

# Signature Senior Lifestyle Operations Ltd

## Signature at Bagshot

### 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 Bagshot is a residential care home providing personal and nursing care to up to 99 people. The service provides support to people over 65, some of whom are living with dementia. At the time of our inspection, there were 66 people using the service.

Signature at Bagshot accommodates people across three separate floors, each of which has separate adapted facilities. One of the floors specialises in providing care to people living with dementia.

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

Staff supported people with their medicines and kept people safe from risk of harm. There were enough staff to meet people's needs and the registered manager followed safe recruitment processes.

People were supported to maintain a healthy diet and staff supported people to access healthcare services when needed. The design of the home was well matched to the needs of people who lived there.

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 told us staff treated them with kindness and respect. People and relatives confirmed that staff treated them with dignity and respected people's privacy.

People had access to activities that were relevant to them and people felt included in choices about their care. People were supported with compassion whilst receiving end of life care.

The registered manager had good oversight of the home and the staffing team. People and staff felt included in the decisions made at the home and there was an inclusive culture that made people feel "at home."

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 1 December 2021 and this is the first inspection. The last rating for the service under Sunrise of Bagshot was published 30 March 2018. The last rating for this service was good.

### Why we inspected

We inspected due to the time that had passed since the last inspection and the change to provider.

### 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 Bagshot

## **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

This inspection was carried out by three inspectors, an Expert by Experience and a Specialist advisor nurse.

#### Service and service type

Signature at Bagshot 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 Bagshot is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We 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. Once we received updates from professionals we used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with nine people who used the service and two relatives about their experience of the care provided. We also observed interactions between staff and a number of other people who used the service. We spoke with 13 members of staff including the registered manager, deputy manager, senior care workers, care workers, activities co-ordinator, chef and nursing staff.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 told us they felt safe living at Signature at Bagshot. One person said, "They do take good care of me. I am safe, I feel safe because the people here are so caring for me."
- Relatives also told us that their loved ones were safe. One relative said, "[Person] is very safe, staff are amazing at making sure of this."
- Staff completed safeguarding training as part of their mandatory training. The provider also had a safeguarding policy in place for staff to follow.

Assessing risk, safety monitoring and management

- People were protected from risk. All care plans contained detailed risk assessments for people's individual risks. For example, there were cigarette smoking risks assessments which took into account people's preferences for where and how they smoked. One person's risk assessment took into account their refusal to wear a fire-resistant tabard. There was clear guidance for staff about how to keep this person safe whilst respecting their wish not to wear a fire-resistant smoking jacket.
- People had personal emergency evacuation plans (PEEPs) in place. These were in care files as well as in the fire folder. This meant that if there was an emergency people could be evacuated safely and in a timely way.
- There were regular safety audits to ensure the home was in line with all health and safety guidance. This included legionella risk assessments and gas safety checks.

Staffing and recruitment

- People told us that there were enough staff to meet their needs. One person said, "There are plenty of staff around and generally there are not long waits." Another person said, "I think the staff numbers here are about right. I am sure that help is just around the corner if ever anything happens at anytime."
- We reviewed rotas that were in line with the registered manager's dependency model. This ensured there were enough staff to match the needs of the people living in the home.
- The registered manager followed safe recruitment processes. This included reference checks of previous employments and checks with the Disclosure and Barring Service (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.

Using medicines safely

- People and relatives told us they received their medicines when they needed them. One relative said, "I have no concerns about her medicines. I know she gets them at the right time."

- Staff were knowledgeable about what their responsibilities were when it came to people's medicines. We were informed of how staff had a "champion" scheme which was on rotation. One staff member said, "It's good because it's rotated, and we have knowledge in every area." These "champion" roles included catheter care, tissue viability, clinical infection control and weekly medication audits.
- There was a clear medicine management system which ensured the safe use and storage of medicine. The registered manager and clinical lead had oversight through a range of audits to highlight any improvement needed. This was in addition to pharmacy advice visits which set actions to drive improvement in medicine management at the home.

#### 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 meeting shielding and social distancing rules.
- 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 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 that the provider's infection prevention and control policy was up to date.
- The provider facilitated visits for people in accordance with government guidance. People were able to see their friends and relatives at a time that suited them and were supported by staff to do so.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded by staff and analysed by the management team. This ensured that trends and patterns would be identified quickly, and action taken in a timely way to prevent reoccurrence.
- The deputy manager had introduced a falls prevention framework. This had analysed all falls in the home including witnessed and unwitnessed. Following the introduction of this analysis tool falls had dramatically reduced in the home.
- The deputy manager had responded to a number of medicines errors by designing specific training to the home for the staffing team. This tailored training had been delivered to all staff administering medicines and the audits showed that errors had reduced from 11 in 2021 to only two in the first six months of 2022.



# 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

- Care plans had clear assessments that were individual to people's needs. These offered guidance and advice for staff to follow.
- People's care plans included the recognised Malnutrition Universal Screening Tool (MUST). This ensured that care plans for people at risk of malnutrition had advice for staff on how to prevent a person's health deteriorating.
- Full assessments were completed by the management team prior to people moving into the home. This ensured that staff could meet all needs of a person and have knowledge of people's individual choices.

Staff support: induction, training, skills and experience

- People and relatives told us that staff were well trained. One relative said, "The staff are very knowledgeable here. They know exactly what they need to do and I am confident with the way they work."
- Staff completed regular mandatory training, this included refresher training. The registered manager had a training matrix for all members of staff. This ensured they had oversight of all upcoming training and any outstanding training.
- The management team had begun innovative strategies to improve the future of care. The staff were working in partnership with the University of Winchester and Surrey to provide placements for nursing and paramedic students. The permanent nurses had undergone specialist practice assessor training and both the registered manager and deputy manager had undergone practice supervisor training in order to provide this support. This had led to additional training and development for the permanent members of nursing staff.
- There was an in-depth induction training for all new members of staff. This included "shadowing" of experienced members of staff so new staff could learn about their roles prior to lone working. This also included, where relevant, the completion of The Care Certificate. This 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.

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

- People told us that they enjoyed the food provided at the home. One person said, "The food is really good." Another person said, ""The staff in the kitchens are very good generally".
- Where people required a modified diet, this was detailed in their care plans. Advice had been sought from the Speech And Language Therapist (SALT) team and guidance was available for staff. This information was also shared with the kitchen staff who were knowledgeable about each person that was on a modified diet.
- Staff were seen to regularly offer people snack and drinks between meals. This was to ensure people were

not at risk of dehydration.

- People's individual needs had been identified to ensure they were encouraged to enjoy their mealtime experience and therefore encourage a healthier eating routine. One person had been identified as wanting to dine alone. The director of food and beverages had worked alongside the deputy and the person to ensure they were comfortable and had the best outcome for their dining experience.

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

- People and relatives told us that they accessed healthcare services in a timely way. One relative said, "They (staff) organised a review of [person's] medicine. After this there was a drastic improvement to her quality of life."
- We saw in care plans that people had been referred to various healthcare professionals in a timely way. We also saw correspondence and follow-up information from referrals that had been shared with staff.
- External professionals had worked closely with staff to provide specialist training. An example of this was the community psychiatric nurse who had provided training for staff on how to support people who may lack capacity to make certain decisions.
- The management team held clinical risk meetings. They had also invited other professionals such as an external dietician from the Primary Care Trust. This approach ensured consistent, effective care for people.
- The registered manager also liaised with the local authority and various social workers, where relevant, to ensure people's needs were shared and they received the most appropriate care for them.
- In response to the dentist visits being prohibited during the pandemic, the management team had organised dental treatments and six monthly visits for all residents. As a result one person said, "I am not afraid of dentists anymore, I know I have my staff with me when I attend the dentist."

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

- People's needs were met by the design of the home. Communal areas had been designed to encourage and promote social interactions. We saw people utilising these and enjoying the spaces that had been designed. For example, we saw a group of people talking animatedly in the coffee area.
- The dementia floor of the home had many interactive spaces for people living with dementia. We saw people engaging with sensory objects and there was good signage to support people to move around freely.
- People had personalised their rooms with various objects. These included photographs of family and friends and personal effects such as furniture.

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.

- The registered manager had ensured that all staff were following the least restrictive option for people

who lacked capacity.

- Mental capacity assessments and best interest decisions had been completed for all decision specific restrictions in line with the law.
- Staff had received MCA training and were knowledgeable in this area when spoken with.

# 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 and relatives told us they were supported by kind and caring staff. One person said, "They are so sweet." One relative told us, "They (staff) are like family."
- Staff told us how important it was to respect people they were supporting. One staff member said, "I always treat them how I would want one of my family to be treated, especially after the last couple of years we are so close to everyone now, they're like our family."
- Staff received equality and diversity training and were knowledgeable in how to apply this to their everyday work supporting people. One staff member said, "We have to understand that all people are different, they have different views, likes and dislikes and it's about making sure we support them in the right way."

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

- People and relatives, where appropriate, told us they felt very involved in making decisions. One relative said, "[Person's] new care plan was done again last month [staff member] sent me a new care plan with a list of choices."
- Staff told us how they gave people choices at every opportunity. One staff member said, "It's important to always give people choices. Whether it's choices of what they want to wear in the morning, what jewellery they want to wear, what activities they want to join, what they want to eat. This is their home and they should have just as much choice as they've had all their lives."
- We saw evidence of reviews in care plans including people in the process and confirming how they prefer to receive their support.
- The registered manager had introduced a "come dine with me" initiative. This was a private lunch with the registered manager so people could speak freely about any changes they wanted to suggest regarding their care. Actions were then taken from these discussions to ensure people's choices were followed.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. Care plans detailed goals and positive outcomes for people, this advised staff on how to encourage people with personal preferences.
- Staff were seen to knock on people's doors before entering rooms. Staff were also seen to treat people with dignity whilst supporting them. For example, a staff member was seen to quickly support someone who needed to urgently go to the toilet.
- Staff treated people with dignity and respect. One person said, "Yes, staff are very respectful towards me when they are helping me."

# 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

- Staff knew people well as individuals. One relative said, "Everyone's friendly from the moment you walk in the door. They're like family. You see staff really talking to people and they know people really well."
- Care plans contained personalised detail. This included life histories, likes, dislikes and preferences.
- Staff told us how person-centred care was at the forefront of their mind when they were providing support to people. One staff member said, "Person-centred care is so important. It's important we know people as individuals, that's the only way we are going to provide a good level of care."

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 had clear communication care plans which contained advice for staff on how best to support people with their individual communication needs.
- Staff were seen to approach and communicate with people in various ways to meet their personal needs. One staff member was seen to kneel down to be on the same level of a person who was seated and speak clearly making direct eye contact. Another person asked a member of staff to speak in a louder tone which they did to ensure the person understood them.

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 access to activities they enjoyed and were in line with their preferences.
- There was an activities team which provided a wide programme of group and individual activities seven days a week. Activities took into account people's differences, for example, for those living with dementia who may struggle with quiz questions and current affairs discussions, there were cognitive stimulation groups. These included sensory experiences such as massage and flower arranging, as well as stimulating the senses through smell, taste and touch.
- People and relatives told us how staff supported them to maintain relationships throughout the pandemic. One relative said, "It was tough with the restrictions at the beginning, but as soon as they could arrange things they did and now I can pop in whenever I want. When we couldn't see them, they arranged video calls and taught Mum how to use the tablet. I couldn't believe it."

- A 'wish tree' had been created at the home. This meant people could make wishes and staff would arrange to 'grant wishes.' As a result of this initiative there had been many trips outside of the home organised for people. This included trips to places of personal importance to people, such as the town they grew up in and restaurants and pubs where they had fond memories.
- A project has been introduced including a local college. This initiative has involved college students attending the home for 1-2-1 chats with people and organising 'Dementia friends' seminars. This has supported people to feel included with the wider community.
- The reminiscence co-ordinator created a dementia awareness seminar for staff members, residents and family members to be included and have a platform to raise concerns about dementia management and learn what the home was doing to enhance the quality of life for people living with dementia.

#### Improving care quality in response to complaints or concerns

- People and relatives told us that staff responded quickly if they ever raised any concerns. One relative told us how quickly staff addressed concerns, "I reported it, it was sorted within a day. I can't ask for anything more than that. They're great."
- The provider had a complaints procedure in place. Staff were knowledgeable about how to deal with concerns quickly. One staff member said, "I would report a concern straight away to the management, record it and make sure the person was updated until it was resolved."

#### End of life care and support

- People had end of life care plans in place. These held personalised details of how people wanted to be supported if they entered this phase of their life.
- Staff received end of life training which included how to support people in line with their wishes.
- The activities team provided care and support to families who spent time with their relatives who were receiving end of life care. This included placing baskets in the person's room with snacks, drinks and toiletries to sustain the families. They also ensured people had hot drinks and food if required.

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

- People were supported by staff with a person-centred approach. This included person-centred details in care plans and staff's attitude to support to include getting to know personal details about people.
- People and relatives told us they felt included in the home. One person said, "The staff, they're like my daughters and sons and this is my home." One relative said, "It's so warm and welcoming from the moment you step through the door, they (staff) treat you like family."
- People were asked for feedback through various channels. These included resident meetings that generated actions. People would then be updated of when actions had been completed.
- Staff took part in staff meetings and this gave them an opportunity to raise any concerns or ideas to make positive changes. One staff member said, "I definitely feel involved with decisions and listened to by the management."
- Relatives completed feedback surveys and confirmed they felt included, where appropriate. One relative said, "I'm always kept in the loop, they know that's important to me and they're very good at sending updates and taking on board my comments."
- The leadership team recognise staff members that go 'above and beyond'. They operate the 'Purple Heart' award scheme. This is to involve staff members in the culture in which the home operates and ensures they feel valued and their efforts are recognised.
- Resident and relative meetings were held. This included the 'relatives forum' where relatives had the opportunity to give ideas and discuss matters within the service.
- Staff were supported with a well-being clinic. This ensured staff gained access to assessments and treatments if appropriate in a timely way. Not only did this support the staff individually, it supported the staffing team with reducing potential absence through sickness leave.

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; Continuous learning and improving care

- The registered manager and management team had implemented duty of candour following certain incidents. This was in line with their policy that was in place.
- The registered manager worked on a permanent business improvement plan. This was to ensure the staff were providing the best level of care possible.
- The registered manager and management team learnt from incidents that had happened. Any incidents were discussed at risk meetings and trends and pattern analysed to improve the business as a whole.

- The management team had ensured all professionals and CQC had been notified of any significant incidents.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The management team and staff were knowledgeable about their roles and responsibilities. The registered manager was available for all staff to discuss any topics with her. The registered manager said, "I operate an open-door policy and I think this has helped my team become as close as they are and keep communication between the whole team."
- Various audits were completed within the home by various staff members. These audits were then brought together in an overarching quality assurance audit. This ensured the registered manager had full oversight of all areas of the home.
- The registered manager was knowledgeable about the regulatory requirements for the home and ensured that they were in line with regulations.
- The registered manager was keen to learn from other professionals to improve. They said, "I enjoy joining various forums and conference calls. I think we can all learn from these working relationships. We are always learning different, innovative ways to continue to improve."
- Staff worked well in partnership with other professionals to achieve the best outcomes for people. For example, staff worked closely with the GP to review a person's medicines who subsequently became more social and enjoyed hobbies that relatives thought they would never take part in again.
- During the pandemic the deputy manager approached a hospital organisation they had worked collaboratively with to deliver training for registered nurses to have the ability to verify expected deaths. This ensured the GP could remain working remotely and most importantly supported families to be able to make arrangements for their loved ones in a timely way.