

Amica Care Trust

# Signature House

## Inspection report

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18 June 2019

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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 House is a care home and provides personal or nursing care for people who have physical mobility problems and those living with dementia. The home can accommodate a maximum of 48 people. Accommodation is provided over three floors and all bedrooms have en-suite facilities. At the time of the inspection there were 46 people living at the home. The home was divided into three separate areas, the first floor for the care of people with moderate dementia care needs, the second floor supporting people with general nursing needs and the third floor supporting people with more complex dementia and mental health needs.

The provider was also registered for personal care. This was because the provider had 42 apartments adjacent to the care home. The provider offered a domiciliary care service to people living in the apartments. At the time of the inspection no one was receiving a domiciliary care service in the apartments.

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

People were safe living at Signature house. People we spoke with told us they were satisfied with the care and support they received from staff. There was a registered manager who was proactive and had won "Boss of the year in 2018".

There were effective quality assurance arrangements in place that helped raise standards and drive improvements. People knew how to complain. Incidents and accidents were minimal and if they occurred staff took appropriate actions and lessons were learned.

People were supported to have maximum choice and control of their lives, restrictions were minimal and only implemented in people's best interest. Mental capacity assessments and best interest paperwork were in place for areas such as personal care, medicines and finance. There were enough staff on duty to meet people's needs, and recruitment systems were robust.

Medicines were managed safely. The provider had a medicines policy which staff followed, staff were trained. Cleanliness was of a good standard and staff had access to personal protective equipment.

Assessments of people's needs were comprehensive. Care records showed people had access to health professionals. People were active and took part in hobbies and interests that staff had identified with them.

Staff received supervision and an annual appraisal to monitor their development. In addition to an induction and regular training, appropriate to the needs of the people living at Signature House.

### Rating at last inspection

The last rating for this service was good (published 20 October 2016). Since this rating was awarded the registered provider has altered its legal entity. At the last inspection the providers legal entity was Somerset

Redstone Trust. At this inspection the legal entity is Amica Care Trust. We have used the previous rating of good 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 intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Signature House

## 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 over two days. Day one of the inspection was carried out by one Inspector and one Expert by Experience who had experience of working with older people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Day two of the inspection was carried by two Inspectors.

Signature Care Home 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. The inspection site activity started on 17 June 2019. The second day inspection site activity was announced and took place on 18 June 2019.

#### What we did before inspection

We reviewed information we had received about the service since the last 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. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people and seven relatives about their experience of the care provided. We spoke with 16 members of staff including the operational manager, registered manager and the deputy manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also looked at records relating to the running of the home. Records included, five care plans, eight medicine records, training data and quality assurance records. We sought feedback from the two professionals who worked with the service.

# Is the service safe?

## Our findings

### Our findings

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

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and protected living at Signature House. Comments from people included, "Yes, plenty of staff around to help." "Yes, because everything is locked up at night. I feel secure." And, "Yes, I have a walking aid, a call bell and a telephone." A relative told us, "They are 100% safe, the building is secure, keypads, call bells and always someone around."
- The service had effective safeguarding systems, policies and procedures in place. Staff managed safeguarding concerns promptly, using local safeguarding procedures whenever necessary. Records confirmed investigations were thorough. One staff member said, "We have the contact number for the local safeguard team." Adding, "If the managers aren't here we know how to report to them." Staff told us, "We have safeguarding training which is regularly updated, and the policies are kept in the nurse's station." All staff we spoke with confirmed they would feel comfortable reporting concerns and understood how to whistle blow if they felt the need to.
- The registered manager understood their responsibilities to raise concerns, record safety incidents and report these internally and externally as necessary. They told us, "We talk about safeguarding in staff meetings and supervisions. Adding, "We also have a 'speak out' poster for the Trust to encourage staff and people to talk about safeguarding."

Assessing risk, safety monitoring and management

- Risks to people were identified, assessed and managed to help keep them safe. Assessments were carried out to assess levels of risk to people's physical well-being. Care plans contained risk assessments that documented areas of risk to people, such as nutrition and hydration, pressure areas and moving and handling.
- Environmental risks were managed. For example, fire maintenance and safe use of water outlets. We reviewed the providers business contingency plan that ensured the service would continue if an emergency happened. The provider employed a maintenance team for managing the day to day maintenance of the home, and contractors came in to service equipment such as the hoists and lifts to ensure it was safe to use.
- Care plans included a Personal Emergency Evacuation Plan (PEEP) for each person. A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated in the event of an emergency.
- When people behaved in a way that challenged others, staff managed the situation in a positive way. Staff

sought to understand and reduce the causes of behaviour that distressed people or put them at risk of harm. Staff told us some of the men living at signature house worked in the building trade and would try to take radiators off walls and take cupboards down. Staff said, "Some people got aggressive if we tried to stop them, so the provider created a "man cave", this was an area in the home where people could access 'do it yourself' items safely. Staff used restraint when they had been trained, but only when it was safe and necessary to do so.

#### Staffing and recruitment

- There was always enough competent staff on duty. Staff had the right mix of skills to make sure that practice was safe and they could respond to unforeseen events. The service regularly reviewed staffing levels and adapted to people's changing needs.

- The home had two staff vacancies which had been advertised. Staff told us they worked additional hours to cover sickness and annual leave, this meant people using the service did not have their care and support compromised. The registered manager produced a staff rota in advance. The rota confirmed shifts were covered as required.

- Recruitment systems were robust and made sure that the right staff were recruited to support people to stay safe. Appropriate DBS checks and other recruitment checks were carried out as standard practice. Staff performance relating to unsafe care was recognised and responded to appropriately and quickly.

#### Using medicines safely

- The provider had a medicines policy which was accessible to staff. The provider had implemented safe systems and processes which meant people received their medicines in line with best practice.

- The provider had safe arrangements for the storing, ordering and disposal of medicines. The staff that were responsible for the administration of medicines were all trained and had had their competency assessed regularly.

- Medicine Administration Records (MARs) were completed and audited appropriately. All eight MARs we reviewed had been filled out correctly with no gaps in administration.

- Support plans clearly stated what prescribed medicines the person had and the level of support people would need to take them. The registered manager carried out regular medicines audits.

#### Preventing and controlling infection

- Staff managed the control and prevention of infection well. The provider employed a house keeping team who understood their role and responsibilities for maintaining high standards of cleanliness and hygiene in the home.

- Staff had access to, and followed, clear policies and procedures on infection control that met current and relevant national guidance. There were hand washing facilities throughout the home. Staff had access to personal protective equipment such as disposable gloves and aprons.

#### Learning lessons when things go wrong

- Staff understood their responsibilities to raise concerns and report incidents and near misses; they told us they were fully supported when they did so. When something went wrong, the provider investigated involving all relevant staff, partner organisations and people who use the service.



- Staff told us about an incident where a mop was left in the laundry room and started to smoulder. The provider investigated and got the fire company in to check their process. Now they have a laundry closing procedure to prevent this happening again.
- Lessons learned were communicated widely to support improvement in other Amica homes where relevant, as well as with staff and people that were directly affected.

# Is the service effective?

## Our findings

### 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.

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

- Assessments of people's needs were comprehensive and assisted staff to develop care plans for the person. Expected outcomes were identified and care and support was regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.

Staff support: induction, training, skills and experience

- All staff completed a comprehensive induction. One staff member, who recently started working at the home told us, "I spent time on all floors and shadowed staff until I was confident." Another staff member told us, "We do a lot of training every year, like manual handling and health and safety." A third staff member told us, "We get specialist training as well." Adding, "I'm the dignity lead and got training to do that role." Staff also told us if they wanted to do any specific training to help develop their skills the provider always supported them to do so.

- The provider carried out supervision in line with their supervision policy. Supervision is a process where members of staff meet with a supervisor to discuss their performance, any goals for the future and training and development needs. Staff received annual appraisals to monitor their development.

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

- People told us they enjoyed the food at Signature House. Comments from people included, "Good food, always a choice.", "You can ask for alternatives." And, "I get a menu brought to my room, I have my meals in my room that's my choice."

- Menus reflected a good choice of healthy home cooked meals. Pureed foods were presented well using moulds that looked like the food it was meant to be. This was in line with current best practice and food looked appetising.

- People had access to drinks throughout the day, people in their rooms had fresh jugs of water and juice that was accessible to them.

- Staff completed food hygiene training and knew about best practices when it came to food. Staff understood people's dietary needs and ensured that these were met.

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

- Staff made appropriate and timely referrals to other relevant professionals and services and acted promptly on their recommendations. Care records showed people had access to professionals including; GP's, dentists and chiropodists. Health professional visits were recorded in people's care records.

- One professional told us, "The relationship with staff is good, staff give us access to their computer so we can write up notes." They added, "They also engage with the red bag scheme to improve hospital admissions." The red bag scheme contains key paperwork, medication and personal items like glasses, slippers and dentures, and is handed to ambulance crews by carers and travels with people to hospital.

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

- Signature House provided appropriate accommodation for the people who lived there. The home was nicely decorated and peoples' rooms had lots of personal belongings that made the room special to them. All bedrooms had their own en suite. People had access to outside space that had been assessed for risks, a quiet area to see their visitors, and an area suitable for activities. The home was laid out in a way that made it accessible and helped to promote independence.

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. 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.

- People at Signature House were living with dementia, which affected some people's ability to make some decisions about their care and support. Mental capacity assessments and best interest paperwork was in place for areas such as personal care, medicines and finance.

- Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions. At the time of the inspection 18 people had a DoLS in place. 'Where people had conditions on their DoLS authorisations, the provider had met these conditions as legally required'.

# Is the service caring?

## Our findings

### Our findings

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

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

- Staff ensured that people were always treated with kindness. This was reflected in the feedback from people who lived at Signature House and their relatives. Comments from people included, "Staff are friendly." "My hands are bad at the moment and I have to ask them to do things for me and they say, that's what we are here for." And, "Friendly, I like teasing them." Relatives told us, "I feel supported by the staff, they listen." "Staff are always smiley and helpful." And, "Staff are very fond of the residents here."

- Nobody we spoke with said they felt they had been subject to any discriminatory practice, for example on the grounds of their gender, race, sexuality, disability or age. Training records showed that all staff had received training in equality and diversity.

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

- People's care records had information about their life history, interests, significant people and preferences and the registered manager and staff were familiar with these details.

- Although not everyone was actively involved in decisions about their care and support, there were regular resident meetings where people could contribute to the homes development.

- We spoke with one relative who told us, "Before admission they did a 'this is me' document, a bit of a history of (relative), their likes and dislikes etc., very beneficial to all staff." A member of staff said; "I like to think I know the people well. I have observed people come out of their shells. They come in withdrawn and gradually socialise."

- Staff also told us, if people lacked the capacity to make decisions about their care and did not have relatives, staff would refer them for advocacy support to represent their interests in making decisions about care.

Respecting and promoting people's privacy, dignity and independence

- Everyone we spoke with told us they were treated with respect and staff protected their dignity. People said; "Yes, they are respectful, they always knock on the door before entering." "They know I have a sense of humour." "Staff call me by my Christian name, and it makes me feel part of the home." "Staff always dash to draw the curtains if I am having a wash." "They always close the door." "They try to keep me covered when I am being washed." And, "I have a choice if I want female or male carers for personal care."

- We observed a 'do not disturb, personal care taking place' note on bedroom doors. And a relative said; "It's never occurred to me that they wouldn't treat people with respect or dignity. I have never seen anything but good practice."
- Staff encouraged people to be independent and make choices about day-to-day aspects of their life at the home. For example, one person liked to go for a walk and a coffee, staff supported them to go to a coffee shop of their choice. Staff told us, "To encourage independence, one staff member walks with them and one walks in the background."
- People confirmed they could have visitors whenever it suited them. One relative told us, "Sometimes there may be 10 of us here. No one complains or says anything. We bring the grandkids as well."

# Is the service responsive?

## Our findings

### Our findings

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

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 received care which was personalised to them because staff knew people well and respected their wishes where appropriate. Care plans were person centred which meant any new staff had clear guidance on how to meet people's needs.

- People and family members felt involved in their care. One person told us, "I know I have a care plan, staff ask me questions and write in it." A relative told us, "They have introduced a care blog, it's an amazing communication tool." Adding, "I can look at it and see what (relative's name) has been doing and how they are."

### Meeting people's communication needs

We looked at how the provider complied with the Accessible Information Standard. 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.

- Staff sought ways to communicate with people and to reduce barriers when their protected characteristics made this necessary. For example, care records had communication profiles that showed how staff should support people to communicate. Some people living at Signature House could not communicate well with staff, but staff told us they would assess anyone who couldn't communicate and identify the best way for them such as using pictures, writing things down or using assistive technology to help anyone that had communication difficulties make a choice.

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

- The provider employed two activity co-ordinators who devised a varied activity schedule for people. These included, quizzes, bingo and one to one support. Daily activities were displayed in communal areas. People told us, "Lots of activities, lots I like and I can choose to join in." "I have one to one in my room." "Staff tell me what's going on and I can please myself." And, "I need a wheelchair, but staff will come and get me." The registered manager told us they had recently advertised for a lead activity coordinator and this would help them develop the programme even further.

#### Improving care quality in response to complaints or concerns

The service had a complaints system in place; this captured the nature of complaints, steps taken to resolve these and the outcome. People and relatives told us they knew how to raise concerns and make complaint. Complaints we reviewed were investigated appropriately and responded to in a timely manner.

#### End of life care and support

People were supported at the end of their life to have a comfortable, dignified and pain free death. People had "do not resuscitate" plans in place and staff were aware of these. The registered manager told us, "We look at how people live well, for example, one person's wish is to go to France and we are looking at how we can make that happen for them". On the day of the inspection a person had passed away suddenly. Staff ensured this person was treated with respect and managed the situation extremely discreetly.

The provider was also working towards the Gold Standards Framework, (GSF). The GSF aims to enable everyone to have a "good death" in the place of their choice.

# Is the service well-led?

## Our findings

### 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.

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

- All the feedback we received throughout the inspection was overwhelmingly positive with people consistently telling us they were extremely satisfied with the care and support they received. It was clear there was a mutual respect between people living at Signature House and staff. Without exception people and their relatives told us Signature House was extremely well led. Comments included, "No question that it isn't well led, it's like home from home." And, "I would highly recommend it."

- The registered manager worked closely with people who lived at Signature House, and the staff team. The registered manager had extensive management experience and a proactive style of leadership which people responded well to. It was very evident the registered manager strived for excellence through consultation and reflective practice. They were passionate and dedicated to providing an outstanding service to people. The staff team were encouraged to continuously improve the lifestyle and wellbeing of the people they cared for. This meant they were totally committed to providing the best service they could deliver, resulting in the best possible outcomes.

- The registered manager was visible at the home and took an active role in supporting people and staff. Relatives told us, "I have been in other nursing homes and never been in one as good as this." And, "Good communication between staff and relatives." People told us, "The manager is very respectful." And, "The girls are always laughing or joking." One person said, "Oh we know (registered managers name) they visit most days". Staff told us, "They were awarded boss of the year, that proves how good they are."

- Staff were highly valued by the registered manger and their contributions were appreciated and celebrated by initiatives such as staff member of the month awards. The operations manager also told us how they had recognised the registered managers skills and promoted them to senior home manager, encouraging them to share good practice across other homes in the organisation.

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

- Staff confirmed that there was an open-door policy at the service, that there was no need to wait until formal supervision to discuss any issues or concerns and that they felt very well supported. Staff knew they had a responsibility to be open and honest when things went wrong. We looked at previous minutes of



meetings. We noted areas such as training, safeguarding and any specific operational issues were discussed with staff. This showed staff had opportunities to voice their opinions and discuss matters that might improve the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There was a strong framework of accountability to monitor performance and provide clear lines of responsibility. The registered manager was supported by a deputy manager, a clinical lead and a team of administrators. The registered manager took any major operational decisions to the operations manager who regularly visited the home and supported the registered manager in their role.
- The provider had a board of trustees, which consisted of eight directors, all from different backgrounds and with different areas of expertise and interest which could be drawn upon to share best practice. Any decisions about the development of the service were made collectively.
- There were effective quality assurance arrangements at the service to raise standards and drive improvements. The service's approach to quality assurance included completion of an annual survey. The results of the most recent survey had been extremely positive. There was also a system of audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Audits that were regularly completed included checking medicine records were accurately completed; checking care plans were to a good standard and regularly reviewed and monitoring accidents and incidents. There was a culture of openness and honesty. Feedback on the service was encouraged and sought through several forums, including staff surveys and team meetings.
- The provider had a development strategy and supporting objectives that were stretching and challenging, but realistic and achievable. Staff were motivated by and proud of the service. One staff member told us, "The manager listens and makes time for you, even if they are busy they write it down and act on it." Another staff member told us, "I never want to work anywhere else." Adding, "Everyone just wants the best for people."
- Managers developed their leadership skills and those of others. Staff were supported to develop and progress through the organisation. Five staff members were champions in various subjects, such as dignity and safeguarding. Three staff members told us how they were recognised for their commitment and dedication and promoted to more senior roles.

#### Working in partnership with others

- The provider had a systematic approach to working with other organisations to improve care outcomes. One professional told us how they were working in partnership with Amica Care to set up a frailty team based at Signature House, they told us, "This will improve people's access to health care." Adding, "We will hold a weekly clinic at the home and provide access to physical health care for people and advice and support for staff." Another professional told us, "The relationship with staff is good they always have a senior nurse available to discuss any concerns."
- The service was an important part of its community. We reviewed the home's community engagement plan in place to raise Dementia awareness. Staff told us how they were working with the local gym. They told us, "The gym is opening up to non-members for a day, they can pay for the use of equipment and the proceeds go to the home." The provider had also started to recruit a pool of volunteers to support the team.

- The registered manager had ensured all relevant legal requirements, including registration and safety obligations, and the submission of notifications, had been complied with. The previous Good rating issued by CQC was displayed. The registered manager felt staff had a clear understanding of their roles and responsibilities. This was evident to us throughout the inspection.