

# Signature Senior Lifestyle Operations Ltd

# Signature at Westbourne

## 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 at Westbourne is a nursing home providing personal care and nursing care to 108 people at the time of the inspection. The service can support up to 114 people. Signature at Westbourne is a purpose-built building and is accessed over four floors by stairs or a lift. People could access the ground and first floors freely, the second and third floor had restricted access to keep people living with dementia safe.

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

People told us they felt safe and were happy living at Signature at Westbourne. Comments included, "this is my home now and I am very happy", "the staff are lovely" and, "this is the perfect place for me."

The design and decoration of the premises did not always follow the best practice guidance for supporting people living with dementia. Plans were in place to redecorate these areas. We have recommended the provider consults good practice guidance around providing a dementia friendly environment for people who use the service.

People's needs were assessed before they moved into the service. We found people's protected characteristics had not always been considered as fully as they could have been. A new electronic care planning system was being introduced that included a more robust system for seeking protected characteristics. We recommended the provider consults good practice guidance to ensure assessments fully explored people's needs to ensure they could be met before they moved into the service.

Staff had assessed people for risks to their health and well-being and created plan to minimise the likelihood of harm occurring. Clinical and non-clinical risks were discussed daily between staff to ensure people were safe. People told us there was enough staff to meet their needs. Staff had been recruited safely into the service and had received a comprehensive induction followed by regular training to ensure they had the right skills to meet people's needs. Medicines had been managed safely and people were protected from the spread of infections. Lessons were learned when things went wrong.

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 worked effectively with other agencies to provide consistent, effective and timely care. Staff supported people to access healthcare when required. People were supported to eat a well-balanced diet. Staff told us they felt supported to carry out their job roles.

People told us they were cared for by staff who knew their needs, were kind, respectful and treated them with dignity. One relative said, "[Person] settled in the home immediately which suggests that they must be doing something right."

Staff provided people with care responsive to their needs. We identified one person was not always being supported to communicate as fully as they could have been. We brought this to the attention of the registered manager and provider who responded quickly and by the next day of our inspection we observed the way the person chose to communicate had been fully supported. This resulted in the person being able to tell staff their likes, dislikes and wishes.

There was a large activities programme in place, one person told us, "the programme of activities is brilliant." The activity staff told us the plans they had to improve activities for people living with dementia and people who preferred a 1:1 activity.

People knew how to complain and felt they would be listened to. People were supported to have a dignified and respectful end of life when the time came.

People, relatives and staff spoke positively about the registered manager and management team. People and staff felt comfortable to speak open and honestly and felt they would be listened to. Quality assurance systems were in place to monitor the quality of the service and identify areas of improvement. Signature at Westbourne engaged with people, the public and staff to improve the running of the service.

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 10 December 2021 and this is the first inspection.

The last rating for the service under the previous provider was Outstanding, published on 2 February 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 Westbourne

## 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.

#### Inspection team

The inspection was carried out by 2 inspectors and a pharmacist specialist.

#### Service and service type

Signature at Westbourne 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 Westbourne 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 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 since the last inspection. We sought feedback from the local authority and professionals 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 15 people who used the service and 11 relatives about their experience of the care provided. We spoke with 23 members of staff including the nominated individual, regional operations director, regional operations clinical lead, head of governance, registered manager, deputy manager, care staff and catering staff.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We also spoke to 5 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 9 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.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were consistently safe and protected from harm. Staff had received training and told us they knew how to recognise signs that someone may be at risk of harm and abuse.
- Staff knew how to report safeguarding concerns both internally and outside of the organisation. One staff member told us, "I would first report to my manager, if I felt that it was not being dealt with in a timely manner I would report to safeguarding."
- The registered manager was transparent in reporting any issues or concerns to the local authority's safeguarding team. This helped to safeguard people from the risk of abuse or neglect.
- People told us they felt safe living at Signature at Westbourne. A person told us, "We feel safe, the staff are the security of it all really."

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

- Signature at Westbourne embedded a proactive approach to anticipate and manage risks to people who live at Signature at Westbourne. For example, staff had assessed risks to people's skin, risks of falls and risks of using moving and handling equipment if required. With the input from people, staff put the least restrictive measures in place to protect people from harm and regularly reviewed assessments to keep people safe.
- Staff discussed potential risks to people's health and well-being during daily handovers and meetings. This meant staff across all the home were aware and involved in minimising the likelihood of any actual harm to the people living at Signature at Westbourne.
- People had personal emergency evacuation plans in place, these provided key information to assist emergency services in the event of an incident that required people to be evacuated. Records demonstrated the premises including fire safety equipment was regularly checked and maintained. Equipment such as hoists, air mattresses and slings were checked and serviced regularly to ensure they remained safe to use.
- Signature at Westbourne had a robust system in place to monitor and analyse accidents and incidents. This meant staff were able to identify any themes or trends to reduce future risks and support the improvement of care.
- The registered manager encouraged staff to be open and transparent about safety. Staff understood their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- When something went wrong, the registered manager carried out an appropriate thorough review and investigation involving all relevant staff, partner organisations and people who use the service. Learning from lessons when things went wrong was shared with all staff to prevent it from happening again.

## Staffing and recruitment

- People told us there were enough staff to meet their needs a person said, "I think there is enough staff. When I press my bell, they come within 10 minutes and that's acceptable to me."
- Staff had been recruited safely into the service. Recruitment systems were robust and make sure that the right staff were recruited to support people to stay safe. Checks included employment history, references and a disclosure and barring service check (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- When agency staff had been employed, staff profiles were in place that showed recruitment checks had taken place and the person had the necessary safety training to carry out the role. Signature at Westbourne used agency who had worked in the home for a long period of time. Agency staff had completed additional training provided by Signature at Westbourne and knew people well.
- Staff had received up-to-date training in all safety systems including fire safety, health and safety and moving and handling.

## Using medicines safely

- Systems and processes were in place to make sure people received their medicines safely and as prescribed. Staff were trained and assessed as competent to administer medicines. Managers regularly checked that staff were following policies to support people to take their medicines and record when medicines were given.
- Medicines were ordered, stored and disposed of safely and securely. Medicines administration records were clear, accurate and complete.
- Care plans and medicines profiles described what support people needed to take their medicines and any additional risks or monitoring that was required to manage their health conditions.
- Staff made sure that people's GP and other healthcare professionals were kept informed of any changes to a person's health and sought advice from specialists where needed.
- Staff used personalised guidance to help them make consistent decisions about medicines prescribed to be given when required. Where people couldn't communicate their needs, staff used assessment tools, for example to decide whether to give a painkiller.

## 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.



# 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 of 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.

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

- At the time of the inspection, Signature at Westbourne was undergoing a refurbishment. The ground floor had been completed and was bright spacious and airy. The second and third floor décor did not always follow best practice guidance to support people living with dementia. For example, the decoration did not always support people to orientate themselves to their surroundings.
- We discussed our concerns with the registered manager who told us the provider had identified the need to improve these areas and showed us plans in place to refurbish and enhance the environment for people who were living with dementia.

We recommend the provider consults good practice guidance around providing a dementia friendly environment for people who use the service.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Peoples protected characteristics had not always been considered as fully as they could have been. For example, exploring a person's race, nationality, ethnicity or national origin.
- We discussed the importance of seeking information about people's protected characteristics to ensure people's needs are met in relation to those characteristics, with the registered manager and nominated individual. They told us a new computer system was coming into force later in February which would capture this information.

We recommend the provider consults good practice guidance around assessments to ensure people's protected characteristics have been considered for any care needs to be identified and met.

- Some people living at Signature at Westbourne wore call bell pendants. This meant the person could call for assistance from staff wherever they were in the home.
- Before people moved into or stayed at the home, their needs were assessed. People and their representatives were involved fully in the assessment process.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best

interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the MCA paperwork was not always consistent. We discussed this with the registered manager who told us every person's care plan will be reviewed as they transfer onto a new electronic care planning system. The nominated individual told us a new computer system was set to replace their current computer system later in February. The new system included prompts to ensure the MCA paperwork would be completed and be consistent.
- Staff knew the importance of seeking consent and worked within the principles of the MCA. When a person declined, staff described how they would support the person to make a decision and if they felt the person lacked capacity, would inform their manager for a mental capacity assessment to be completed. A staff member said, "It's important to ask them first, if they say no, I encourage them explaining why and if they don't understand I would report to my manager so they can assess if they have capacity."
- Records showed us that DoLS applications had been made and when authorised any conditions were known by staff and had been met.

Staff support: induction, training, skills and experience

- Staff had the right competence, knowledge and training to carry out their roles. All staff had completed training including dementia awareness, falls management and basic life support.
- Staff received a comprehensive induction aligned to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they could ask for additional training if required. One staff member said, "The training is good and if we need any extra training we bring up to [registered manager] and they arrange it for us."
- Staff told us they felt supported and found their line manager and registered manager approachable. Staff received supervisions and appraisals to review their working practices and focus on their professional development

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

- People had access to food and drink throughout the day and night. Staff understood people's eating and drinking needs and had made appropriate referrals to healthcare professionals as required. For example, referrals had been made to the speech and language therapy team when people needed specialist swallowing assessments.
- People were supported by staff to make choices appropriate to their dietary requirements and were encouraged to be independent with mealtimes. When people needed assistance with their meals and drinks this was provided at the persons pace and was respectful of their dignity.
- People and their families spoke positively about the food. A person told us, "The food is superb, my favourite is the porridge, it's so creamy" and a relative said, "The food is amazing. [relative] has put weight on which they needed, and now looks healthy."
- Where any concerns had been raised about the food, people and relatives told us the chef responded positively. A relative said, "[chef] is lovely, we told [them] we didn't like the mash and since then it's much improved."

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

- People were supported to access community health care professionals such as their GP and district nurses when needed. We observed Signature at Westbourne make referrals to the community mental health team for people who needed those services.
- Healthcare professionals were positive about their experience of Signature at Westbourne. A healthcare professional said, "It's a great place, everyone is happy, the staff are hardworking, I have a good relationship with them, and they always listen to what I have asked. I would recommend this as a good place to live."
- Other services were available to people including a chiropodist and a hairdresser. Dentist appointments were arranged as needed. A visiting professional told us, "the standard of care is good, the staff are lovely and supportive. The residents speak positively about the staff."
- Signature at Westbourne worked with other agencies to provide care. People had transfer/discharge information sheets to ensure good communication between services.
- Staff sat in handover meetings before the start of each shift to hear how each person had been and discuss any emerging care needs.
- Senior members of staff met daily in "daily huddle meetings" to discuss non-clinical health and safety or high-risk clinical concerns. This meant important information about people was shared between key staff who could ensure emerging needs were met. For example, during one huddle meeting key staff were made aware one person had broken their skin. This meant all staff knew to check the persons skin and ensure prescribed creams were applied to promote healing and prevent further deterioration.
- External professionals were positive about their experience of Signature at Westbourne. A professional said, "The home engaged well with me. Ensuring that the residents were safe at all times."

# 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 of 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.

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

- Staff supported people to express their views. People were involved in regular meetings where they discuss their wants, likes and dislikes.
- Where people had been unable to express their views, staff had sought views from family and friends closest to them.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Signature at Westbourne ensured people were always treated with kindness, respect and dignity. All staff were required to complete dignity and respect training.
- People told us they were treated with kindness from staff who respected them and treated them with dignity. Comments from people included; "Staff are really nice; you couldn't ask for nicer", "Staff are very good, helpful and very friendly" and, "Staff are absolutely brilliant; I can't complain at all. They are the bee's knee's!"
- Staff had the right skills to make sure people received compassionate support. When people were upset a staff member said, "I would support and assist a resident who was openly distressed, by getting down to their eye level and ask if I can help or assist softly and calmly." Another staff member said, "I would give reassurance showing empathy and understanding, sometimes changing the environment helps."
- People told us staff had taken the time to build trusting relationships with them and their families. Comments from relatives included; "Through great rapport building and support from the staff [person] is no longer resistant to help" and, "[person] has always taken pride in their appearance but can't do it now. Staff always present [person] in beautiful clothes and make up, just how they would like to be presented to the world. I know this will be extra work for them, but they genuinely care."
- Staff encourage people to have as much choice and control in their lives as possible. For example, some people chose to only have female carers. This was clearly recorded in the person's care plan.

# 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 of 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

- Care plans were not always detailed, and person centred. Some staff told us the care plans did not give them enough detail to ensure people's care needs were always met.
- We discussed our concerns with the registered manager and nominated individual who told us they had identified care plans needed improving and had implemented a new electronic care planning system due to go live later in February. This system showed care plans were detailed and person centred.
- A care plan we reviewed told us 1 person was unable to understand and speak English anymore, staff were instructed to use picture cards or contact the son to translate. We asked a member of staff who told us, "We say to [person] we don't understand, can you speak English." When asked about the picture cards the staff member said they were not aware of them. This meant the person was not always being supported to communicate as fully as they could have been.
- We discussed our concerns with the registered manager and regional operations clinical lead. The provider was responsive and by our second visit had arranged for a member of staff to speak with the person in their own language. This resulted in the person having an in-depth conversation about their life, their needs and wants. The care plan was updated with all the new information. The service has arranged for the person to have regular catch up meetings with the member of staff who can speak their native language so needs can continue to be met.
- The registered manager told us they had learned from this experience and was looking at ways they could meet other people's communication needs when their first language was not English. This included reviewing all the people currently living in the home and strengthening the preassessment process before people moved in to ensure these needs were met.

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.

- We observed staff communicating with people according to their needs, giving eye contact, speaking slowly and on same level as the person. One person was assisted to use a picture book signalling for staff to help them with what they wanted.
- People were supported by staff to wear technology to help them with their communication. This included wearing hearing aids and glasses.

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

- Staff supported people to maintain and develop relationships with those close to them. For example, family and friends could pay to have meals with their loved one and were encouraged to attend activities going on at the home including music events, game evenings and taking photos with an around the world back drop.
- People were encouraged and supported to make their own decisions with regards to the activities they wanted to do. For example, people had formed their own clubs including a film club and bridge club and were supported to meet regularly. Staff asked people's feedback from outside entertainer auditions before the act was booked.
- Signature at Westbourne had a range of activities on offer for people to choose from, this ranged from quizzes to large board games and visits out in a minibus. People told us, "there is enough to do here", "they run little sessions of sports which I love" and, "there are different things to do each day."
- Staff working in the activities team told us they had identified some activities could be improved for people who spent time in their rooms and for those who lived with dementia on the second and third floors. We were told there were plans in place including 1:1 time referred to as "Bumblebee club" that all staff would take part in and an increase to the activities team with two new staff soon starting.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. This gave clear guidance on how to complain and explained how complaints would be handled. People and relatives told us they knew how to complain and felt they would be listened to.
- Concerns and complaints had been logged onto an electronic system, this meant any themes and trends could be identified and measure put in place to improve.
- Any reported concerns and complaints had been thoroughly investigated and responded to in good time. Signature at Westbourne used the learning from concerns and complaints to improve the quality of the service.

End of life care and support

- Signature at Westbourne followed an evidence-based end of life care service improvement programme to promote the right person-centred care for people at the end of their life.
- Staff had been allocated as end of life champions. These staff told us they were proud of the work they did to ensure people had a dignified end of life. We were shown comfort baskets containing items to bring comfort to the person and their loved ones including bird song sounds, poetry books and hand creams.
- All staff had completed training in this area to ensure they were confident and able to support people and their loved ones.
- The service supported people nearing the end of life to have a comfortable and dignified death by working closely with health care services and through consulting people about end of life wishes.

# 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 of 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 and relatives told us they felt the service was well-led we received comments such as; "My impression is that [registered manager] manages the home well, the atmosphere is positive, the residents seem happy and the staff seem happy" , "Staff seem empowered to do their job well, which I think is a great reflection on [registered manager] and her team." And, "The [registered manager] appears to run a well organised and friendly set-up."
- The registered manager told us they promoted an open and inclusive environment and had an open-door policy. Staff told us; "I find [registered manager] helpful, supportive and always ready to listen to me" , "[Registered manager] is supportive of the staff and residents and listens to any concerns" and, "[Registered manager] is a great example of a registered manager who is close to residents and to the staff, you can go to them with everything, their office is always open, and they are always ready to help."
- People, relatives and staff also spoke positively about the senior staff who are supported by the registered manager. Comments included, "I feel supported by [deputy manager]", "All [co-ordinators] are the right persons for this job, they do what they can for our care home providing the best care we can." And, "My line manager always listens to me and acts on my concerns."
- Staff understood the service's vision, values and strategic goals to deliver person-centred care. Staff were involved in driving improvements adding actions to a development plan setting out a responsible person and the timescales to complete the action.

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 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. They fulfilled these obligations, where necessary, through contact with families and people.
- The registered manager made sure we received notifications about important events so we could check appropriate action had been taken, this is a legal requirement.

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

- Quality assurance systems and processes covered a broad scope of monitoring, including at management and provider level. Actions were shared with staff to be completed and spot checks were carried out to ensure they had been completed. This meant the managers could not always be certain all actions had

been completed. We discussed our concerns with the management who told us they would give a timescale to staff and check that all actions have been completed to make the process robust.

- Outcomes from governance audits were discussed at monthly clinical meetings to ensure learning and drive improvements.
- The management team told us there was a process in place to ensure lessons were learned when things went wrong. Incidents were investigated to find out the root cause, staff were asked to complete reflective accounts and the events were discussed at monthly meetings to ensure learning was shared.
- Learning was shared across the providers locations for continuous improvements of the service.

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

- Signature at Westbourne actively sought feedback from people and staff. We reviewed the results from the last surveys August 2022. Comments from people included; "I would recommend this home to friends and family", "I feel I am treated in a dignified manner by the team." And, "The care I receive is carried out in a sensitive and respectful manner."
- The registered manager told us they supported people with equality characteristics. For example, supporting people to maintain their same sex relationship whilst respecting their choice to keep their relationship private by facilitating private visits to the home and supporting them to attend the events outside the home they had attending before the person moved into the home.
- Staff had completed respect training and the registered manager told us the home supported pride month each year.
- The registered manager discussed plans to show the home was inclusive and supporting of people equality characteristics. This included further training for staff and using signposting to ensure people have access to the support they needed.

Working in partnership with others

- The registered manager told us they worked in partnership with district nurses and paramedics inviting them to use the facilities at the home to hold their staff meetings and for their meal breaks
- Signature at Westbourne offered its café as a location for community Memory Cafes once a week which people living at Signature at Westbourne also attended.
- Professionals told us staff worked with them to provide person centred care to people using the service. A professional told us, "The staff engage well with me and [the registered manager is helpful and knowledgeable."