Somerset Redstone Trust

Signature House

Inspection report

2 Maumbury Gardens
Dorchester
Dorset
DT1 1GR

Website: www.srtrust.co.uk

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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

Signature house was last inspected on 16 and 17 March 2015. The home was rated as requires improvement in four of the five key areas. We set compliance actions in relation to the cleanliness of the home, infection control issues and treating people with dignity and respect. At this inspection we found that the required improvements had been made.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Signature House is located in Dorchester, Dorset. The home can accommodate a maximum of 48 people. Accommodation is provided over three floors and all bedrooms have en--suite facilities. At the time of the inspection there were 43 people living at the home. The home was divided into three separate areas, the ground floor supporting people with nursing needs, the first floor for the care of people with moderate dementia care needs, The second floor supporting people with nursing needs and the third floor supporting people with more complex mental health needs.

The provider had added a personal care services to the registration meaning it could offer a domiciliary care service to people living in the community. At the time of the inspection two people were receiving a domiciliary care service.

The provider had made improvements to the cleanliness of the home. The home was found to be clean in all areas inspected. A group of cleaning staff had been employed at the home who were supported by a nominated infection control lead. The provider had good systems in place to monitor and make improvement to the cleaning of the home as required.

The provider had a system in place to ensure the suitability of new staff to work at the home. This system was consistently applied to all new staff. We found that all new staff had undergone appropriate checks to ensure their suitability to work with vulnerable people.

When people with enduring mental health issues, such as dementia displaying challenging behavior the staff had guidance to ensure they could support them safely and with dignity. The provider had a nominated member of staff to take on the role of dementia care lead. This member of staff provided support and guidance to other staff in relation to dementia type illness.

Staff demonstrated a caring and compassionate approach to people living at the home. Staff took their time to treat people with dignity and respect and were patient, encouraging the people they supported. People were offered choices at mealtimes such as where to sit and what to eat. They were encouraged to finish their meals when required by staff who knew peoples dietary requirements.

There were sufficient suitably trained staff to meet people's needs. The people we spoke with told us they never have to wait too long for staff support. One person explained that the staff knew how to look after them, a relative told us about how staff had developed good communication with their relative even though their relative did not use words to express their wishes.

People told us they felt safe living at the home, they were aware of how to make a complaint. People told us that if there was an issue they would tell staff who would address this. There was evidence of complaints being addressed both swiftly and in line with the providers published policy.

The provider had good systems in place to ensure the quality of the service was regularly reviewed and improvements made. The provider demonstrated that they had taken action and made improvements in the service offered and had a plan in place to ensure ongoing improvements. .

The provider was meeting the requirements of the Mental Capacity Act 2005 and assessments of people's capacity had consistently been made. The staff at the home understood the concepts of the Act, such as encouraging people to make decisions for themselves. We observed that staff demonstrated that they could apply this to everyday life.

The provider had a program of activities both on an individual and group basis. This provided people with both social and emotional stimulation

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The residential home was clean in all areas inspected.

The system in place to ensure the suitability of new staff to work at the home was consistently applied to all new staff.

The provider demonstrated that they worked well with other professionals to resolve safeguarding issues in order to protect people from harm.

The provider had a good system to ensure the safe handling of medicines

The people were protected from risks that could cause them harm.

Is the service effective?

Good

The service was effective.

People had access to health and social care professionals when required, Staff were proactive in ensuring emerging needs were acknowledged and acted upon.

Staff at the home used the Mental capacity Act to support people's rights and to keep them safe.

Is the service caring?

Good

The service was caring.

Staff were caring and compassionate and responded to people with respect and dignity.

People received individualised support where staff knew their needs and their preferred routines.

Is the service responsive?

Good

The service was responsive.

People were provided with activities including one to one time with staff. All activities were audited to ensure people's needs were being met.

People were encouraged to be actively involved in their care with regular meetings involving family and other health and social care professionals when required.

People knew how to raise concerns. Staff knew how to respond to complaints if they arose.

Is the service well-led?

Good

The service was well led.

The provider had a system to ensure the quality of the service was reviewed and improvements made.

There were systems in place to involve, relatives, staff and the people they supported to ensure an open and transparent culture to the service offered.

Staff and relatives confirmed the manager was approachable and they felt listened too. Regular staff meetings took place; staff told us they felt supported by the management.

Signature House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 September and 15 September 2016 and was unannounced. The inspection was completed by one inspector. We inspected both the residential nursing and domiciliary care service at the time of the inspection.

Before the inspection we reviewed all the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. We considered the information supplied by the provider by way of the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. In order to gain further information about the service we spoke with the seven people living at the home and one person receiving a domiciliary care service. We also spoke with seven visiting relatives, seven members of staff and senior management representing the provider.

We looked around the home and observed care practices throughout the inspection. We reviewed six people's care records and the care they received. We reviewed records relating to the running of the service such as environmental risk assessments, fire officer's reports, quality assurance monitoring audits and five staff records relating to both the residential and domiciliary aspects of the service.

We contacted the Clinical Commissioning Group, local authority contract monitoring department and local authority social work team prior to the inspection to obtain their views on the service. These professionals were involved in the care of people living at the home.

Good

Is the service safe?

Our findings

Residential and nursing care

At our last inspection we considered people were not consistently safe from the risks associated with an unclean environment. At this inspection we observed the home was clean. We looked at the kitchenette's on all three floors. These areas were used to serve snacks, make drinks for people and to serve the main meals. We found the inside of the cupboards used to store people's cups were clean. All kitchen surfaces were clean as well as fridges, floors and walls. We spoke with the registered manager who told us they now have their own cleaning staff, as opposed to contractors, which has allowed them to be more flexible and efficient. The provider had appointed an infection control lead who provided staff support and guidance over keeping the home clean and free of infections

The provider had systems in place for establishing the suitability of prospective staff to work with vulnerable people. We looked at staff recruitment documentation that demonstrated suitability checks had been undertaken such as taking up references and Disclosure and Baring service checks.

When people needed support to manage the risks they faced the staff had sufficient guidance to support them safely. Staff described how they kept people safe without restricting them (unless under 1:1 support) and supporting them to have control over their life. People's care records illustrated the risks they faced and described what action to take to minimise these risks.

Staff told us, and records confirmed that they had received training in safeguarding adults. We spoke with four members of staff who told us how they would respond to allegations or incidents of abuse. The provider's policy in relation to vulnerable adults gave staff the information they needed to identify and report abuse to the appropriate authorities. In addition, the manager had notified the local authority, and CQC, of safeguarding incidents. We looked at the safeguarding records that evidenced that the registered manager and staff had worked with the local authority safeguarding team to resolve any issues. People told us they felt safe and did not have concerns about abuse or bullying from staff.

Medicines were managed safely. The provider had introduced a computer system to replace paper records for the ordering and recording of medicines dispensed. We spoke with staff who told us they found the system easy to use and liked some of the safeguarding features such as double signing of medicines given through a password system. We observed people being given medicines and saw that they were told what the medicine was and how it helped them. Staff told us they had received training in the use of the new system, training records confirmed this.

There were sufficient numbers of staff to meet people's needs. People told us there were enough staff to support them when required. A relative told us "I have no concerns over staffing levels, I can always find someone if help is needed for my husband". We looked at the staff rotas which confirmed there was clinically trained staff on duty at all times supported by sufficient numbers of care and support staff. In addition to these staff those employed to provide a domiciliary care service were available to support

people in the residential home once they had completed the visits to people receiving the domically service.

Domiciliary Care Agency.

People told us they felt safe in the company of the domiciliary care workers. We spoke with one of the three people receiving the service. They told us that they felt safe and reassured in the company of staff.

We looked at people's care records that illustrated people's individual risks. These risks covered not only the risks associated with the tasks staff supported people with put individual environmental risks. We spoke with one member of staff who told us about the risks involved in providing care to a person. The person's records confirmed what we had been told.

As the service had just started there was sufficient staff employed to provide the domiciliary care service. The person we spoke with told us they knew who would be providing them with support at all times.

The provider had systems in place for establishing the suitability of prospective staff to work with vulnerable people. We looked at staff recruitment documentation that demonstrated suitability checks had been undertaken such as taking up references and Disclosure and Baring service checks.

Good

Is the service effective?

Our findings

Residential and nursing care

There were systems in place to monitor people's health care needs People and their relatives told us that a range of health care professionals visit the home such as doctors and occupational therapists. One relative told us that, "the staff make sure mum is well and arrange for a doctor to visit if they have concerns. Although mum does not speak too much, they know her well enough to know when she is not well or in pain". We looked at people's care records that evidenced that people had regular access to health care services. .

People were offered a choice of what to eat. There was evidence in 'residents' meetings that they had been consulted on changing the menus. The staff had introduced pictorial menus displayed on the tables to enable people to have a visual aid to making a choice. We observed staff show people two different plates of food to further reinforce choice at meal time. We carried out an observation over the lunch time period in the first floor dining room. Two people were assisted to the dining tables to eat. We noted that staff took time to sit and talk with people. We further noted than when people required encouragement to eat the staff did this with tact and discretion. A relative told us that the food on offer was good, one said "I visit most day and there always seem to be enough food on offer, my husband is offered a choice which I help him with but the girls (staff) know what he likes if I am not here". They also told us about the foods their loved one should not eat as they were at risk of chocking. The staff confirmed the person had a safe eating plan to keep them safe. Two people were assisted to the dining tables to eat. We noted that staff took time to sit and talk with people. We further noted than when people required encouragement to eat the staff did this with tact and discretion.

The staff had a system in place to ensure people were not malnourished or dehydrated. We looked at seven people's care records in relation to their diet, choices of food and monitoring of their weight. Their care records recorded some of their choices. There were records of people's weight, when people lost weight this was monitored and other professional advice sought to ensure people's safety.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The 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. Mental capacity assessments were meeting the requirements of the Mental Capacity Act (MCA) 2005. For example, where people lacked capacity to make decisions for themselves this was recorded in their care records together with a MCA assessment. We observed that people living with dementia could not leave the area of the building they lived in because the doors were locked. In order to leave the area people therefore

had to ask staff to open the door. Where this was the case the provider had a system in place to apply for Deprivation of Liberty safeguards (DOLs) authorisations as necessary. (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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).) This demonstrated the provider had systems in place to assess people's capacity to make decisions for themselves and to take action in the persons best interest if they did not have the capacity. The staff we spoke with were also aware of the MCA and what that meant for the people living at the home. Staff told us that when people had been assessed as not having capacity they still offered choices and only considered best interest decisions if necessary such as the giving of covert medicines.

Staff told us about the training they had undertaken and how they accessed training. Staff told us they had received training in areas such as, equality and diversity, dementia care, dignity, food hygiene and assisting and moving. Staff spoke about how they valued training as it helped them to meet people's needs more effectively. We looked at training records that confirmed what we had been told.

Domiciliary Care Agency.

Peoples capacity to consent to care and support had been considered. We looked at people's care records that evidenced this. We spoke with staff who told us that people had a choice about how and when they receive support. One member of staff told us about how one person's support plan was difficult to achieve due to the timings of their support. They told us they had spoken with the individual concerned and offered alternative timings to the task in question. We spoke with the person concerned who confirmed that they had been consulted. They also told us that they felt in control of their support needs and complimented staff on their flexibility. This demonstrated that people's capacity to consent had been considered and that the principles of the Mental Capacity Act were in place.

Staff received training to ensure they could meet people's needs. We spoke with the registered manager who told us that all domiciliary care staff receive the same training as those staff on the residential home. The staff and records confirmed this.

Good

Is the service caring?

Our findings

Residential and nursing care.

People were well cared for. People who could tell us how they experienced care told us they felt that staff looked after them well. One person told us "the girls (staff) help me when I find things difficult, keep an eye on me when I don't go to the lounge and stay in my room". Relatives told us about the staff understanding people's needs and how to communicate with people who were confused through enduring mental health issues. One relative told us "it's important that they know what 'name' means as they are often in pain and can't tell anyone". Another relative told us about how good the staff are at looking after their wife. They also made us aware that staff also ensure that they themselves are keeping well saying "I'm not getting any younger". They told us that make's them feel part of the "big family" as they described it. This demonstrated that they felt included in their wife's care on both an informal and formal basis.

Staff addressed people they supported with dignity and respect. We observed staff on the second floor listened respectfully and politely to what people told them and responded slowly to them. When people required support to go to the toilet the staff were discrete and supported them without fuss. We observed one member of staff sat talking with a person, going through the newspaper, discussing recent events and generally socialising with them in a relaxed and unhurried way.

Staff knew people's routines. We spoke with staff about people's daily routines, their likes and dislikes. From these discussions it was clear that some people's routines were well known. For example, staff could describe what time a person liked to get up and how they choose to spend their day and their preferred method of communication.

Staff offered people advice and encouraged them with daily activities. Where people needed guidance, staff were patient and supportive and carried out their work with consideration to people's needs. For example, we observed one staff member gave assistance to someone who required support to stand up. The staff member encouraged them to "take their time" reassuring them that they were there. Another staff member was observed chatting to someone and demonstrated a meaningful interest in the person's views and comments, whilst looking through the daily newspaper with the person, reading it out to them and encouraging comment.

Domically care service.

We spoke with one person receiving a personal care service. They told us the staff are excellent and support them in the way they wish. They told us that staff knew how to meet their needs and knew what was important to them.

We spoke to staff who provided the service. They told us about the persons routines, what they need support with and where they needed to encourage the person to remain independent. They also told us

about how they worked with people important to the person who also supported them (person) with some of their household chores to ensure that they did not overlap to maximise the social interaction for the person.

Good

Is the service responsive?

Our findings

Residential and nursing care.

People who could tell us how they experienced the service told us they had been consulted about their interests and aspirations. People's care records evidenced this. Peoples care records contained information about the person's life, what work they had done some of their interests and likes and dislikes in relation to food. Whilst there was information about people's daily routines such as what time they like to get up and how they liked to spend their day, this information was not collected in one point in the care records. This made it difficult to get an overall picture of people's routines quickly. This meant that people relied on the staff's knowledge of them in order to respect these routines consistently. The staff we spoke with were aware of peoples personal preferences and routines. We spoke with the registered manager who acknowledged that this area could be further developed and would consider this within the wider organisation

People had opportunities to join in activities either on a group or individual level. On the second day of the inspection a group were going to the nearby cinema in the afternoon supported by staff. Some of the people confirmed that this happened when there was "something of interest". We spoke with staff about how they ensure those that can't get out receive social stimulations. One member of staff told us "for those that are in bed for extended periods we go into their rooms and sit and talk with them about things we know interest them. Staff also told us that the activities staff had a plan of who needed these one to one sessions to ensure all people received some stimulation.

The registered manager showed us an audit of activities; these included individual activities on a one to one basis. The audit evidenced that people had were provided with a degree of social stimulation and for those who could not leave their room one to one social stimulation was offered.

The provider had a system to regularly check people's dependency levels which was linked to staffing levels. When people's needs changed these were responded to effectively. We noted on the staffing rotas there were four out of the seven days when there were more staff than required, according to the dependency profile the provider used. We spoke with the registered manager who told us extra staff are available from the domiciliary side of the service once they have finished their visits.

People living at the home were included in the reviews of their needs. We spoke to people and asked if they were consulted about their needs. One person told us, "staff ask if I want anything and if I am ok, another told us, I have what I need, staff sort out what I want them too." Other people we spoke with could not comment about how they were consulted due to enduring mental health illness. One visiting relative confirmed that they were included in care planning and review. They told us "I recently attended a review with the staff and social worker, I felt listened too and included in the care of my husband" We looked at people's care records that demonstrated that people or their advocates had been consulted about how they wished to be supported. We noted in the providers statement of purpose it identified independent advocates that could be approached if the person had no other supporters.

The registered manager told us, and records confirmed that there were meetings between the staff and people living at the home where people were encouraged to express their views of the service. For those that could not represent themselves, relatives meetings had been planned. They also told us that they had changed the way the residents meetings were held. They had observed that 'whole home meetings' did not always include the views of some of the people because some people did not wish to move around the home to attend. As a result of this observation they had introduced separate 'resident and relative' meetings on each of the three floors. They considered that attendance had improved and felt it was now more representative. One of the results of these meetings was a review and the introduction of new menus.

The people we spoke with were aware of how to make a complaint and that if there was an issue they would tell staff who would address this. We spoke with one relative who told us they had had a concern that their relative was not drinking enough and shared this with the registered manager. The registered manager had responded by ensuring that drinks were provided at all times and had introduced a fluid monitoring chart to enable them to check that the person was receiving adequate hydration. This demonstrated that action was taken to address issues of concern without undue delay.

The provider had policies and procedures for dealing with complaints or concerns. This was made available to people and their families. At the time of the inspection the compliant log informed us that there had been both formal and informal complaints recorded. There was sufficient evidence to indicate that complaints had been investigated in line with the provider's policy.

Domiciliary care service.

We spoke with one person who was using the service. They told us the service was flexible to meet their needs. They told us that all they had to do was phone the residential side of the service to receive a prompt response to their support needs. We looked at one person's care records that evidenced the service had been responsive to a person's changing needs when they required extra support after a short hospital admission.

The providers complaints policy for the residential side of the service was shared with the domiciliary service. There had been no complaints in relation to this service. The person we spoke with told us that they knew who to complain to if needed, but they had never had reason to.

Good

Is the service well-led?

Our findings

Residential and nursing care.

There was a registered manager in post who was registered to manage both of these services.

The provider had taken action to support the home make improvements in the service it offered. They had systems that ensured senior management of the organisation attend the home to carry out audits of the standards of care being given. From these audits the provider had produced action plans to address the concerns noted. We spoke with the registered manager about the care records and a number of anomalies which we noted such as conflicting statements regarding people's abilities. The registered manager acknowledged our observations and was able to show us a detailed audit of the care records that identified similar issues. The registered manager also shared with us the action plan to put things right. This meant that the auditing system was effective at identifying problems and that the staff and management were working hard to address these.

Staff told us about the leadership at the home. They told us that they felt included and able to make suggestions to the management about improving the service. The registered manager told us about sharing developmental information with the staff. They told us about sharing audits with staff that had identified where things had gone right and things that needed to be improved. We observed that on the staff notice board was the information the registered manager had told us about. Staff told us the registered manager was approachable and listened to what their concerns were. They told us about staff meetings where they could raise issues and be given information in relation to staffing issues and training opportunities. Staff continued to be aware of the values of the provider and how they need to be able to offer good quality care.

The staff were supported by way of one to one formal supervision as well as ongoing support from their peers and other senior staff. (Staff supervision is an opportunity for staff to talk with their line manager about their developmental needs and any issues that affect the way they do their work). We looked at the records relating to the planning of staff supervision throughout the year. These evidenced that the supervision of staff was being managed in a planned way. We also noted on the training records that those staff who were supervising others had received training with regards to this. We further noted that the provider had arranged for a member of the groups human resource department to spend time at the home and make themselves available to discuss wider issues relating to their employment with Somerset Redstone Trust. This demonstrated that the provider understood the importance of supporting staff.

The people living at the home could identify who was managing the home. The relatives we spoke with told us that they considered the registered manager was approachable and listened to their concerns.

Domiciliary care service.

We spoke with the registered manager about the leadership of the domiciliary care service. They told us that whilst there were no immediate plans to take on packages of care within the larger community they were

building a team to provide this service to the people in the immediate vicinity. The registered manager confirmed that all staff involved with the domiciliary care service could expect the same level of support, inclusion and opportunity as provided in the residential side of the service, such as training and qualifications.