

Willow Tower Opco 1 Limited

Signature at Esher

Inspection report

42 Copsem Lane
Esher
Surrey
KT10 9HJ

Tel: 01327410000

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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 Esher is a care home registered to provide accommodation and personal care for up to 88 older people. At the time of our inspection there were 53 people living at the service. Some people using the service were living with dementia.

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

People felt safe living at Signature at Esher because they were supported by staff who knew their needs well and knew how to manage risks associated with their care. Staff understood their responsibilities in terms of keeping people safe from abuse and avoidable harm. Action had been taken to reduce the risk of the spread of infection and the provider had ensured practices were updated according to national guidance during the COVID-19 pandemic.

People's needs and choices were assessed and planned for, and their preferences had been considered. Staff were safely recruited and inducted. They had access to training and supervision to ensure they had the skills to support people effectively.

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 supported by a staff team who knew them well and had the information required to meet their needs. People and relatives were all consistently positive about the staff and the support they received. Staff supported people to access healthcare services as required. Any specialist support was recorded, and actions completed. People enjoyed an active and engaging life at the service. There were a wide range of activities and events which were tailored to people's needs and preferences. Friends and relatives were welcomed into the service and people were supported to maintain relationships.

The registered manager provided clear direction and positive leadership. There were effective systems to monitor the quality of care provided to people. The registered manager and deputy manager took appropriate action when improvements were needed. People, relatives and staff spoke positively about the management of the service. They felt that Signature at Esher was well led and praised the communication they received from the management team. Healthcare professionals spoke positively about the service and how they met people's needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 10 December 2021 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 2 November 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 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?

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 at Esher

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

This inspection was carried out by 2 inspectors 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 Esher 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. Signature at Esher is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

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 6 people who used the service and 5 relatives about their experience of the care provided. We made observations of people being supported. We spoke with 7 members of staff including the registered manager, deputy manager, care staff and a chef. We reviewed a range of records. This included 8 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- People and their relatives told us they felt safe living at Signature at Esher. A person told us, "I feel very safe here. I have no concerns at all."
- We reviewed safeguarding records and found concerns had been appropriately investigated, responded to and information was shared with the relevant organisations including the CQC and the local authority.

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

- Risks associated with people's care were well managed and lessons learnt when things went wrong. People had detailed risk assessments and care plans in place for staff to follow. For example, some people had risks associated with skin integrity, there were risk assessments and care plans in place which detailed the support people would need such as regular repositioning to help minimise the risk.
- Staff members knew the risks associated with people's care and support and knew how to keep people safe from avoidable harm. For example, staff members were able to tell us which people were at risk of choking and the actions they take to mitigate this.
- There were contingency plans in place to ensure people's care would continue in the event of an emergency, such as a fire or flood, which meant people had to leave the service. There were personal emergency evacuation plans (PEEPs) explaining to staff the support people would need to evacuate the building in an emergency situation.
- The registered manager described how they and their team learned from incidents to improve people's care. The management team and staff met regularly to discuss where improvements could be made if something went wrong and involved people and their relatives where appropriate. For example, staff had worked with a person and their family effectively and using a range of methods to reduce their risk of falls.

Staffing and recruitment

- There were enough safely recruited staff to support people safely. People told us they did not have to wait long for care and our observations supported this. One person told us, "I only have to press my bell and someone comes."
- There was an established staff team at the service which meant the need to use agency staff had decreased recently. This helped people to receive consistent care from staff that were familiar to them. A member of staff told us, "We have consistent staffing now and there is enough staff. We have time to talk to people."
- New staff were recruited safely and pre-employment checks were in place, which included verification of

identity, references from previous employers and the Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely. Some people had time critical medicines; the times these had been administered had not always been consistent. We discussed this with the registered manager who took action immediately to ensure people received their medication as scheduled.
- There was clear guidance in place for staff about how to support people safely with their medicines including how to support individuals with 'when required' medicines.
- Staff received relevant training before they were able to give people medicines and the registered manager checked staff competency in relation to the administration of people's medicines regularly.

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 supporting people living at the service to minimise the spread of infection.
 - 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 responding effectively to risks and signs of infection.
 - 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.
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- Visits for people living at the home were facilitated in line with the current guidance.

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 is the first inspection for this newly registered service. This key question has been rated 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

- People had their needs fully assessed and care plans reflected their choices and best practice guidance.
- Staff completed a comprehensive assessment of each person's physical and mental health needs prior to delivering care. The assessments included information about communication, allergies, medical background, weight, dietary needs, mobility, memory and cognition.
- The provider had responded to changes in people's needs, adapting their care as appropriate. A relative told us, "We were involved with the initial care plan and it has changed over time. They are very good at assessing needs and ongoing changes that happen over time."

Staff support: induction, training, skills and experience

- Staff received the relevant training and support they required to meet people's needs.
- New staff undertook a detailed and well planned out induction from the provider which included The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. A member of staff told us, "I had to shadow and complete all of my training before going out on the floor."
- Regular supervisions gave staff the opportunity to discuss training and practice, reflect on difficult or challenging situations, and identify areas of learning and development. A member of staff told us, "(Supervisions) are useful. They take on board how I feel."

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

- People's nutritional needs were being met. Staff were aware of people's needs and preferences in relation to what they ate and drank. Feedback about the food provided was very positive. One person told us, "The food is very good."
- Some people received special diets and there was clear guidance in place for staff regarding this. Where people needed food prepared in different consistencies, care was taken to ensure the food still appeared appetising and attractive to eat.
- People were weighed regularly and the Malnutrition Universal Screening Tool (MUST) was used by staff to assess whether people were at risk of malnutrition. If people were at risk, steps were taken to mitigate this including referrals to the relevant health professionals to support with nutrition.

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

- The service worked well with other professionals to meet people's healthcare needs. A visiting healthcare

professional told us, "They are very good at identifying (when people need medical support) and they call us."

- People and their relatives told us they were supported well with their health. A relative told us, "Mum's health is very carefully monitored."
- People's oral health needs were assessed, and they were supported to access dental services, this included dentists visiting people at the service when necessary. Staff supported people with their oral care and promoted good oral hygiene.

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

- The service was well designed to meet people's needs. There were wide corridors, lifts and grab rails in place to help people to move around.
- People told us they were happy with their bedrooms and the communal areas. People had personalised their bedrooms with their own decorations, pictures and ornaments.
- Communal areas were appealing and well thought out. There was a cinema room for people to watch films and the garden included raised beds which people could access if they wished to do any gardening.
- The service was accessible for everyone living there and had been designed with people living with dementia in mind. The environment was easy to navigate for people who may have a cognitive impairment. There was good signage and designated areas to stimulate people's interest.

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. 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 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 care was provided in line with the principles of the MCA. People who lacked capacity in relation to some aspects of their care were supported to make their own decisions. For example, people were supported to make choices around what clothes to wear and what food they would like to eat.
- The registered manager was working in line with the MCA and understood their role and responsibilities in supporting the legal rights of people using the service. DoLS had been applied for appropriately for people who had been assessed as not having capacity for aspects of their care and support.
- Staff completed mental capacity assessments with people. Where people were found not to have capacity to make decisions, best interest decisions were carried out involving relevant people including families and professionals where appropriate.

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 is the first inspection for this newly registered service. 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; respecting equality and diversity

- Staff were kind, caring and attentive to people. Staff regularly checked whether people wanted drinks and made sure they were comfortable. A person told us, "It's a nice crowd. The staff are marvellous."
- Staff we spoke with knew people well. They spoke about the people they cared for with empathy and respect. It was evident staff had built positive relationships with people and knew what mattered to them.
- People's care plans focused on them as individuals, with sections on their likes, dislikes, interests, hobbies and cultural and religious preferences. This provided care staff with the information to support them in providing personalised care.

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

- People made many of their own decisions about their care, such as what time they wanted to get up and how they wanted to spend their day. A relative told us, "They always ask [Person], what she wants to eat, does she want to go in her wheelchair. If she is reluctant, they encourage her, they are always respectful."
- Relatives told us they were involved in decisions about people's care and records showed relatives had been included and kept informed appropriately.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and encouraged to be as independent as possible by staff. A member of staff told us, "It is important to give people choices and give them their independence. This is their home."
- We observed that staff respected people's privacy. Staff knocked on people's doors and waited for a response before entering their room and closed their doors before supporting them with personal care.
- People were smartly dressed and looked well cared for. People were supported with personal grooming and staff had continued things that were important to them. This included providing support with shaving and manicures, and access to visits with the service's hairdresser.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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 were supported effectively to maintain relationships and had access to a wide range of activities which were stimulating and entertaining. A relative told us, "There are loads of activities. Every week I get an email with a list of activities for the coming week. [Person] loves music and there is always music going on."
- The provider supported people and their families to hold celebrations at the service. Where people had been unable to attend family weddings the staff team worked with families to host a celebration at the service so people did not miss out and they could be part of the occasion.
- People were supported to celebrate a wide variety of cultural events which were important to them such as Burns night and Chinese New Year. Staff empowered people to take a lead in these celebrations, this included supporting a person to recite poetry to an audience. People also had the opportunity to take part in regular competitions such as designing Christmas cards and cake baking.
- There were regular trips out into the community for people. These included shopping trips, attending concerts and visiting garden centres. People who were religious were supported to follow their faith. A relative told us, "[Person] is a committed Christian and they do have a service on a Sunday."
- Staff had found that one person's favourite musicians were performing in a concert near to the service. They booked tickets for this and supported the person to go.
- One person was being supported to plan a trip to see a relative who lived a long distance away and they had not seen them for several years. Staff supported the person to make the trip and see their relative shortly after the inspection.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff provided an exceptionally personalised service for individual people that met their specific preferences and wishes. This included staff respecting people's preferred routines for personal hygiene, taking medicines, dietary needs and activities. A relative told us, "[Person] is totally dependent on the care staff, but the decision making is hers. They (staff) respond to what's happening, they don't impose their own regime."
- People's care plans held information regarding their personal preferences, life history, religious beliefs and people who were important to them. This enabled staff to have up to date information about people's personal preferences. For example, a person's care plan included details such as what they liked to listen to on the radio and how to support them to be as independent as possible.
- People with specific care needs, such as pressure care, had detailed care plans for staff to follow to meet the person's individualised needs. These included information about how frequently people may need support to be repositioned.

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 were clearly assessed and detailed in their care plans. This included whether people needed aids to help them to communicate, and any support they required with these. For example, staff used a board which they wrote on to help them communicate effectively with a person.
- Where people had communication needs, they had information in their care plans to support staff to know how best to interact with them. This included informing staff to speak slowly, repeat words or to maintain eye contact when speaking to someone.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint if they needed to and investigations from these were used to improve the service provided. A relative said, "I have no fear we wouldn't be listened to; we are never treated as an inconvenience. Discussions are done in a collaborative way."
- The provider had a complaints policy which detailed how people and their relatives could raise concerns if they were dissatisfied with the service they received. The policy explained the provider's process for responding to complaints.
- Records showed that when complaints had been received, these had been responded to and dealt with in a timely way.

End of life care and support

- People's individual preferences and wishes about their end of life care had been discussed with them and their family and incorporated into their care plan. This included where they would prefer to receive care and who they would like to be around them.
- The service provided compassionate end of life care to people. Staff worked with healthcare professionals, including a local hospice, to ensure people's needs were met and consideration was given to the emotional needs of people living at the service during this time.

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 is the first inspection for this newly registered service. This key question has been rated 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

- There was a positive culture at the service and staff demonstrated a strong desire to achieve consistently good outcomes for people. People and their relatives spoke positively about the service. A relative told us, "It's a well-managed home. You walk in and it feels like a welcoming place with a nice atmosphere. You are greeted at reception and that follows through. It has an easy light-hearted feel about it, but you are aware that it is very professional as well."
- Staff told us they felt supported and valued by the management team. A staff member told us, "The manager is always very pleasant." The management team were often at the service outside of office hours to provide support to staff including evenings and weekends.
- Staff spoke positively about how they worked well together to provide good care and we observed good teamwork during the inspection. A member of staff said, "People are very well looked after."

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 was aware of their responsibilities under the duty of candour, and their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. A relative told us, "The flow of information is very good, we are a 100% happy with communication."
- Concerns, incidents and accidents were consistently reviewed. The provider was open and transparent and willing to learn and improve people's care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management team undertook a range of quality assurance audits to ensure a good standard of care was maintained and opportunities to improve identified. We saw audit activity which included medicines, infection control, incidents and accidents and health and safety. Any shortfalls or concerns were documented in action plans and appropriate action was taken.
- Regular night time spot checks were carried out by the management team to ensure that the service was safe at night and people were getting the care they required.
- Regular scheduled audits evidenced where improvements had been made and where further action was required. A recent medicine management audit showed improvements were needed with recording and this was actioned immediately and reviewed with staff.
- The management team held regular clinical risk meetings with staff to discuss any specific risks with

people's health such as infections, identify any associated trends and review whether people were getting the best level of support possible to mitigate further risks to their health.

- Legal responsibilities were being met and notifications to relevant agencies were submitted in a timely way to ensure effective external oversight and monitoring of the service.

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

- People, their relatives and staff were encouraged to share their thoughts, views and suggestions about the provision of care provided. Relatives told us they felt confident making suggestions and raising concerns with the provider. A relative said, "We feel we are kept very well informed. We always work at things together."
- There were a number of ways the service engaged with people and their relatives. These included, residents' meetings, relatives' meetings, a residents' council and the registered manager regularly inviting new residents to have dinner with them to find out about the person and what they would like from the service.
- The service engaged positively with the public. This included regular fundraising events at Signature involving people and staff to raise money for local and national charities.
- Staff were supported to express their views and contribute to the development of the service at team meetings, staff told us that they felt comfortable to share their views about the service. The registered manager sent out a regular newsletter to staff to keep them informed about developments and initiatives that were happening.

Working in partnership with others

- Staff worked productively with other professionals to ensure people's needs were maintained. The management team had developed strong links with people's GP and other health professionals.
- Feedback from partnership organisations was positive, feeling the management and staff at the service provided a safe and responsive service. Professionals told us they felt Signature at Esher was well run and well organised.
- The management team regularly attended and contributed to meetings with other local care homes to help to share and develop good practice.