Somerset Redstone Trust

Signature House

Inspection report

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Ratings

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

Overall summary

Signature House was last inspected on 9 December 2013 and found to be meeting all requirements in the areas inspected.

When we visited there no registered manager in post as the last manager had left on 18 February 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However the provider had appointed a manager and an application to register this person had been made.

Signature House is located in Dorchester, Dorset. The home can accommodate a maximum of 48 people. Accommodation is provided over three floors and all bedrooms have ensuite facilities. At the time of the inspection there were 43 people living at the home. The home was divided into three separate areas, the first floor supporting people with moderate dementia care , the second floor for the care of people with nursing needs and the third floor supporting people with more complex mental health needs.

The provider had designated the responsibility for the cleaning of the home to an outside contractor. The home was not clean in all areas inspected. The kitchenettes

Summary of findings

located on each floor were not effectively cleaned. The food stored in these areas, such as sandwiches and pate were uncovered and undated. This put people at risk of unnecessary harm.

The provider had a system in place to ensure the suitability of new staff to work at the home. This system was not consistently applied to all new staff. We found that one recent employee had not had references taken up from their most recent care employee. This meant that all of the most current information available to the provider had not been used to check the suitability of this person to work at the home.

When people with enduring mental health issues, such as dementia, displayed challenging behaviour the staff did not consistently have documented guidance to enable them to support them safely. On the third floor we observed that staff did demonstrate that they had sufficient guidance and understanding to effectively support people with dementia. The provider had recently employed a member of staff to take the lead on developing staffs understanding of dementia and how to provide activities based on their individual needs. Whilst the staff knew people's needs well, the records relating to people's care and support were not always up to date and so they may not be able to provide care and support in the way people wished.

Most staff demonstrated a caring and compassionate approach to people living at the home but some improvements were necessary as we observed some staff did not always respond appropriately to people living at the home. People were offered choices at mealtimes such as where to sit and what to eat. A relative told us that the food on offer was generally very good saying, "I visit most days and there always seem to be enough choice and enough for people to eat, my husband has put on weight since coming here."

There were sufficient suitably trained staff to meet people's needs. The people we spoke with told us that, "the girls (staff) are lovely; they always help me and get me drinks when I want them". Another person told us about recent improvements saying "there seems to be more staff around lately". Relatives told us that they considered there were always staff around to help when required.

People told us they felt safe living at the home, they were aware of how to make a complaint. People told us that if there was an issue they would tell staff who would address this.

The provider had systems in place to ensure the quality of the service was regularly reviewed and improvements, some of these systems were still under development. The provider demonstrated that they had taken action and made improvements in the service offered and had a plan of continued improvements.

The provider was meeting the requirements of the Mental Capacity Act 2005 and assessments of people's capacity had consistently been made. The staff at the home understood some of the concepts of the Act, such as encouraging people to make decisions for themselves. We observed that staff demonstrated that they could apply this to everyday life.

Staff told us they worked well as a team and enjoyed working at the home. They told us about the values and vision of the provider, one staff member told us, "I want to do something I am proud of; I know I will be able to achieve this here."

We recommended that the provider looks at the activities provided to people with complex needs living at the home

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correspond to regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The home was not safe as the cleanliness and infection control within the home required improvement. People were put at unnecessary risk because of this.

The system in place to ensure the suitability of new staff to work at the home was not consistently applied to all new staff which may have put people at risk.

The provider demonstrated that they worked well with other professionals to resolve safeguarding issues in order to protect people from harm

Requires Improvement

Is the service effective?
The service was effective at meeting people's needs.

People had access to health and social care professionals when required, Staff were proactive in ensuring emerging needs were acknowledged and acted upon.

Staff at the home used the Mental capacity Act to support people's rights and to keep them safe.

Good

Is the service caring?
The staff were not consistently caring and compassionate. Staff did not always respond to people with respect and dignity.

Some people received individualised support where most staff knew their needs and their preferred routines others did not.

Requires Improvement

Is the service responsive?
The service was responsive to people's needs but some improvements were required. People were provided with some activities but in some areas of the home this was not necessarily in line with their interests.

People were encouraged to be actively involved in their care with regular meetings involving family and other health and social care professionals when required.

People knew how to raise concerns. Staff knew how to respond to complaints if they arose.

Requires Improvement

Is the service well-led?
The service was well led. There was no registered manager in place limiting the rating to require improvement. The provider was developing system to ensure the quality of the service was reviewed and improvements made. There was evidence that there had been improvements in the service provided.

Requires Improvement

Summary of findings

There were systems in place to involve, relatives, staff and the people they supported to ensure an open and transparent culture to the service offered.

Staff and relatives confirmed the manager was approachable and they felt listened too. Regular staff meetings took place; staff told us they felt supported by the management.

Signature House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 March and 17 March 2015 and was unannounced. The inspection was completed by one inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. At the time of the inspection a Provider Information Record (PIR) had not been requested. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. In order to gain further information about the service we spoke with the four people living at the home and two visiting relatives. We also spoke with seven members of staff.

We looked around the home and observed care practices throughout the inspection. We reviewed five people's care records and the care they received. We reviewed records relating to the running of the service such as environmental risk assessments, fire officer's reports quality assurance monitoring audits and four staff records.

We contacted the Clinical Commissioning Group, local authority contract monitoring department and local authority safeguarding team prior to the inspection to obtain their views on the service. These professionals were involved in the care of people living at the home.

Requires Improvement

Is the service safe?

Our findings

People were not consistently safe from the risks associated with an unclean environment. We observed the cleaning staff clean a kitchenette on the first floor. This area was used to serve snacks, make drinks for people and to serve the main meals. We spoke to the cleaning staff who confirmed that they had just cleaned this area before we entered. The cleaning schedules for these areas had been completed by staff indicating all areas had been cleaned on a regular basis. We found this was not the case. We found that the inside of the cupboards used to store people's cups were dirty. Whilst all of the kitchen surfaces had been cleaned nothing on the worktop had been moved which was evident when we moved the items to find accumulations of bread crumbs and old food stuff. The floor had been cleaned but again the bin on the floor had not been moved. We looked inside of the fridge and noted that food was left uncovered such as sandwiches and a half empty container of pate which was undated. This meant that whilst the area had received some superficial cleaning it had not been cleaned effectively. The foodstuffs left in the manner described put people at risk of unnecessary harm. We looked at the other kitchenettes and also found the cleaning was superficial and accumulations of food stuffs were noted behind items on the work surfaces, indicating they had not been effectively cleaned. We looked at two communal toilet areas and noted that whilst the area's appeared clean there were accumulations of dirt and debris behind doors indicating the area was not effectively cleaned. The above demonstrates a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(1)(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the manager about our concerns. They acknowledged our observations. They told us about the systems in place to check the foodstuffs and cleanliness of the area but agreed that these were not effective. We asked who the infection control lead was and were told this role was under development and a nominated person was undergoing specific training in infection control auditing. However in the meantime the deputy manager was carrying out checks in relation to infection control.

There had been a period towards the end of 2014 when the medicines administration and record keeping had not been safe. There had been a number of medicines administration errors. When these had occurred the provider had ensured that people and their relatives had been informed as appropriate. The provider had also alerted the local authority safeguarding team and consulted the people's doctor as required. As a response to these errors the provider had investigated the causes for them and acted on the lesson learnt. There was evidence that staff involved in the administration of medicines had received refresher training and that during January 2015 group supervisions had taken place with these staff. The provider had also kept all medicines administration and record keeping under review. This had included the management of the home carrying out observations of staff completing the medicines administration and making recommendations for continued improvement.

The provider had systems in place for establishing the suitability of prospective staff to work with vulnerable people but these were not consistently applied. We looked at staff recruitment documentation. Whilst in most case's these had been completed thoroughly we noted that in one of the four checked a reference had not been taken up from the previous employer in the caring sector. As the circumstances for the person leaving the previous employer were not clear and no satisfactory explanation had been recorded, this meant that the prospective staff member may not be suitable to work in care. We noted in the providers quality audit of staffing records this had also been identified as requiring improvement due to some key information missing from these records

The provider did not provide staff with sufficient recorded guidance to enable them to support people who needed support to manage their emotions. We looked at guidance available to staff for two people who required help with their emotions. Whilst the records described the emotions that required support, both had a generic statement that stated that 'this behaviour can be managed by trained staff using planned interventions', but did not state what these planned interventions were. We spoke with one member of staff about this issue. They told us "They need watching as they can become very angry". The staff member did not tell us about how to avoid the person becoming angry nor did they identify any triggers to this behaviour. We also noted a person being supported by one member of staff whose role was to provide 1:1 support to the person. We observed this staff member followed the person around but did not interact with them, except to tell them to stop some

Requires Improvement

Is the service safe?

unwanted behaviour. This meant that staff did not have sufficient guidance to support people who needed support to manage their emotions putting them at risk of harm to themselves or others. Prior to the inspection the provider had taken action to address staff knowledge and understanding of the care of people with dementia by employing a new member of senior staff on a full time basis. Their designated role was to take the lead on developing staff in relation to dementia care and providing care for people with more complex enduring mental health issues.

With the exception of support people needed to manage their emotions the risks people faced in relation to their individual daily lives were managed and assessments were in place to keep people safe. Staff described how they kept people safe without restricting them (unless under 1:1 support) and supporting them to have control over their life. People's care records illustrated the risks they faced and described what action to take to minimise these risks.

Staff told us, and records confirmed that they had received training in safeguarding adults. We spoke with five members of staff who told us how they would respond to allegations or incidents of abuse. The provider's policy in relation to vulnerable adults gave staff the information they needed to identify and report abuse to the appropriate authorities. In addition, the manager had notified the local authority, and CQC, of safeguarding incidents. We spoke with members of the local authority who confirmed that the provider had worked with them to resolve any issues. People told us they felt safe and did not have concerns about abuse or bullying from staff.

There were sufficient numbers of staff to meet people's needs. People told us there were enough staff to support them when required. One person said, "I have to wait sometimes but staff are not too long in helping me." Another person told us that "things seem to be a bit better lately, there seem to be more staff about these days". We looked at the staff rotas for the preceding three weeks that demonstrated there were sufficient staff to meet people's support needs.

Good

Is the service effective?

Our findings

There were systems in place to monitor people's health care needs but we identified a weakness in the system. People and their relatives told us that a range of health care professionals visit the home such as doctors and occupational therapists. One relative told us that, "the staff are very good at addressing issues before they get time to develop" another told us "staff arranged for my relative to see a doctor and had the necessary treatment before I knew there was an problem".

However one person told us that they needed to see a chiropodist and asked us to enquire when that was to happen. We spoke with staff and the manager and established that whilst the person should have been seen at the last chiropody visit this had not happened. The system in place to ensure people had their health care needs met failed to pick up the person had not been seen when required. The manager looked into the issue and could not identify why the person had not been seen and took steps to address this at the time of the inspection.

We carried out an observation over the lunch time period in the second floor dining room. Six people were assisted to the dining tables to eat. People were offered a choice of meal by staff showing them differing plates of food. We also carried out an observation of afternoon tea on the first floor which included a range of cupcakes. People were enjoying the occasion. We spoke with one person who told us," I have had three cakes and I will have some more." A relative told us that the food on offer is generally very good saying, "I visit most days and there always seem to be enough choice and enough for people to eat, my husband has put on weight since coming here".

The provider had a system in place to ensure people were not malnourished or dehydrated. We looked at five people's care records in relation to their diet, choices of food and monitoring their weight. Their care records recorded some of their choices. There were monitoring records of people's weight and when people lost weight this had resulted in action by staff. For example, one person had lost weight. Their care records informed that if they continued to lose weight, a referral to the dietician should be made. Therefore, the system in place was effective at protecting people.

Mental capacity assessments were meeting the requirements of the Mental Capacity Act (MCA) 2005. For example, where people lacked capacity to make decisions for themselves this was recorded in their care records together with a MCA assessment. We observed that people living with dementia could not leave the area of the building they lived in because the doors were locked. In order to leave the area people therefore had to ask staff to open the door. Where this was the case the provider had a system in place to apply for Deprivation Of Liberty safeguards (DOLs) authorisations as necessary. This demonstrated the provider had systems in place to assess people's capacity to make decisions for themselves and to take action in the persons best interest if they did not have the capacity. The staff we spoke with were also aware of the MCA and what that meant for the people living at the home.

Staff told us about the training they had undertaken and how they accessed training. They told us the training was mainly available through distance learning materials with some face to face training. Staff told us they had received training in areas such as, control of substances hazardous to health, health and safety and moving and handling. They told us that if they identified an area of care practice they would like to know more about you could ask the manager to consider providing it. Staff spoke about how they valued training as it helped them to meet people's needs more effectively.

Requires Improvement

Is the service caring?

Our findings

Some staff addressed people they supported with dignity and respect but there were occasions when this was not the case. We observed staff on the first floor listened respectfully and politely to what people told them and responded slowly to them. When people required support to go to the toilet the staff were discrete and supported them without fuss. We observed that when a person required help to get from a chair to a wheelchair the staff were patient and talked with the person to reassure them they were safe. However on the third floor the support we observed was not consistently respectful and dignified. For example, we observed staff discussing who was going to support a person go to the toilet in front of other people. This did not demonstrate that the person was being treated with dignity.

The above demonstrates a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not all people were cared for with compassion and respect. We carried observations on the first and second floor during the lunch period and afternoon tea and found differing degrees of compassion and respect shown by staff. For example, on the third floor, we observed that some staff did not understand the actions of a person. At the beginning of the lunch time a person tried to put on an apron and help put cold drinks and cups on the tables. One staff member took the apron away from the person and told them to sit down, missing an opportunity to enable the person to maintain their independence. However, on the first floor we observed staff sat talking with people and encouraging them to be as independent as possible for example, encouraging people to help others by asking people to be responsible for offering cakes and biscuits to people and their relatives.

Some staff knew people's routines well however other staff did not. We spoke with staff about people's daily routines, their likes and dislikes. From these discussions it was clear that some people's routines were well known whilst others were not. For example, staff could describe what time a person liked to get up and they choose to spend their day. However for another person they could only describe the task they performed such as support with their personal care needs. The people we spoke with told us that, "the girls (staff) are lovely; they always help me and get me drinks when I want them." Another person told us, "I look after my friend here, she is at risk of falling over, the staff and I make sure she doesn't get up without help, if I see her trying to stand I let the staff know and they come over to help, they are very caring."

Requires Improvement

Is the service responsive?

Our findings

Staff did not consistently provide meaningful activities or consistently engage with the people living at the home. We observed staff interactions with people in the main lounge / dining area on the third floor. Four people were sat in a small seating area. Whilst staff came into the area they did not speak with people sitting there. We observed a member of staff come into the area some five minutes later, switch the TV on and leave the area without consulting any one if this was what they wanted or on a the channel they liked. Whilst on the first floor we observed that people were engaged in an organised tea and cake afternoon. The people and their relatives told us these type of activities happen often, one person told us how much they enjoyed the afternoon activity. We observed that staff sat and talked with people in this area throughout the afternoon.

Some people told us they had been consulted about their interests and aspirations. People's care records evidenced this but this was not the case in all records. In most of the care records there was some information about the person's life, what work they had done and some of their interests. The information provided an overview of the person on admission but this had not been built on in their time living at the home or used to provide meaningful activities.

The provider had a system to regularly check people's dependency levels which was linked to staffing levels. When people's needs changed these were responded to effectively for example. We spoke with staff and looked at peoples care records. In two people's care records it was evidenced that they had fallen on a number of occasions. As a response to these falls a weekly analysis had taken place to establish where and when these falls had occurred. The manager informed us that the data from this analysis had been used to introduce extra staff shifts in targeted areas leading to a reduction in the falls.

People living at the home were included in the reviews of their needs. We spoke to people and asked if they were consulted about their needs. One person told us, "I'm not sure, staff ask if I want anything and if I am ok" Other people we spoke with could not comment about how they were consulted due to enduring mental health illness. Visiting relatives told us that staff always ask them for their opinions on the service on offer. One relative told us "We had a review recently; they told us what they were doing and consulted us about the care and support being given, but it was rather formal as we knew already." We looked at people's care records that demonstrated that people or their advocates had been consulted about how they wished to be supported.

The manager told us, and records confirmed that there were meetings between the staff and people living at the home where people were encouraged to express their views of the service. For those that could not represent themselves, relatives meetings had been planned.

The people we spoke with were aware of how to make a complaint and that if there was an issue they would tell staff who would address this. The provider had policies and procedures for dealing with complaints or concerns. This was made available to people and their families. At the time of the inspection the compliant log did not indicate that there had been any formal complaints for the provider to investigate.

We recommend that the provider seek advice and guidance from a reputable source, about providing activities for people who have enduring mental health illness and complex needs.

Requires Improvement

Is the service well-led?

Our findings

At the time of the inspection there was no registered manager in post, the last manager left their post on 18 February 2014. The provider had appointed a manager who was providing leadership at the home; an application had been submitted for this person to register.

The manager acknowledged that some of checks on the quality of care provided had not been completed. They showed us a structured plan that they had drawn up to address this. We saw that the provider had carried out two comprehensive 'care and compliance' reviews in January and February 2015. These reviews covered areas such as infection control, care records, medication administration and storage, environmental health and safety audits. From these reviews a working improvement plan had been drawn up. We looked at this improvement plan which demonstrated that significant progress had been made in improving the service on offer. The provider had also made arrangements for the manager to be supported in their role during this period by an area manager. This was having a positive impact on the homes ability to meet people's needs in a consistent and planned manner. This demonstrated that the provider understood the importance of having working systems to monitor the quality of the service provided and had a plan to achieve this.

Staff told us about the leadership at the home. They told us that whilst there had been a period of uncertainty things were improving. They told us the manager was approachable and listened to what their concerns were.

They told us about staff meetings where they could raise issues and be given information in relation to staffing issues, training opportunities and the running of the home. Staff told us about the values of the provider and how they need to be able to achieve good quality care. One staff member told us, "I want to do something I am proud of; I know I will be able to achieve this here."

At the time of the inspection staff were not receiving formal supervision. We spoke with the manager who showed us a year planner that indicated when all staff supervisions should take place. (Staff supervision is an opportunity for staff to talk with their line manager about their developmental needs and any issues that affect the way they do their work). Staff were aware of these supervision plans. Some of the senior staff also told us about their responsibilities to supervise others, one staff member confirmed they were to receive training in supervising staff as this was a role they had not yet undertaken. This demonstrated that the provider understood the importance of supporting staff and had a plan to achieve this.

The people living at the home could identify who was managing the home. The relatives we spoke with told us that they considered the manager was approachable and listened to their concerns. One relative told us, "I sat and had a coffee with the manager, they wanted to know what I thought about the service being given and if they could do anything better; I have confidence that if I had an issue, which I don't, it would be resolved." Other relatives told us they were aware of the restarting of relative meetings.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect c

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12(2)(h) People were not cared for in a clean environment. The systems in place to reduce the risk of infection was not effective.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.