

WR Signature Operations Limited

Signature at Wandsworth

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 Wandsworth is a residential care home providing personal and nursing care to 28 people aged 65 and over at the time of the inspection. The service can support up to 97 people.

The care home accommodates people across five floors, each of which has separate adapted facilities. Two of the wings specialise in providing care to people living with dementia.

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

People's medicines were managed safely. People received care and support from adequate numbers of staff. Risk management plans in place gave staff guidance on how to mitigate risks. Staff were aware of how to safeguard people from abuse and what steps to take should they suspect people were being abused. Accidents and incidents were recorded and analysed to minimise repeat occurrences and the service learned lessons when things went wrong.

Training provided by the service ensured people received support from staff that were competent in their role and reflected on their working practices. Food and drink provided met people's dietary, nutritional needs and preferences. People were supported and encouraged to monitor their health and well-being and had access to healthcare professionals when required. The service had been designed and adapted to meet people's diverse 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 described staff members as kind, considerate, respectful, and nice to be around. Interactions between staff and people were positive and where assessed as safe to do so, people were encouraged to retain their independence. People's needs were regularly assessed, and care delivered in line with their needs. People's diverse cultural and faith needs were respected and promoted.

People's care was planned in line with their preferences and needs. People were encouraged to participate in activities to minimise the risk of social isolation. Complaints were managed in line with the provider's complaints policy. People's communication needs were catered to. People's end of life wishes were documented.

People and staff told us the service was well managed. Audits undertaken identified issues and action taken to address these were carried out swiftly. The registered manager worked in partnership with stakeholders to drive improvements. People's views were regularly sought and acted on.

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

Rating at last inspection

This service was registered with us on 28.01.2021 and this is the first inspection.

Why we inspected

This was a planned inspection based on our inspection programme.

We have found evidence that the provider needs to make improvement. Please see the safe section of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 Wandsworth

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and a specialist advisor on the first day and one inspector on the second day. The specialist advisor was a registered nurse.

Service and service type

Signature of Wandsworth is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since they registered with us, including any statutory notifications received. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with five people who used the service and one relative about their experience of the care

provided. We spoke with ten members of staff including care workers, registered nurses, maintenance personnel, residential care manager, registered manager, business support manager and the regional support manager. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service including, fire safety and quality assurance were looked at.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted one professional and three relatives who regularly visit 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 for this newly registered service. This key question has been rated as Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- During the inspection we identified people's medicines were administered as intended by the prescribing G.P. We also identified people receiving their medicines at 11:15am. We spoke with the registered nurse administering the medicines who told us, it sometimes took longer to administer medicines to people who had dementia and some people refused to have their medicines before their breakfast, which was sometimes late.
- The registered manager told us, and records confirmed, adjustments to the time people received their medicines was in consultation with the GP. We were satisfied with the registered managers response.
- During the inspection we identified one person had declined to take their medicines. The registered manager told us, and records confirmed systems in place gave staff clear guidance on how to report these instances. Records also confirmed the registered manager had liaised with the prescribing G.P and other appropriate persons to ensure any covert medicines were administered in-line with legislation.
- We reviewed the Medication Administration Records (MAR) and found one person had not received their medicine on 13 to 15 September 2021. We spoke with the registered nurse administering the medicine who told us, the dispensing pharmacy did not deliver the medicine on time, however, this had been raised with the prescribing G.P who was in attendance during the inspection.
- We shared our concerns with the registered manager who confirmed the service were in the process of changing the dispensing pharmacy. Records confirmed an incident form had been completed and action taken to address this issue. After the inspection the registered manager confirmed they were now using a different dispensing pharmacy. We will continue to monitor this at the next inspection.
- Notwithstanding the above, we reviewed a further ten (MARs) and found these had been completed accurately, with no unexplained gaps or omissions. Two staff members had signed when they had checked medicines into the home. This helped staff check the numbers of medicines people had. The MARS records were well organised, complete and up-to-date. They included important information such as allergies and an up-to-date photograph of each person.
- People confirmed they were encouraged to self-administer their medicines, where assessed as safe to do so. One person told us, "I [administer] my own medicines, which I tick off when I take them. The staff are happy with me self-administering. This place is unique, within sensible

Systems and processes to safeguard people from the risk of abuse

- People received care and support that protected them against the risk of abuse.
- People told us they felt safe living at the service.
- Staff that we spoke with were familiar with safeguarding procedures and what action they were take if they felt people were at risk of harm. Comments included, "I would report any concerns to my line manager

or supervisor" and "Safeguarding is ensuring the safety of residents at all times, I would speak to my manager and raise concerns and there is also a whistleblowing service." Staff were able to tell us the different ways in which people could be harmed and how they would identify possible tell-tail signs.

- Training records showed that 95% of staff had received safeguarding training in the past year.

Assessing risk, safety monitoring and management

- The provider had systems in place to monitor and manage risks to keep people safe. Comprehensive risk management plans in place gave staff guidance on how to mitigate identified risks.
- Risk management plans covered, for example, mobility and function, falls, emotional support, nutrition and oral health. Records showed risk assessments were regularly reviewed to reflect people's changing needs.
- The service had comprehensive systems in place to ensure the safety of the environment. The service employed two maintenance personnel who were available at any time to respond to any incidents. Records showed where issues had been identified by staff members, maintenance personnel ensured these were addressed swiftly.
- The provider had devised Personal Emergency Evacuation Plans (PEEPs) to keep people safe in the event of a fire. PEEPs are personalised evacuation plans that give staff clear guidance on the physical support people require to evacuate the building safely. All PEEPs seen during the inspection had been regularly reviewed.

Staffing and recruitment

- The service deployed sufficient numbers of suitable staff to keep people safe.
- Staff were recruited in a safe manner, including checks on work history, eligibility and Disclosure and Barring service (DBS) checks. A DBS is a criminal record check that employers undertake to make safer recruitment decisions. This meant that staff were safe to work with people.
- The provider assessed how many staff were needed to support people, and this was reviewed regularly. Each person was assigned a 'band' based on their level of support needs. These bands were assessed at the pre-admission stage and thereafter at the first week and then every 90 days or when people's needs changed. This helped to ensure that there were sufficient and safe staff levels on duty to support people.
- The current staffing levels were seven care workers during the day and five at night. In addition to this, there was a residential care manager and dementia care manager on during the day who were supernumerary to the care workers.
- One person told us, "There are lovely staff here and there are enough of them." Another person said, "Very much so, there are sufficient staff. You don't have to wait long when you [ring] your buzzer. If it's urgent [staff members] will be there in a flash." Staff told us there were enough care staff to meet people's needs. One staff member said, "People's needs vary but there are definitely enough of us here."
- The provider was recruiting for new staff and any gaps in the rota were filled by agency staff. The registered manager said in the four weeks prior to the inspection, the agency usage was 46.8%. However, we saw evidence that the provider was trying hard to reduce this reliance on agency staff through an ongoing recruitment and onboarding drive for new care staff. There were eight new staff being onboarded at the time of the inspection.
- The provider ensured that care workers were able to focus on caring duties, with separate hospitality, housekeeping, kitchen, activities and reception teams each responsible for their own duties. There was a duty manager available for emergencies during the night until 8am throughout the week.
- New staff attended an induction and onboarding process which included training in areas relevant to their role. Staff knowledge was assessed and checked. Staff said the recruitment process was thorough and all the necessary checks were completed before they were allowed to work with people unsupervised. One staff member said, "The recruitment took two to three weeks. I had two telephone interviews, via Teams (due to

Covid) and then once I accepted it took three weeks for the DBS and references to come back."

Preventing and controlling infection

- Staff confirmed they had access to sufficient PPE and were tested for symptoms of Covid-19 prior to each shift.
- We were assured that the provider was preventing visitors from catching and spreading infections. We saw several instances of visitors undertaking self-testing before coming into the service.
- 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 the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The registered manager placed great importance of learning lessons when things went wrong to drive improvements within the service. Daily ten-to-ten meetings held with heads of departments discussed changes needed to be made and lessons learned. This was then cascaded to all staff within the service that day.
- The registered manager showed us a newly designed lessons learned form that was being implemented in October 2021. The form covered for example, what happened, what could be put in place to prevent it reoccurring and what have you learnt to improve moving forward.

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 protected characteristics under the Equality Act 2010 were identified and respected. People's needs were consistently monitored to ensure care provided was appropriate to their needs.
- Prior to joining the service, people's support needs and preferences were gathered assessed to ensure the service would be a suitable placement. Pre-admission assessments covered, for example, mobility, personal safety and risk, medical history, breathing and sleeping. Pre-admission assessments were comprehensive and were the basis for the care plan development.

Staff support: induction, training, skills and experience

- People received support by competent and skilled staff.
- Although we found that staff received regular supervision every three months, the records we saw did not correlate to the supervision tracker which was used to monitor staff supervision. We raised this with the registered manager and the business administrator who said that some supervision records were kept in individual staff files whilst others were with the relevant line managers, hence the discrepancy.
- They confirmed that a new supervision recording process would be implemented which would include the line manager taking responsibility for updating the central supervision tracker and a paper copy be passed onto the business administrator for filing in the employee's personnel file. We were assured by this action.
- One person said, "Yes they [staff members] are [well trained] and if they don't know something they will speak with someone higher up and come back to you." A relative said, "The staff in general are well trained."
- The providers training matrix showed that there was a good compliance with staff training. Where there were gaps, these had been identified and marked to be done.
- Staff completed induction training that was relevant to their role. This was a comprehensive programme taking two weeks to complete, including an introduction to the service and completing mandatory training courses needed before supporting people independently.
- Staff were happy with the training provision on offer. They said, "The induction took two weeks and the training I had was extremely good and I did three 12-hour shifts of shadowing", "I'm happy with the training, we get regular opportunities" and "I've done quite a few training – last week I did phlebotomy, there is always something being updated."
- Training included an assessment of competency where needed such as medicines management and moving and handling.

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

- People received a wide range of food and drink that met both their dietary needs and preferences.

- One person told us, "I think what the kitchen does, they do incredibly well. I think the variety of meals they produce is brilliant." One staff member said, "Our nutrition plans get updated every week, so we are aware of it through our phones MCM (care planning system)."
- The service had implemented systems to ensure people with known allergies were catered for. Food provided was of a high standard and feedback received indicated there was sufficient choices available at any time.
- People were encouraged to give feedback on the food provided, with regular meetings with people to gather their views to ensure changes were made swiftly. We reviewed the minutes of the last meeting and found people had requested gammon be taken off the menu. We reviewed the menus and found this had been actioned.
- People who had specific dietary requirements for example, fortified meals were catered for.

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

- People were supported in a service that had been designed and adapted to promote their independence where safe to do so. The service was decorated to a high standard throughout all five floors.
- Each floor had their own kitchen area, where people could make themselves a drink and help themselves to a wide variety of snacks. Bathrooms had been designed to ensure people with mobility needs could enjoy a bath without any difficulty.
- We identified on the two dementia floors, information for people was in larger font and signage was clear and easily accessible.
- People's rooms were decorated to their liking and contained personal effects from their homes.

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

- People's health and well-being was consistently monitored and where concerns had been identified, this was then shared with the appropriate healthcare professionals. At the time of the inspection there was a visiting G.P.
- Care plans detailed people's specific health needs and gave staff guidance on how these could be met. Care plans also detailed what medical treatment people had received and was updated after each consultation with a healthcare professional.
- Records confirmed, people were supported to see, for example, the G.P and psychiatrist.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's consent to care and treatment was sought prior to being delivered.

- One person told us, "The staff would ask for my consent where appropriate. They know I like to be independent and like to do things for myself where I can, and the staff encourage me to do this."
- Staff were aware of their legal responsibility under the MCA. Comments from staff included, "The MCA is for people who are not able to make choices for themselves" and "The MCA is about decision making. If people do not consent, they usually have advocates for them, our care plans have details of the NOK and we would involve them in decision making."
- Training records showed that 95% of staff had received MCA training in the past year.
- The service had made DoLS applications as required. Care plans reflected people's DoLS status.

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 received care and support from staff that respected their diverse needs and treated them equally.
- We received positive feedback from people and their relatives about the care provided. Comments received, included, "The staff are compassionate and caring." "The care has been excellent, and I'm constantly updated on my [relatives] wellbeing." And "They [staff members] are all so caring. There's love and I really feel that, honestly"
- Staff knew what person-centred care was and said they treated people as individuals. Comments included, "Person centred care is about the care we give them, we do ask their preferences and try and meet their wishes. Everyone has different ways how they like to be cared for."

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

- The service encouraged people to express their views and make decisions about the care and support they received.
- People confirmed they shared their views with the registered manager and felt comfortable doing so. One person told us, "I do feel listened to."
- Staff said "We always explain what we are about to do before assisting people. I make sure they are happy and get their consent before starting."
- During the inspection we observed staff speaking to people in a respectful manner.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff that promoted their independence and treated them with dignity.
- One person told us, "I have improved since I have been here. I think that's due to the way they care for me. They let me do things for myself and because of that I'm improving."
- Staff were aware of the importance of protecting people's dignity and respecting their privacy when supporting them. They gave us examples of how they did this in practice, telling us, "I always make sure the door is closed and people are covered", "We never leave them fully exposed; we have large bath towels that we use to cover them up."
- Staff told us they encouraged people to remain as independent as possible as this was one way of promoting their dignity. They said, "Where people are independent, we encourage them to do as much as they can. We are there just to assist them."

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's care was planned in line with their needs and preferences. Care provided was person-centred and tailored to the individual. Records confirmed care plans were regularly updated to reflect people's changing needs.
- Where possible, people were encouraged to participate in the development of their care plan. One person told us, "I don't need to see [my care plan], my [relative] deals with that." Another person said, "I have a care plan, the staff ask me what kind of care I would like and I tell them."
- Care plans were comprehensive, clear and concise and gave staff guidance on how to accurately meet people's needs. Care plans covered, for example, medical, health, life history, mobility, medicines, communication and interests.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met. People's care plans detailed their communication preferences and gave staff guidance on how best to communicate with people.
- The provider had an AIS policy in place. The policy confirmed people would be supported to access information in a way they understood. For example, through interpreters, large print and text relay.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to participate in a wide range of activities at Signature of Wandsworth. Comments received included for example, "The activities are good. I like to do most of the activities, I like Tai chi, but I really like dancing. I think the activities are excellent", "I do take part in some activities when I want to. There are lots of social activities available", and "The staff try hard to bring in a variety of things for us to do. I'm a lone wolf and I'm happier looking after myself and not participating in activities. I do enjoy going for walks which I can do here."
- The service also recorded the duration of interaction staff had with people which was then analysed to ensure people were not at risk of social isolation.

Improving care quality in response to complaints or concerns

- People confirmed they would raise a complaint should the need arise. One person told us, "I'm aware of

the complaints process." Another person said, "I'm not going to make a complaint, why would I need to, everything's good."

- There had been four recorded complaints received in the past year. We were assured that the provider listened when complaints were made and carried out investigations into any complaints received, to try and find what happened and what steps could be taken to try and stop them from happening in future.
- There was management oversight into the complaints received, with a concerns summary sheet giving details of how far along the complaint's investigation had progressed. A tracking system was in place to monitor all complaints received.

End of life care and support

- People's end-of-life wishes were documented in their care plans, however these were not always as person-centred as they could be. For example, they detailed people's wishes on who they would like to be informed, what their faith needs are and what type of service they wanted.
- We shared our concerns with the registered manager who after the inspection confirmed they had updated the end-of-life plans to include where people did not wish to discuss their wishes. We were satisfied with the registered managers response.

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

- The registered manager was keen to ensure the service was open, inclusive and maintained a positive culture. This was evidenced throughout the inspection.
- Staff told us they enjoyed working at the service. Comments included, "It's a good place to work. I think we work well as a team, it makes the job much easier", "I really enjoy it here" and "To be fair – everyone works well together."
- We received positive feedback about the registered manager and other managers within the service. Staff said, "The managers are easy to talk to", "[Registered manager's name] door is always open, a few weeks ago, I approached her in the corridor about an issue and she listened" and "I feel supported – I know if my care manager is not in, I can approach someone else."
- The service carried out regular audits to drive improvements. Audits included, for example, medicines management, health and safety, safeguarding and care plans. The registered manager completed monthly managers audits to monitor the provision and take swift action when issues were identified.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour.
- The registered manager had developed a culture that was open and transparent and when things went wrong, lessons were learned, and apologies given. Records supported this.
- Staff confirmed they were encouraged to be honest when things went wrong and the culture of the service was to learn and drive improvements from a non-blame culture.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; and Continuous learning and improving care

- Systems in place ensured people's views were gathered through various means, including meetings and surveys. People confirmed they were encouraged to help develop the service and that their views were listened to and wherever appropriate implemented into the service delivery.
- The registered manager had developed a culture within the service that supported continuous learning and improvement. The registered manager had an open-door policy and a 'no blame' ethos which meant people and staff members were able to put forward suggestions to improve the service where possible.

Working in partnership with others

- Records confirmed the registered manager worked in partnership with stakeholders to drive improvements. For example, G.P, psychiatrist and other healthcare professional services. Guidance provided was then implemented into people's care.