

Amica Care Trust

# Signature House

## Inspection report

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02 September 2022

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Signature House is a care home providing accommodation and personal and nursing care. The home is registered to provide care to a maximum of 48 people. The home specialises in the care of older people with dementia and/ or nursing needs. At the time of the inspection there were 46 people living at the home.

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

People said they felt safe and staff understood the risks they faced. Staff were confident in their understanding of the risks people faced and understood the measures in place to reduce these risks.

People felt well cared for at the home. They were cared for by staff who understood their safeguarding responsibilities.

People were supported in the least restrictive way possible by staff who were trained to use soft hold restraint in line with people's care plans. Deprivation of Liberty Safeguards had been applied for appropriately where people needed this level of protection.

People lived in a home where the registered manager was visible in the home and monitored standards of care and sought people's views.

People told us staff came when they called. There were enough safely recruited staff to meet people's care needs, there was ongoing recruitment to ensure people had access to sufficient meaningful activity.

Staff felt supported and part of a strong team that was committed to providing high quality care.

The provider had systems in place to monitor quality and plan on-going improvements.

The provider and registered manager were responsive throughout the inspection and took robust action to ensure any issues were adequately addressed.

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

Rating at last inspection – The last rating for this service was good (Published 2 August 2019)

### Why we inspected

The inspection was prompted in part due to concerns received about staffing and risk management over a period of time. A decision was made for us to inspect and examine those risks  
As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well led sections of this full report.

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.

The overall rating for the service has not changed from Good based on the findings of this inspection.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Signature House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Signature House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our 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 was carried out by two inspectors.

#### Service and service type

Signature House 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 House 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

We looked at the information we had received from and about 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

During the inspection we spoke with three people who lived at the home, four visiting relatives and a visiting health professional. We also spoke with ten members of the care staff team, the registered manager and two representatives of the provider organisation.

We looked at a sample of records which related to people's individual care and the running of the home. These included; aspects of six care and support plans, minutes of staff and resident's meetings, audits, recruitment records and health and safety checks.

We also received feedback from a team of health professionals who worked with the home, 13 relatives and 14 members of staff after our visits to the home.

# Is the service safe?

## Our findings

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

At our last inspection this key question was rated Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

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

- People told us they felt safe and that staff understood how to support them to minimise risks. One person described the support they received to move safely and told us this was always done well. Relatives reflected this with comments such as "Safety has never been an issue." Another relative commented that they were confident with safety after witnessing the competence with which staff responded to a medical emergency.
- Risks to people's health and wellbeing were assessed and people received care and support in accordance with their assessed needs. Risk assessments and care plans covered individual needs such as those related to mobility, skin integrity, mental and physical health, nutrition and hydration.
- People had access to the equipment they needed for safety such as hoists, pressure relieving mattresses and emergency alarms.
- People and their families were involved in managing their risks safely. Relatives and people told us they had regular reviews to ensure that information in their care plans were clear and up to date.
- When people were distressed or agitated, and this manifested in behaviour that may harm themselves or others, staff supported and managed the situations to ensure the person remained safe and their dignity and rights were protected. Care plans were clear on what action staff were to take to support people to remain safe.
- Staff used restraint only when they had been trained to do so and it was safe and necessary to do so. Care plans were clear that this was only utilised for the shortest possible time. We observed that staff followed low arousal and supportive approaches with people and took the time people needed.
- Information was shared between staff in all the provider's services to ensure lessons were learnt when things went wrong.
- Staff told us they were aware how to report accidents and incidents on the electronic system and when things did go wrong reviews were held so that lessons could be learnt.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal

authorisations were in place to deprive a person of their liberty.

#### Using medicines safely

- People told us they received their medicines, including creams, as they were prescribed.
- Nursing staff were clear about their responsibilities in relations to medicines, people received their medicines as prescribed.
- One nurse told us there were safe systems in place in regards working with other agencies and health professionals to share the responsibility. They said, "We have good systems in place that support us to work well with GP, pharmacy and the frailty team. Mistakes are rare as our systems support safe reviews and monitoring of all medicines including PRN and controlled drugs.
- People received their medicines from nurses or trained senior staff. Where people received their medicines covertly, best interests decisions had been made with the appropriate representatives involved.
- Medicines were stored correctly and disposed of safely. Safety checks were completed daily in regards fridge temperatures and medicines which needed additional checks.

#### 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 had consistent feedback about the cleanliness of the home.
- 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.

#### Visiting in care homes

- The management team was facilitating visits for people living in the service. We observed visitors were welcomed into the service and people confirmed their relatives were visiting.
- We received some feedback from relatives who felt restricted by the booking system and we discussed this with the senior team. They told us that the people living in the home had chosen to maintain a booking system however they acknowledged that not all people had capacity to contribute to this decision and told us they would review it. They also told us they would ensure all families knew they could visit at times that were convenient to them as a matter of priority.

#### Staffing and recruitment

- People told us there were enough staff and they had confidence in the staff that supported them. One person explained "They always come when I call." Relatives commented positively on the competence of the staff providing care and support to their loved ones.
- Where agency staff were used efforts were made to ensure they were regular, and the service booked these staff through a neutral agency provider which added additional scrutiny to their appropriateness for the home.
- The registered manager and provider explained they were currently recruiting to fill roles to support people with activities. This need was evident and staff and relatives commented on the impact these vacancies created. One care staff said, "We work long shifts normally 12.5 hours, we get a handover when we first come in, when we go for breaks it makes it short on the floor. It would be better if we had some support



with activities."

- There was a strategy in place to improve people's experience of meaningful occupation.
- Recruitment procedures were in place. The management team carried out pre-employment checks to ensure staff were of good character before they were employed to work at the service. We identified some gaps in the recording of these checks. This was addressed immediately by the senior team.

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with said they felt safe at the service. Relatives also commented on their confidence in their loved one's safety. One relative described how a concern they had shared with the registered manager had been responded to with discretion and professionalism.
- People, who could no longer use words to communicate how they felt, appeared comfortable and relaxed with the staff supporting them. Staff were attentive, kind and friendly. A relative told us, "The staff are absolutely wonderful and so reassuring."
- Staff had completed training to help them understand safeguarding and how to recognise and report any concerns. They were able to confidently describe the actions they would take if they were concerned about a person's safety or well-being. We identified one situation where a person had been at risk of isolation due to broken equipment and this had not been reported to the registered manager. When we discussed our concerns with the operations manager, they took immediate action to ensure alternative arrangements were in place to support the person out of bed. The registered manager also raised a safeguarding alert with immediate effect and opened an internal investigation. We were assured the provider managed safeguarding concerns promptly.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained 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

- The registered manager, and provider representatives, were committed to promoting a culture which respected people as individuals.
- The comments made by staff and people reflected this commitment in practice. Staff told us that "residents are at the fore of everything". They also told us they felt valued and supported as staff and this enabled them to support people to achieve good outcomes.
- People's lifestyles and beliefs were respected by staff. This meant people could follow their own routines.
- People were happy with most of the care and support they received. Where issues were identified the provider took immediate action alongside the registered manager to analyse the concerns and make improvements.

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

- People lived in a home where there was a staffing structure which gave clear lines of responsibility. This ensured there were always senior staff available to people and other staff.
- The registered manager and provider undertook a range of monitoring audits. These were effective in identifying areas for improvement and fed into a service development plan where improvement was monitored. These monitoring tools were adapted and developed to ensure they served their purpose. During our inspection we highlighted some concerns around people's experience of meaningful activity. A change was made to the resident of the day system to ensure this area of people's experience was explored with them and, if appropriate, their relatives in more depth each month.
- Relatives were confident in the quality of the service. We received numerous comments reflecting this including, "I visit regularly, and I am therefore very confident over the high standards provided because I see it firsthand." "I would recommend Signature House without hesitation to family and friends." And "my (relative) is receiving the best care in this nursing home which has maintained a high level of performance during particularly difficult Covid times."
- The registered manager was visible in the home. They attended handover on a daily basis and spent time talking to people to seek their views.
- The registered manager said they felt well supported by the provider who was always available to them to offer advice and support.
- The registered manager, and provider, were committed to ongoing improvements to make sure people received good quality care.

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;

- People, visitors and staff felt that the management of the home was open and approachable.
- We received some feedback that indicated issues had not always been responded to. We discussed this with the provider and registered manager and action was taken immediately. Most relatives told us that communication between the home and themselves was good and action was always taken as agreed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service involved people and their families in a meaningful way in regards reviewing the service. Regular resident meeting were held and relatives informed us they received emails and correspondence from the provider in regards any changes being made at the service.
- Staff meetings were held to make sure staff were kept informed of any changes at the home. Staff told us they felt able to contribute to discussions in these meetings.
- There were good links with the local community, one person living at the service told us they liked to go out into the local community to follow their interests. The community were invited to events held at the home; there was a sponsored walk underway during our visit.
- The staff worked with other professionals to make sure people received the care and support they required. The registered manager told us they had good relationships with local professionals. We received positive feedback from professionals who worked with the home.