Preventing and controlling infection

- People continued to be protected against the risk of cross contamination, as the provider had clear infection control procedures in place.
- The provider's infection control policy gave staff clear guidance on Personal Protective Equipment (PPE), the safe disposal of sharps, safe medicines management and the prevention of sharps injuries and effective hand hygiene
- The service employed ancillary staff to ensure the environment was clean and minimised the risk of cross contamination. During the inspection we observed the service was clean and free from mal-odour.

#### Learning lessons when things go wrong

- The registered manager was keen to ensure lessons were learned when things go wrong and information was shared with healthcare professionals and relatives.
- Incidents and accidents were clearly documented and regularly reviewed to minimise the risk of reoccurrence. For example, incident information detailed who was involved, nature of injury, how the injury was sustained, how the issue could be avoided and what action had been taken.
- One incident reviewed detailed a witnessed fall and how staff supported the person safely. Action taken detailed a comprehensive review of their care plan and risk assessments and involvement from the physiotherapist.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last comprehensive inspection, we identified that staff did not always receive regular training or supervision to support them in their roles. During this inspection we found that improvements had been made.

Staff support: induction, training, skills and experience

- We reviewed the training matrix that showed most staff were up to date with the provider's training requirements. Where staff required a refresher session their duties were reviewed until the provider was assured they were competent in this area.
- Staff received a full induction of shadowing and training when they commenced their role. The induction process was signed off by management to ensure staff were capable of carrying out their duties independently.
- Staff received regular supervision sessions to support them in their role. A staff member told us, "I get the support I need and do feel like I am respected. Communication is key and is generally pretty good here."
- The registered manager provided records to show that annual appraisal of the staff team was planned for completion by the end of the year.

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

- Prior to moving into the service, people had their needs assessed, to ensure these could be effectively met. We reviewed the preadmission assessments and found these covered, for example, cognition, psychological, physical and social needs. Where it was agreed people's needs could be met, a placement was offered and a care plan devised in line with people's needs.

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

- During the inspection we observed meal times on the ground floor were very quiet with minimal interaction between people and staff. People appeared to only be engaged with when having their order taken and it appeared to be quite an isolating experience.
- We shared our concerns with the management team who said they would look into this. We will review this at our next inspection.
- Despite the above, people on the first floor were actively engaged with staff, who were observed as supporting and encouraging people to eat their meals. There was a pleasant atmosphere and people could be seen chatting to staff and smiling.
- People were supported to access a wide range of food and drink that met their dietary needs and

preferences. The head chef had a robust understanding of people's dietary requirements and gave examples of how specialist requirements were met. For example, people were provided with food that reflected their cultural and faith beliefs.

- People's views of the food provided was regularly sought through the monthly food and beverage forum. We reviewed the last three meetings minutes and found comments included, for example, "The quiche is very nice, I enjoyed it, it was lovely and had it all", "I enjoyed the fillet cod with tomato sauce and vegetables" and "The fish was great, it was very tasty."

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

- The premises had improved to ensure it met the needs of those living with dementia, including redecoration of this floor.
- Some people had memory boxes where they wished, for other people theirs was covered with their name.
- People living in the dementia unit had larger nameplates for their door in a very bright colour, to aid wayfinding.

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

- People were well supported to access healthcare professionals as necessary. This included speech and language therapy, occupational therapists and district nurses.
- A healthcare professional said, "The staff always make time to meet with us and engage in discussions about their residents' mental health and wellbeing. They are open to feedback and collaboration with us."
- The provider ensured people received support in a timely manner, with interim care plans put in place when short terms conditions were diagnosed, such as infections.
- Guidelines were in place so that staff were able to support people to manage their oral health, in line with their needs and preferences.

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

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Staff understood how the MCA applied to their roles with one staff member telling us, "I have had training in the MCA. Consent is important, you have to make decisions for people sometimes, but it has to be in their best interests."
- Records were clear in confirming whether people had capacity to make decision specific choices. Where people required bed rails for instance, records demonstrated that best interest decisions had been discussed with the relevant people.

- DoLS applications were applied for in a timely manner, and the provider ensured their records were up to date so that they were aware of their renewal.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives said, "People [staff] listen to what you are saying and respond to that. They really do care" and following an incident one person said, "They responded to me as a person. I felt safe and cared for."
- Staff were positive about their roles and told us how they ensured people were well supported. Comments included "The most important thing is the residents. Our number one priority is making sure the residents are happy and safe", "I do feel like I'm making a difference" and "I love my job and love helping people. It's like a family, we all look out for each other and make sure the residents are happy. You say hello no matter who it is."
- One person told us their religious needs were satisfied, with a priest regularly visiting the home. People were also regularly supported to attend mass at the local church if they chose to.

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

- People told us they were consulted on their views to ensure staff understood their choices, and records showed that when people's needs changed, action was taken to meet these.
- Staff conveyed to us how they supported people to make day to day choices, for example when they received their personal care.

Respecting and promoting people's privacy, dignity and independence

- Staff knew the importance of respecting people's dignity and privacy. A staff member said, "I always respect resident privacy when doing personal care. You have to knock and wait until they let you in, unless you think they are asleep. We can open the [ensuite] bathroom door which blocks the bedroom door, so no one can see from the hallway. This gives the residents privacy."
- People were supported to be independent where they were able to, with staff encouraging people to carry out manageable day to day tasks for themselves.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- Care records were regularly reviewed to ensure that they were up to date and reflected current need. These included preferences in relation to care delivery, food and drink, day to day tasks and social engagement.

Meeting people's communication needs

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

- Measures were in place to support people with their communication needs. This included guidance on how to speak with a person that was partially sighted so as not to cause them alarm and reassure them.
- Guidance in one person's care plan advised staff on how to support them with their hearing aid as part of their personal care routine.

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

- Comments in relation to activities included, "I really appreciate the activities. They have dancing and walks and outings" and "There are lots of things that you can go to, concerts for instance. We are having a Christmas Party next week."
- A visiting professional said, "They've made tremendous improvements in the last year, for example, the activity team for people with dementia. Several people go out to an Age UK coffee morning every Monday."

Improving care quality in response to complaints or concerns

- We reviewed the complaints policy and found complaints were clearly documented and where appropriate, fully investigated to seek a positive outcome for those involved.

End of life care and support

- People's end of life wishes and preferences were clearly documented. End of life plans covered for example, people's religion and culture, final days wishes, concerns, symptom control and what they wanted to happen after their death. This information enabled staff to support people through their final days in the way they wanted.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection people, relatives and staff expressed concerns in relation to communication from the management team. At this inspection, management communication had improved.

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

- Comments included, "I get the support I need and do feel like I am respected. Communication is key and is generally pretty good here" and "The staff communicate with each other."
- A healthcare professional said, "We feel very supported by [registered manager], who encourages her staff to work with us effectively and liaise with our team when they need support."

At our last inspection quality audits were not always sufficient. At this inspection improvements had been made to ensure audits were effective.

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

- Regular quality audits were conducted to check that the service was running effectively and that improvements were made where necessary. This included a monthly review of care records and risk assessments, as well as quality checks of medicines records.
- The management team ensured they supported staff to develop their roles, with a staff member being promoted to acting dementia manager. Improvements had been made to improve the living experience on the dementia floor and these were positively noted.

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; Continuous learning and improving care

- The provider ensured that where things went wrong, such as responding to complaints in relation to care that they followed the duty of candour.
- A healthcare professional said, "They [the home] are open to feedback and collaboration with us."
- Since our last inspection the provider had taken action to improve care delivery and comply with the regulations.

At our last inspection people and relatives reported they were not always consulted on their views. At this

inspection there was evidence of sufficient engagement with people, relatives and staff.

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

- The provider regularly sought people's views to drive improvements, through resident meetings and quality assurance questionnaires. Once questionnaires had been returned, the provider collated the results and generated a report.
- We reviewed the report which indicated, 100% of people said they were likely or extremely likely to recommend the service. 96.9% of people said the overall quality of their care is good or better, 93.7% said the quality of food always or mostly met their expectations. However, 81% said they were treated in a caring and compassionate way.
- Comments received included, for example, "The day staff are good, but the night staff are variable", "It's a happy place", "One of the best care homes I've encountered" and "It's [the service] very well run, no complaints."

Working in partnership with others

- Records showed the registered manager worked in partnership with stakeholders to drive improvements. Care plans detailed how the registered manager sought guidance and support from healthcare professionals and implemented the advice given.