

Willow Tower Opco 1 Limited

Signature at Banstead

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 Banstead is a residential care home providing personal care to up to 96 people. The service provides support to people over 65, some of whom are living with dementia. At the time of our inspection there were 68 people using the service. The care home accommodates people in one adapted building comprised of a residential setting and a wing on the ground floor for people living with dementia.

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

People were included in the running of the home. There was a person-centred, positive, inclusive culture at the home that was promoted by staff and the registered manager. Relatives had been included and provided the opportunity to join as volunteers to be involved with other areas of the home and spend quality time with their loved ones. Audits were thorough and improvement was driven by the whole staffing team and the registered manager. Staff felt involved in the running of the home and were confident to put forward ideas to drive improvement.

People had access to a wide range of activities that had been designed to match people's likes, dislikes and different preferences. People received personalised care from staff that knew them well.

People were supported by kind and caring staff that treated them with dignity and respect. People's privacy was respected and people were encouraged to make decisions about their care. People had access to food and drinks when they needed them and staff were aware of people's individual nutritional needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's risks were assessed and managed appropriately. People received support with their medicines by trained staff. There were enough staff to meet people's needs and safe recruitment practises had been followed. People were safe from the risk of infection due to the standard of cleanliness and hygiene in the home and staff knowledge in this area. Staff were working well with other professionals to effectively support people in a timely way.

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

Rating at last inspection

This service was registered with us on 01 December 2021 and this is the first inspection. The last rating for the service under the previous provider was good, published on 23 August 2018.

Why we inspected

We inspected based on our information and scheduling in line with the period of time passed with a new

provider registration.

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 Banstead

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Signature at Banstead 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 Banstead is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 3 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 17 members of staff including the manager, senior management team, senior care workers, care workers, chef, activities team. We also spoke with two health and social care professionals that work with the home.

We reviewed a range of records. This included 8 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment and staff supervision and a variety of agency profiles. 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 were kept safe from the risk of abuse. Staff knew how to safeguard people from the risk of abuse. One staff member said, "We would report to the manager. Call 111 if needed. Complete the information on (online recording system). We can also report to safeguarding, CQC or the police as well as our regional manager."
- People and relatives told us they felt safe living at Signature at Banstead. One relative said, "I have never had any concerns about [person's] safety. I know everyone at the home is kept incredibly safe by the staff."
- The provider had a safeguarding policy in place. We saw that the registered manager and other members of staff had shared all safeguarding concerns with other professionals as detailed in the policy.

Assessing risk, safety monitoring and management

- People were protected from the risk of avoidable harm. People had risk assessments for individual risks. For example, there were falls risk assessments for people at risk of falls. These gave detailed advice and guidance for staff to manage the risk.
- Any new risks were assessed and managed in a timely way. We saw reviews of risks identify a change to people's risk levels and action taken, for example, new mobility aids introduced.
- Staff were knowledgeable about people's individual risks. One staff member said, "We have time to really get to know the people here and their risks. If any risks change or new risks are identified [registered manager] shares these with us straight away."

Staffing and recruitment

- There were enough staff to meet people's needs and ensure a safe level of care for people. One person said, "There is always staff available whenever you need them."
- We observed staff support people in a relaxed manner. No staff appeared rushed and staff told us this was the case. One staff member said, "We are never in too much of a rush to listen to people. I think the staffing levels here are good."
- The registered manager followed safe recruitment practises. We saw evidence of various checks which included a check 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 were supported with their medicines in a safe way. We observed staff administer medicines to people in a competent, safe way. People told us they were happy with their support with medicines. One

person said, "They (staff) always get me my medicines on time, without fail."

- We saw safe medicine storage and administration records completed. People also had clear protocol in place for 'as and when' medicines. This offered advice to staff on when it was appropriate and safe to administer these medicines.
- Staff were subject to medicine competency checks completed by the management team. This ensured people were getting continued safe support from the qualified staff.

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.

Visiting in care homes

- The care homes approach for visitors was in line with current government guidance. People and their relatives were positive about their experience of visiting and being able to see their families throughout the pandemic. One relative commented, "We have been able to visit as much as possible during Covid which I know all the relatives have really appreciated. Even when we had to be separated they (staff) still bent over backwards to make sure we saw [person] as much as possible."

Learning lessons when things go wrong

- The registered manager was keen to learn from any lessons. All staff were knowledgeable in recording any accident or incident on the new online system. This then calculated any trends or patterns for the registered manager to analyse and put in preventative steps if needed to prevent reoccurrence.
- We saw examples of falls analysis with positive action taken by the management team. This included referrals to health professionals and introduction of walking aids for people to enable them to mobilise safely.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were thoroughly assessed prior to them moving to Signature at Banstead. This ensured the home could meet the person's individual needs.
- We saw people's individual needs assessed. This ensured that at each care plan review each need was reviewed. Any changes could be documented and staff knew when people required more support in certain areas. For example, a full mobility assessment and care plan to ensure people could move around the home safely.
- People also had assessments to ensure they were getting a fully balanced nutritional diet. Weights were monitored if anyone was assessed at requiring additional assistance. This was in line with the national recommended tool, the malnutrition Universal Screening Tool (MUST).

Staff support: induction, training, skills and experience

- People and relatives told us staff were knowledgeable in their roles. One relative said, "All the staff know what they're doing and that is so important for us, as a family to know they are well trained."
- Staff told us the training was suitable and they had enjoyed a thorough induction. One staff member said, "I feel like we get enough training and refresher training. When I first started, I also got to shadow a member of staff that had been here for years. It was good to be able to learn from them and their knowledge of people as individuals. I only got put on the rota once I felt I had shadowed enough and felt ready to support people."
- The registered manager had full oversight of all staff training. This highlighted when staff were due refresher training and also ensured all staff completed appropriate training. This included 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.

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

- People were provided with a varied diet that matched the preferences and dietary needs. One person said, "The food here is lovely." A relative said, "The food that has been provided is exactly what [person] enjoys."
- We spoke with the chef and kitchen staff who had a wide range of knowledge of people's likes, dislikes, preferences and dietary needs. We observed a mealtime that showed people being given menu choices in line with their care plans.
- People that required texture modified diets received these in a safe way. All staff were aware of who required these diets and these were served in line with people's care plans.
- We saw staff speaking to people who were living with dementia clearly and repeating the different options.

This ensured people understood the choices and made a choice in line with their preferences.

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

- The staffing team and the registered manager worked well with various health and social care professionals. We saw evidence of health referrals being made in a timely way when people's needs changed.
- There was a weekly GP visit to the home. The registered manager explained that they will also call the GP for advice on any day as soon as they notice any changes to people's health to ensure guidance and advice is sought quickly for the person.
- When appropriate the registered manager liaised with social care professionals to share pertinent information and support people in the most effective way possible.
- People's care plans detailed care needs and what professionals were involved in their care. This enabled staff to speak to the correct professionals quickly if they needed any advice or guidance in relation to people's care.

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

- The home was designed with an open concept. We found people navigated their way around the home well throughout observations during the inspection. We saw clear signage for communal areas and bathrooms for people living with dementia, to avoid confusion.
- People's bedrooms were personalised with a large amount of personal belongings. This made each person's room individualised to their life history with memories such as photographs and books.

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.

- Staff ensured people were supported in line with the MCA. This included completing capacity assessments and best interest decisions for individual restrictions to ensure they were finding the least restrictive method when people lacked capacity.
- Staff were knowledgeable in the MCA. One staff member said, "You can't just assume someone doesn't have capacity. Until the correct process has been completed nobody can have any restrictions in place. We have to make sure the restrictions are in place for the right reason, to keep people safe."

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 staff treated them well with a caring manner. One relative said, "I just can't fault the staffing team. I know so many by name, they've become like a family to [person]". Another relative said, "I have always witnessed a very caring attitude from all members of staff that I have seen."
- Staff told us how they respected equality and diversity. One staff member said, "I love how everyone is different and they deserve to be treated that way. There's nothing worse than because you're a certain age all being treated the same. People have different hobbies, preferences and beliefs and it is important we respect that."

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

- People were frequently asked by staff to make decisions about their care. One staff member said, "I'm always giving choice, choice is important for people. So, whether it's how they want to spend their day or what they want to wear, it's important people have that choice."
- We saw evidence of people being involved in decisions about their care. Care plans detailed how people gave consent and took part in reviews expressing how they would like to receive their care. These details were included in personalised areas of care plans.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us how staff treated people with dignity. One relative said, "The care is given with great respect for his dignity and pride. He has always been a very private person and to accept this care is hard for him. The ladies concerned are wonderful and he feels very safe with them. They speak to him directly and kindly without being patronising."
- Staff received training in dignity and respect and we saw evidence that all permanent staff had completed this training. The provider also had a policy in relation to this for staff to refer to at any time they wanted to refresh their knowledge.
- We saw staff respect people's privacy by knocking on bedroom doors. Staff were seen to wait for a response before entering people's private spaces to ensure people felt safe and comfortable.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were involved in their care planning and this was evident in the way care was planned in line with people's preferences. There were detailed life history background information, this was useful for staff to understand people on a personal level.
- Care plans were personalised and we saw staff follow individual details in people's care plans. For example, one person preferred to spend time in their room, however, wanted staff to frequently check on them. We saw staff regularly visit the person in their room and ensure the person was offered a choice of food and drinks and any assistance staff could offer.

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.

- Staff used different approaches to meet people's different communication needs. We saw staff were knowledgeable in people's different needs. For example, one staff member would speak clearly and slowly to a person hard of hearing and then approach a second person with a quiet gentle tone, placing their hand over theirs to assure them. We saw this was in line with people's care plans.
- People had communication care plans that had been thoughtfully completed. This detailed their individual needs so staff could have guidance on how to approach each person in line with their communication needs.

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

- Activities were designed to meet people's individual needs and preferences. There was a wide range of activities at the home. These included both activities in the home and day trips out.
- Extensive work had been completed to ensure people's individual preferences and hobbies had been listed in their care plan under 'personal activities'. For example, a person now had a weekly art lesson after it was identified they had previously enjoyed art when they were younger.
- People were supported to maintain relationships that were important to them. One person was supported by staff to get ready, and then attend a family member's wedding. This was something the person didn't think they would be able to do and was important to the whole family.

- The activities staffing team were well established with years of experience. People benefitted from a team that knew them well and was constantly trying to think of new activities. People were frequently asked for input to create new and interesting activities for everyone in the home.
- Where people were required to spend long periods of time in their bedrooms due to medical conditions, or chose to spend time in their rooms, one to one activities were organised. The activities team researched what the person's individual preferences were and used this to either establish an activity or use it as a conversation point during room visits.

Improving care quality in response to complaints or concerns; End of life care and support

- People and relatives were supported by staff to raise any concerns or complaints. One relative said, "I would have full confidence that they (staff) would deal with any concern, we just haven't had any." Another relative said, "If ever we have had any small concerns it has always been dealt with so quickly and professionally, I would never hesitate to raise anything with them (staff)."
- There was a complaints policy and procedure in place. We saw the registered manager had followed all steps on the policy when investigating any concerns and updated the complainant on a regular basis.
- There were end of life care plans in people's support files to ensure staff were aware of people's wishes if they entered this period of their life.

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

- The registered manager had created and sustained a positive culture in the service. Staff told us how the registered manager and management team were incredibly supportive and encouraging of career progression. One staff member said, "When you have a manager like [registered manager] you know you are supported to progress as much as you want. The encouragement is incredible and that in turn makes you feel valued."
- The registered manager had identified a gap in potential support and inclusivity of the night staff. The business co-ordinator had then agreed to complete a full handover with night staff every morning, this ensured night staff had a point of contact of the management team and felt supported. One staff member said, "We feel very supported, in some homes night staff can be forgotten a bit but not here, we are very well supported."
- There was a resident ambassador role that had been created. This gave people the opportunity to be involved in raising any suggested changes, concerns or ideas in a comfortable space. The resident ambassador would then raise these with the management team and get responses of what action was to be taken to inform the people living in the home. This took place in a forum meeting where minutes were taken so there was a record of the actions that were set in each meeting.
- Relatives told us how the positive culture and person-centred approach had improved their loved one's lives. One relative said, "It is a very safe environment and the weight taken off my shoulders was huge when [person] went there. I immediately felt reassured that this was a good place for [person] to be. The level of care has been great. Anything I have asked for has been discussed with a member of staff." Another relative said, "We have regular updates on life in Banstead so we know as family what our loved ones have been doing and photos enhance that communication. The entertainment team do an excellent job of keeping everyone busy and stimulated. The range of activities is brilliant and the residents all seem to thoroughly enjoy and appreciate the effort that goes into the events. The enthusiasm and cheerful encouragement of the staff is infectious and makes for good fun for all involved."
- Relatives and close friends of people living in the home had been included to join the staffing team as volunteers. There were a large number of volunteers that supported the activities team on a weekly basis. This ensured that there was as much opportunity as possible to complete external activities and have an extended staffing team. This in turn meant people received a more person-centred support, as often a family member or close friend was also supporting with their care.
- Staff were involved in the running of the service and empowered to voice their opinions. There were

multiple regular meetings for all staff in all departments throughout the home. This ensured people were receiving the best possible care in all areas of the home. All actions decided at the department meetings were then addressed by the management team and action taken in a timely way.

- The registered manager strived to get as much feedback as possible to constantly drive improvement at the home. Both relative and staff surveys were completed and then analysed by the registered manager to see what new, innovative ways they could respond to any suggestions.

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

- A range of audits were completed to ensure the safety and effectiveness of the home. We saw the range of audits that were completed regularly, as a result the registered manager had full oversight of any changes that needed to be made or any issues that needed to be addressed. This was all monitored as part of the quality assurance audit for the home.

- The registered manager supported staff in their roles and staff felt confident to make suggestions for positive change. One staff member said, "When I say there is an open door policy here, I mean there really is. [Registered manager] is so approachable and you know that she is really interested in any suggestions and we see action taken quickly."

- People and relatives told us the registered manager was open and honest if anything went wrong. One relative said, "Accidents happen, and we understand [person] may have a fall, it's just the impressive way it's dealt with afterwards is what makes it. It is constant updates and shared learning, it really is very impressive."

- There was a duty of candour policy which we could see examples of when the registered manager had applied this to an incident in the home.

- The registered manager had submitted notifications to both the local authority and CQC when information was required to be shared.

Continuous learning and improving care; Working in partnership with others

- The registered manager and the staffing team were keen to constantly improve the care at the home. The registered manager said, "We just want to constantly drive changes and improvements to make sure we are the best we can be."

- People were supported by joint working between the staff and external professionals. We saw evidence of good partnership working with health and social care professionals through documents in care plans and minutes of meetings. One relative said, "We are more than confident if anything is needed, health wise, referrals are made straight away. The GP is involved and the district nursing team as well if needed, they all seem to work very well together."