

WR Operations 1 Limited

# Signature Moorlands Lodge Care Home

## Inspection report

Portsmouth Road  
Hindhead  
GU26 6TJ

Tel: 01428605396

Date of inspection visit:  
30 June 2022  
08 July 2022

Date of publication:  
22 August 2022

## 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 Moorlands Lodge Care Home is a residential care home providing regulated activities personal and nursing care to up to 106 people. The service provides support to people aged 65 and over, some of whom are living with dementia. At the time of our inspection there were 86 people using the service.

Signature Moorlands Care Home accommodates 86 people in one adapted building across three floors. One of the wings specialises in providing care to people living with dementia.

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

Staff supported people and ensured they were safe. People received support with their medicines in line with their needs and staff assured us that they followed all necessary infection control procedures. Staff recorded accidents and incidents and ensured preventative measures were implemented. There were enough staff to meet people's needs.

People received support with their hydration and nutritional needs and the home was adapted and designed in line with people's needs.

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 kind and caring staff. Staff treated people with respect and ensured people's privacy was maintained. People were treated with dignity and supported to express their views.

People had access to a range of activities to suit their needs and preferences. People were encouraged to maintain relationships with family members and new friendships in the home were promoted. People had end of life plans in place and careful consideration had been made in this area.

Staff and the registered manager were aware of their responsibilities and people felt included in the running of the home. Staff received regular supervision and took part in staff meetings. This meant they felt comfortable to raise any concerns or suggestions in relation to the care provided.

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 and update

The last rating for the service under Signature Senior Lifestyle Operations Ltd and Signature of Hindhead (Operations) Ltd was good (published 26 March 2021).

### Why we inspected

We inspected due to the fact this location had not been formally rated since it's registration.

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 Moorlands Lodge Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team were three inspectors, a specialist advisor 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 Moorlands Care Home 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 Moorlands Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. 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 all this information to plan our inspection.

## During the inspection

We spoke with 26 people who used the service and four relatives about their experience of the care provided. We also observed interactions between staff and a number of other people who used the service. We spoke with fifteen members of staff including the registered manager, deputy manager, senior care workers, care workers, activities co-ordinator, chef, maintenance manager, facilities manager, regional director and nursing staff.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision, as well as agency profile records for current agency staff. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 told us they felt safe living at Signature Moorlands Lodge Care Home. One person said, "I feel quite safe. There's always someone about and there's a quick response to the bell for anything that needs sorting." Another person said, "Yes. They (staff) look after me marvellously. The carers here are super."
- Staff were knowledgeable in how to identify and respond to safeguarding concerns. One staff member said, "We would report if there's anything abuse wise, from staff or from other residents, physical mental or anything. I always see it as I'm looking after someone's mother or father, so it has to be right. I would go to safeguarding, CQC and police if need be."
- Staff had received safeguarding training and the provider had a safeguarding policy in place for all staff to follow. The registered manager had reported any concerns to the local authority safeguarding team.

Assessing risk, safety monitoring and management

- Staff knew people's individual risks. One person said, "We are definitely informed (of people's risks) and make sure staff have read the care plan. If they are at risk of falls for instance, we make sure we keep an eye and have the right equipment for them."
- Care plans had detailed risk assessments with guidance and advice for staff to manage people's risks. This included risk assessments around mobility and nutrition and hydration.
- Risks to the environment had been managed well by the maintenance team. This included regular flushing of water outlets to ensure all checks were in line with their legionella risk assessment. The fire risk assessment for the location was also up to date and this was also accompanied by an up to date fire folder which included Personal Emergency Evacuation Plans (PEEPs) for each person living in the home.

Staffing and recruitment

- We received mixed reviews about the level of staffing in the home. Some people told us that the staffing team would benefit from more staff. One person said, "They don't come quickly, it's not their fault, usually you're lucky if they come within 20 minutes. They say I should ring the red bell (emergency bell) and they would all come, but I can't do that when they're so short staffed." Another person said, "Sometimes you wait a long time. 15 minutes or half an hour. It depends how busy they are. But then sometimes they come at once." Other people were positive about the staffing levels. One person said, "You don't have to wait long." Another person said, "Yes, and if you're not well at night the night staff come quickly."
- On checking rotas it was established that there were enough staff to meet people's needs. The registered manager used a dependency tool and ensured this was regularly reviewed so it represented people's needs accurately.
- The registered manager followed safe recruitment processes. This included ensuring there were adequate previous employment reference checks. This also included checks with the Disclosure and Barring Service

(DBS). DBS checks provide the information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People and relatives told us how staff ensured they always received their medicines. One person said, "They give it to me every four hours." A relative told us, "The staff are brilliant with [person's] medicine. I don't know what we would do without them, they (staff) always make sure she has the correct medicines at the right time and are always on top of repeat prescriptions."
- Staff used a digital system to record administration of records. This showed how any medicine errors were identified and addressed in a timely way to ensure minimum impact occurred. This also highlighted if people refused medicines and alerted management to request assurances and guidance from a medical professional if this occurred regularly.
- Staff were knowledgeable in how to use the digital system. The system also ensured that staff had all the relevant advice and guidance for topical creams and 'as and when' (PRN) medicine. This included protocols for 'as and when' medicines to advise staff how frequently to administer this medicine if required.
- There were weekly clinical risk meetings which addressed any changes to people's medical needs. This also addressed any errors that occurred or any changes that were needed. For example, this had highlighted minor medicine errors that could quickly be rectified or reviewed by the GP.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider facilitated visits for people in accordance with government guidance. People were able to see their friends and relatives at a time that suited them and were supported by staff to do so.

#### Learning lessons when things go wrong

- There were systems in place to record accidents and incidents. This highlighted trends and patterns at a management level and ensured action was taken in a timely way to prevent reoccurrence.
- We saw evidence of preventative measures taken to prevent future accidents and incidents. Examples were seen following a person suffering a fall, falls management plans had been implemented and walking aids had been introduced.
- All accidents and incidents that were recorded by staff on the online system were then shared with the senior management team. This ensured action was taken in a timely way and important information was shared with all staffing teams.
- The registered manager also completed falls analysis and quarterly pressure care analysis. This showed action was taken in a timely way to ensure safe care for people at risk in these areas.



# 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's care plans had been thoughtfully completed which included the initial assessment. This showed that people's individual needs had been identified and assessed, this meant that the management team could confirm they could meet people's needs effectively.
- We saw evidence when new risks or needs were identified they were assessed appropriately. Staff were knowledgeable about completing up to date assessments frequently. One staff member said, "If I noticed a change we complete a new assessment to make sure we were meeting the person's needs as best as possible."
- We saw regular care plan reviews were occurring, this meant any new emerging risks, needs or change to a person's choice would be documented clearly. This made it easier for staff to understand and offer them guidance on how to meet these effectively.

Staff support: induction, training, skills and experience

- We received positive feedback about staff knowledge and skills. Overall, people told us staff were well-trained. One person said, "The nursing staff are well versed in what they do. You feel comfortable in speaking to them, they know what they're talking about. They are well geared up to do a good job." Another person said, "They (staff) are very good at offering help."
- The management team had made the decision to use agency staff whilst they recruited permanent members of staff. The registered manager explained how they tried to, wherever possible, keep permanent members of agency staff. We also saw agency profiles that were kept to ensure temporary staff had completed suitable training.
- There was a clear induction programme for both permanent members of staff and agency staff. This included a period of shadowing a more experienced member of staff to ensure any new staff new people's individual needs well.
- All permanent members of staff completed training in line with The Care Certificate, this 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.

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

- We received mixed feedback when people were asked about the food quality in the home. One person said, "It (food choice) is a bit boring. After three years it gets very repetitive and it's not as well prepared as it used to be." Another person said, "The food has got worse." However, other people provided positive feedback. One person said, "It's fine. There's always a good choice." Another person said, "Good food and

accommodation, no complaints."

- The registered manager had introduced a food forum. This was to establish how they could improve in response to people's complaints about the standard of food. The registered manager then updated people about what changes would be made to the menu in response to their comments.
- People told us staff always supported them with ensuring they were keeping hydrated and drink enough. Staff were seen to regularly offer people drinks throughout the day and there were areas where people could help themselves to drinks.

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

- People and relatives told us staff supported them to have access to the doctor when needed. One relative said, "Staff are so attentive, they always call a doctor as soon as they notice any change."
- We saw evidence of referrals to health professionals. Any guidance that was offered was added to care plans for staff to be aware. For example, a person had been referred to the Speech and Language Therapist (SALT) team and as a result been placed on a modified diet. This was shared with all staff and the kitchen were aware of the change to a person's needs.
- We saw where people were at risk of falls, additional equipment had been sought and advice for staff was added to care plans. For example, when walking aids were introduced this was added to people's mobility care plans.

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

- People told us that Signature Moorlands Lodge Care Home was comfortable and had been adapted to meet their needs. One person said, "It's like a home away from home."
- People and relatives told us how staff had gone above and beyond to make them feel at home. Staff had supported two people to move into the home just before a period of lockdown in response to the pandemic. Staff had taken vans to support the people with the move, ensuring they had all their personal belongings with them when they moved into the home and felt comfortable.
- The home was designed to meet people's individual needs. For example, on the dementia wing there were many sensory objects in the communal areas and clear signage so people could navigate their way around the surrounding areas.

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.

- Staff were knowledgeable in the MCA and their responsibilities. One staff member said, "We ask for consent from the onset in the morning. Every day is different, and we try to promote independence and

choices."

- It was clear in care plans who lacked capacity. In all of these examples we saw that capacity assessments had been completed, best interest decision meetings had been arranged and DoLS applications had been made. It was clear that the least restrictive option had been chosen in all examples we reviewed.

# 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

- People told us that staff were kind and caring. One person said, "They couldn't be better. Nothing is too much trouble. They have a few awkward customers to deal with and they all do their best." Another person said, "They are very patient and very kind."
- Relatives told us staff were very supportive. One relative said, "I can't say enough, the staff are just so caring, they really go above and beyond and do everything possible for [person]."
- Staff had received equality and diversity training and this was also available as refresher training.

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

- People and relatives, where appropriate, told us they felt involved with everyday decisions. One relative said, "They include us in important conversations and decisions which we appreciate a lot."
- We saw that people took part in reviews of their care plan. This meant personalised detail was added to plans. For example, care plans detailed how people liked to receive care and support and mentioned individual preferences for staff to follow.
- People told us how they felt comfortable to express their views. One person said, "You have to know who to approach. [Staff member] is excellent. I've got her email address, if it's written down you know it gets done. She's very knowledgeable."

Respecting and promoting people's privacy, dignity and independence

- People were supported in a respectful way. One person said, "They're very pleasant; they're never rude." Another person said, "They are very patient."
- Staff treated people with dignity. We observed staff used lots of reassurance and touching people's hand and back, asking if they were okay. Staff were seen to often use eye contact and smiling at people when speaking with them.
- Staff encouraged independence. One staff member said, "It's the things you know about them. It might be something you might do that helps them remember and they will come to life."

# 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.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Improving care quality in response to complaints or concerns

- People were supported by staff in a personalised way. One person said, "Yes, they call me [name]. They've got to know my family."
- People were supported to meet their preferences. Care plans detailed life histories and how people liked to receive support in line with their choices.
- The management team and staff had supported people to remain in control of their lives and choices. This included people bringing their pets to the home to live with them, staff were seen to support people with their pets to ensure the best possible quality of life.
- People felt comfortable to raise concerns or complaints whenever they felt necessary. On the second day of inspection we saw the registered manager address a concern as soon as it was brought to her attention. One person said, "I don't need to make a fuss but if needed I could go and see [registered manager]."
- There was a complaints policy to advise staff on how to support people if they wanted to complain.

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 staff had supported people to remain in contact with family even through the restrictions of the pandemic. One person said, "My [relative] can come at any time."
- People had begun special friendships at Signature Moorlands Lodge Care Home. Two people had begun a romantic relationship and staff had celebrated this with a special celebratory valentine lunch.
- Activities were tailored to people's preferences. These included frequent quiz nights, bible study, ladies collective and flower arranging. There had been a book designed to remember additional activities that had been created during the COVID-19 pandemic. This showed examples of how staff had tried to prevent isolation during this challenging time.
- There was an activities lead who told us how they always tried to learn about new, innovative ways to entertain the people living in the home. They said, "We are planning to meet other activities co-ordinators from other local homes so we can share ideas. I don't like to think what we do is a secret and we can always learn from each other."
- The registered manager and staff had celebrated as restrictions in response to the COVID-19 pandemic began to lift. To celebrate Christmas 2021, they invited each person to a fine dining Christmas lunch. They also arranged trips to festive activities, for example an evening light show at a local stately home.

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.

- Staff were seen to communicate well with people in line with their specific needs. If a person was hard of hearing, staff were seen to bend down closely to their ear and speak to them clearly and confirm they understood.
- Care plans contained communication plans. This offered guidance and advice for staff to follow to effectively communicate in the preferred way for each person.
- Staff had access to easy read materials for people with additional needs. This ensured people received essential updates and felt included in changes within the home.

#### End of life care and support

- People had end of life care plans in place to ensure staff were prepared and knew people's preferences if they entered this period of their life.
- We were informed that a person living in the home had been supported as end of life for a period when recovering from COVID-19. We were then informed that they had been supported by staff to improve and they were seen to be taking part in activities during the inspection. Staff had responded well to support the person and as a result they were no longer receiving end of life care.

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

- Staff supported people in a person-centred way. Care plans were person-centred and offered advice for staff in how to deliver personalised care in line with people's preferences.
- The management and staff included people in the day to day running of the home. An example of this was seen with the regular food forums where people would decide what needed to be added to the menu and voice their opinions on the current menu.
- People told us that they felt involved in the home. One person said, "I feel listened to when I voice my opinions, there are resident meetings if I want to attend."
- The registered manager held resident and staff meetings. Action was taken in response to comments made and copies of the minutes were distributed around the home so people could add to them if they wanted to.
- Staff also received regular supervision and felt supported. One staff member said, "I know they are there if I need them. They're always approachable and kind. You have their support."

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 registered manager was open and honest with staff, people and relatives. One relative said, "If anything goes wrong, they (staff) are straight on the phone and keep me updated. That's all we can ask for."
- The registered manager completed notifications to CQC and the local authority when required. This was in line with their legal obligation. Updates were then provided by the management team as well as any additional information requested with no delay.
- Improvements were continuously monitored, and action taken to ensure staff and the management team were always learning. Regular clinical risk meetings and management meetings addressed any minor improvements required so action could be taken in a timely way.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The registered manager completed regular quality assurance audits. These highlighted any improvements required and changes were made quickly. For example, new coffee machines were ordered in response to identifying malfunctioning machines.
- Staff were clear about their roles and responsibilities. One staff member said, "The service definitely works

to their values. We discuss them during training and throughout what we do with people. As a senior I try to promote good practice throughout, so staff follow suit."

- The registered manager and staff worked well with other professionals. We saw examples of regular referrals to medical professionals and follow up sought in a timely way.
- Where the local authority had been involved, staff worked well in partnership to ensure all details were shared. As a result, the people received the most effective support to meet their individual needs.