

Signature Senior Lifestyle Operations Ltd

# Signature at Southbourne

## Inspection report

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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 of Southbourne is a residential care home providing accommodation and personal care to up to 104 people. The service provides support to older people, some of whom are living with a dementia. At the time of our inspection there were 58 people using the service.

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

People and their families described the care as safe. Staff had undertaken safeguarding training and understood their role in recognising and reporting concerns of abuse or poor practice. People had their risks assessed, monitored and reviewed and staff followed the actions needed to minimise risk whilst respecting people's rights and freedoms. Recruitment processes ensured staff were suitable to work with older people. Staffing levels were responsive to people's changing needs. People had their medicines managed safely. Infection, prevention and control measures were in line with the latest best practice guidance.

People received care from staff that had completed an induction and had on-going training and support ensuring they carried out their roles effectively. People's eating and drinking needs were understood and met. Staff had good working relationships with health professionals ensuring positive outcomes for people. Records showed us people had opportunities to see community services such as dentist, chiropodists, opticians and audiologists. The environment met the physical and social needs of people.

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.

Staff were described as kind, caring and fun. Staff knew people well and understood their communication needs ensuring people were involved in decisions about their day to day lives. People had their privacy, dignity and independence respected.

People received person centered care that reflected their assessed care needs and lifestyle choices. People had opportunities to follow hobbies and interests, join in a range of social activities and enjoy private time with family and friends. A range of cultural events were celebrated. People retained links with places of worship important to them. A complaints process was in place which people and their families felt if they needed to use they would be listened to and actions taken. People had an opportunity to discuss their end of life wishes. Staff worked with GP's to ensure people at the end of their lives had medicines and health interventions in place to keep them comfortable.

The culture of the home was open, honest, friendly and welcoming. Staff felt empowered to speak out, felt part of a team and spoke positively about their roles and the people they supported. Leadership was visible and focused on person centred care. Quality assurance processes were robust and effective at ensuring people received safe care and had positive outcomes. Partnerships with other agencies supported

collaborative working, innovation and keeping up to date with best practice.

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

This service was registered with us on 9 August 2022 and this is the first inspection.

The last rating for the service under the previous provider was Good, published on 6 August 2019.

#### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Signature at Southbourne

## 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 was carried out by two 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 Southbourne 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 Southbourne 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. We sought feedback from the local authority 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 9 people who used the service and 12 relatives about their experience of the care provided. We spoke with 13 members of staff including the regional operations clinical partner, registered manager, deputy manager, care staff and catering staff. We also spoke to one health and social care professional who had experience of the service. We observed care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

# 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 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. One person explained, "There is always someone around." Another said, "(Staff) treat us very well." A relative told us, "(Relative) is safe because of the regular checks the carers make. They've had one fall since arriving and the staff were with her within minutes."
- People were cared for by staff that had completed safeguarding training and understood their role in identifying and reporting concerns of abuse or poor practice. A staff member told us, "I know about whistleblowing, there are posters up everywhere in the home and I wouldn't hesitate. I am proud to work here."
- Records demonstrated that reporting protocols to external agencies, such as the local authority and Care Quality Commission, had been followed. This meant that people had additional safeguarding protections.

Assessing risk, safety monitoring and management

- People had their risks assessed, monitored and regularly reviewed. This included risks associated with falls, malnutrition, skin integrity and health conditions.
- Staff were clear about the actions they needed to take to mitigate risks to people whilst respecting a person's rights and freedoms. One person enjoyed walking but was unaware of their very high risk of falling. Whenever the person stood up we observed staff quickly engage the person in conversation, link arms and walk along with them until they decided to rest again.
- People had personal emergency evacuation plans in place that provided key information to aid emergency services in the event of the building needing to be evacuated. Fire equipment was in good order and staff had completed fire training which included regular drill practice.

Staffing and recruitment

- Staff had been recruited safely with checks including full employment history, references and a 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.
- People were supported by enough staff, with the right mix of skills and experience, to meet their care and support needs. One person told us, "There is always someone, (staff), around." A relative said, "Very homely, welcoming and with a high ratio of staff."

Using medicines safely

- People had their medicines administered safely by trained staff who regularly had their competencies assessed.

- Some people had medicines prescribed for as and when needed. Protocols were in place that ensured staff had the information needed to administer these medicines safely and appropriately.
- Legal requirements had been met to safeguard people when their medicines were administered covertly. Records showed us decisions had included a person's GP, pharmacist and families.
- Controlled drugs, (medicines that have additional controls due to their potential for misuse), were managed in accordance with current regulations.

#### 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.
- At the time of our inspection there were no visiting restrictions which was in line with current government guidance.

#### Learning lessons when things go wrong

- Accidents and incidents were reviewed by the registered manager and information used to review care plans, analyse trends, review risk and identify learning. A family member told us, "On admission, (relative), had a number of falls. (Staff) identified medicine a probable cause and so tried without and falls have reduced."
- Learning was shared with staff in a range of ways including daily handovers, staff meetings, training and through staff supervision.



# 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

- Assessments prior to admission had been completed with people and their families that provided information about the care and support people needed and reflected their lifestyle choices.
- Assessments were completed using assessment tools that reflected best practice and met legal requirements.
- Assessments included the use of equipment and technology, including specialist moving and transferring equipment.

Staff support: induction, training, skills and experience

- Staff had an induction, on-going training and support that enabled them to carry out their roles effectively. A staff member told us, "I have enough training, it's online, but we learn something new every day though from the registered manager and other staff."
- Staff had completed dementia training. One staff member explained how it had influenced their practice. They told us, "If you meet one person with dementia, you have only met one person with dementia, as everybody is individual."
- Staff felt supported, had regular supervision and told us they had opportunities for professional development which included diplomas in health and social care.

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

- People had their eating and drinking needs understood and met by both the care and catering staff teams. This included people's allergies, likes, dislikes and special textured diets. The chef told us, "Information was reviewed weekly at a 'care and catering' meeting."
- People spoke positively about the food. One person told us, "Food is traditional, which is what we like. I enjoyed my lunch; I always do." Another told us, "They really do a good job of catering for me. They cook anything you want really."
- Staff recognised some people needed additional support to make choices and maximise their independence. We observed staff showing people plated meals to aid their meal choice decision, breakfast placemats with pictures of breakfast options and people using adapted eating and drinking utensils.
- We observed staff offering people a range of snacks and drinks throughout the day. A relative told us, "On one occasion (relative) wanted ice cream in the middle of the night and it wasn't a problem."

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

- Staff worked closely with other agencies to ensure people had good health outcomes. This included GP's,

mental health teams and speech and language therapists. One person described an incident when they felt unwell and needed a medical assessment, they told us, "(Staff) were onto it straight away."

- Staff were aware of people's health conditions and reported changes to people's health and wellbeing. We spoke with a GP who told us, "Staff are quite responsive to people's changing health needs, they get straight in touch."
- Records showed us that people used community services such as dentists, chiropodists and audiologists.

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

- People's rooms were reflective of their history, interests and hobbies, and some had pieces of furniture bought from home, making their rooms their own individual personal space.
- The layout of the home provided a range of communal space for both joining in social events with others or having private time with family and friends and included a coffee shop in the foyer.
- Bathrooms, and toilets provided adapted equipment which aided people's independence. Corridors were well lit and provided handrails should people need support when walking.
- Some people were living with cognitive impairments such as dementia. Doors to people's rooms included a photograph of the person to aid orientation.
- People had access to secure, accessible outside space.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 understood the principles of the MCA ensuring that people had their rights and freedoms respected and care and support was provided in the least restrictive way.
- Records showed us that where an assessment determined a person was unable to make a specific decision a best interest decision had been made with the involvement of family and professionals who knew the person. Examples included administration of medicines and providing personal care.
- DoLS had been requested appropriately. Records showed us that conditions on authorised DoLS were being met.
- Power of Attorney information had been evidenced and staff understood the parameters of legal authorisations.
- We observed staff providing choices to people, listening and respecting their decisions.

# 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, their families and professionals all spoke positively about the quality of care. One person told us, "They, (staff), treat us very well; they are more like friends to us." A relative said, "If I was scoring them they would be excellent." A health & social care professional told us, "Interactions, (between staff and people), seem very caring and kind."
- We observed positive interactions between staff and people. Staff knew people well and understood their communication needs, which meant conversations were relevant and meaningful to each person. A staff member told us, "We can have fun with (people) because we know them so well."
- Staff interactions with people were person focused and compassionate. A relative told us, "The staff are very, very caring. That is their strong point. They will talk with (relative) and hug him, which he likes. They were very supportive (following a bereavement)."

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

- People were involved in decisions about their day to day lives and the care they received. A staff member told us, "When we have handover tasks are allocated and we know which people prefer a male or female carer." A relative told us, "(Relative) used to shower daily at home but doesn't like help. They ensure a male carer now and its really helped."
- We observed staff involving people in decisions such as where they would like to take a meal or whether they wished to join in with an activity.
- When people didn't have English as their first language staff team members who spoke the persons first language were able to ensure they were included in decisions about their day to day lives.
- People had access to an advocate should they need somebody independent to support them with decision making.

Respecting and promoting people's privacy, dignity and independence

- People had their dignity respected. A relative told us, "The staff are very friendly and look after (person) well. They adjust her clothing when necessary and make sure she has all she needs." Another said, "Staff knew (relative) before their dementia progressed, they have a connection with (relative) because they knew how (they) used to be; residents are treated with dignity."
- People had their privacy respected. Care was provided in people's personal space and staff were seen knocking and checking with a person before entering their room.
- Personal information was stored on password protected electronic devices or stored in a locked room ensuring people's right to confidentiality was respected.
- Staff were respectful of the private time people chose to spend with family and friends.

- Care plans focused on supporting people to maintain their skills and independence. Examples included personal care tasks broken down to things a person could achieve themselves and areas that some assistance was needed.

# 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

- People had person centred care plans that detailed their care needs and lifestyle choices, were reviewed regularly and understood by the staff team. A relative told us, "The care plan is accurate and up to date. We went through it with the home a couple of months ago."
- People had short term care plans in place if additional care input was needed for a short period of time. Examples included a care plan for a skin tear which detailed treatment plan.

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 such as glasses, hearing aids any other support such as information provided in large print, picture format or a language other than English.

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 had opportunities to follow their interests and hobbies and join in a range of social events. One person told us, "There are plenty of things on the (activity) programme, (staff) encourage you to join in but we are never forced to do it." A relative told us, "There are different activities on offer and (relative) enjoys flower arranging, choir and doing exercises."
- Cultural events were recognised. We observed people celebrating Burns day with children from a local nursery, talking about all things Scottish and enjoying a bagpipe performance.
- People had opportunities to practise their faith with both visits to their chosen place of worship and faith leaders visiting people at the home.

Improving care quality in response to complaints or concerns

- A complaints process was in place and had been shared with people and their families. A relative told us, "I spoke with (name of staff member) when I had an issue and got an instant response. I'm quite happy."
- Complaints had been investigated in a timely manner and outcomes shared with the complainant and where appropriate staff. The complaints policy included details of an appeals process which included the local government health and social care ombudsman.

## End of life care and support

- People, and if appropriate their families, had an opportunity to develop care and support plans detailing their end of life wishes. These included any cultural preferences and decisions on whether they would or would not want resuscitation to be attempted.
- End of life care included support from community health teams in the management of symptoms such as pain relief.
- An end of life project group focused on a specific topic each month and shared learning with the staff team. One topic had been oral care and learning had included the use of non-foaming toothpaste for people who may have difficulty swallowing.

# 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

- People, their families and the staff team spoke positively about the management of the home. One staff member told us, "The home has a nice atmosphere, it's homely and your encouraged to share your ideas." Another told us, "(Registered manager) is good; firm but fair. A good support and will muck in with us when needed."
- The management team were visible and knew people well. A relative told us, "The new floor manager is very good, responsive and gives me all the details I need".

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 manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed us they fulfilled these obligations, where necessary, through contact with families and people.

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

- The management team had a good understanding of their responsibilities for sharing information with Care Quality Commission (CQC) and records showed this was done in a timely manner. The service had made statutory notifications as required. A notification is the action that a provider is legally bound to take to tell CQC about any changes to their regulated services or incidents that have taken place in them.
- Staff spoke confidently about their roles and had a clear understanding of their parameters of decision making. Staff were positive and felt supported. One staff member told us, "We're a close team, we know each other well, all experienced and always welcoming to new staff." A visiting health and social care professional told us, "The home feels well organised and everyone knows their role."
- Quality assurance systems and processes were multi-layered, aligned with regulatory requirements and effective at improving outcomes for people. The registered manager shared with us results of a dining experience audit. Learning led to staff sharing mealtimes with people and the social aspect promoted better eating habits which in turn aided stability with people's weight.
- Quality surveys had been used to gather feedback from people, relatives and the staff team. An action identified in the staff survey was ensuring staff felt appreciated. In response a 'Purple Hearts' award scheme had been introduced whereby anybody was able to make a nomination to recognise something a staff member had done well.

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

- People, their families and the staff team had opportunities to be involved in the service through a range of forums and meetings. A weekly newsletter was produced to keep people up to date with events in the home.
- Pre COVID-19 community initiatives were being re-introduced. This included inviting local people to a 'Friendship Café' and a regular 'Fish and Chips on a Friday' event. Links had been made with a local church to help identify people who would benefit from the social interaction.
- Local businesses had been invited to network meetings. This had led to people having a regular visiting solicitor and financial advisor they could talk with if needed.
- Links had been made with a local university and the home had plans in place to pilot work experience opportunities for student paramedics, physiotherapists and occupational therapists.
- The service was engaged with the local authority in new initiatives such as a project which provided virtual clinical support to care homes. The aim being that people would get clinical support and decisions more quickly and in some cases, reduce the need for a hospital visit.