

WR Signature Operations Limited

Signature at Beckenham

Inspection report

2 Roman Way
Beckenham
BR3 3FH

Date of inspection visit:
12 July 2022
14 July 2022

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28 July 2022

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 Beckenham is a residential care home providing personal and nursing care to up to 100 people. The home consists of a variety of studio and one-bedroom apartments, all of which have ensuite facilities. Accommodation is provided over three floors and includes two units which specialise in providing care to people living with dementia. At the time of our inspection there were 40 people using the service.

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

There were safeguarding procedures in place and staff and managers had a clear understanding of these procedures. Risks to people were assessed and staff were aware of the action to take to minimise risks where they had been identified. People told us they felt safe. Appropriate recruitment checks took place before staff started work and there were enough staff available to meet people's needs. People's medicines were managed safely. There were procedures in place to reduce the risk of infections and COVID 19.

Assessments of people's needs were carried out when they started using the service. Staff received training and support relevant to people's needs. People were supported to maintain a balanced diet. People had access to a range of healthcare services when needed. 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 were caring and responsive to their needs. They had care plans that described their health care and support needs and included guidelines for staff on how to best support them. People knew how to make a complaint if they were unhappy with the service. There were procedures in place to make sure people had access to end of life care and support if it was required.

There were effective systems in place to monitor the quality of service that people received. The provider took people's views into account through satisfaction surveys, residents meeting, food and activities forums and feedback from these was used to improve the service. Staff said they received good support from unit managers and the registered manager. The registered manager and staff worked with health and social care providers to drive improvement and to deliver an effective service.

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 is dual registered. It was registered with us on 13 January 2022 and 12 May 2022 and this is the first inspection. See the background section of this report for more information on dual registered services.

Why we inspected

This was a planned inspection of a newly registered service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe.	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was well-led.	Good ●

Signature at Beckenham

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

Two inspectors and a specialist nurse advisor visited the service on the 12 July 2022. One inspector returned to the service on 14 July 2022 to complete the inspection.

Service and service type

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

The service is dual registered and both providers are responsible for service delivery at the location. The providers are WR Signature Operations Limited and Signature Senior Lifestyle Operations Ltd.

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.

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 seven people who used the service about their experience of the care provided. We spoke with five care staff, three nurses, the chef, the maintenance man, the registered manager and the regional operations manager. We reviewed a range of records. This included nine people's care records and medication records. We looked at eight staff files in relation to recruitment, training and supervision. We looked at variety of records relating to the management of the service including the providers quality monitoring systems, internal audits and policies and procedures. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 protected from abuse. People using the service told us they felt safe.
- There were safeguarding adult's procedures in place. Staff had received training on safeguarding adults. They told us they would report any concerns about abuse to their line manager or registered manager.
- The registered manager understood their responsibilities in relation to safeguarding and told us they would report any concerns to the local authority and CQC.

Assessing risk, safety monitoring and management

- Risks to people had been assessed to ensure their needs were safely met. Assessments included the levels of risk for people in areas such as falls, distressed behaviours, diabetes and choking. Risk assessments included information about what actions staff needed to be aware of so that risks to people could be minimised.
- Staff had a good understanding of people's needs in relation to risk. At lunch time we observed staff supporting people at risk of choking to eat and drink safely. A staff member explained to us how they followed the persons eating and drinking care plan and how they thickened drinks to the correct consistency people required.
- London Fire Brigade visited the home on 24 February 2022 and found the home was in breach of fire safety regulations. They sent the provider an enforcement notice and set a date of 25 August for these regulations to be met. The registered manager showed us an action plan confirming that all but one of the requirements to meet the regulations had been addressed. The remaining requirement was being addressed at the time of our inspection.
- People had individual emergency evacuation plans (PEEPS) which highlighted the level of support they required to evacuate the building safely.
- We saw records confirming fire equipment and the alarm system was regularly tested. Training records confirmed that staff had received training in fire practice and fire safety.

Staffing and recruitment

- Staff were deployed effectively to meet people's needs. We observed there enough staff available to meet people's needs. A staff member told us, "Staffing levels have improved, a few months ago we didn't have enough staff, but we do now. It's much better."
- Staffing levels were arranged according to the needs of the people using the service. The registered manager used an occupancy and resident's dependency tool to assess people's care needs and calculate the numbers of staff required to support them.
- Robust recruitment procedures were in place. Recruitment records included a curriculum vitae with a full

employment history, employment references, health declarations, proof of identification and evidence that a Disclosure and Barring Service (DBS) check had been carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- Records relating to nursing staff were maintained and included their up to date PIN number which confirmed their professional registration with the Nursing and Midwifery Council (NMC).

Using medicines safely

- People received support to take their medicines safely. One person told us, "They (staff) are good with the medicines. It's all on the computers."
- Some residents self-administered their medicines. Risk assessments were completed with these people to make sure they could manage this task without staff support. Records showed that staff audited these people's risk assessments and medicines balances on a weekly basis.
- There were protocols in place for 'as required' (PRN) for example, medicines for pain relief.
- Medicines were administered safely. The home used an electronic medicines administration recording system (eMAR). We saw regular audits were completed to ensure people received their medicines on time.
- Medicines were stored safely. Peoples medicines were stored in locked cabinets in their rooms. Controlled drugs were kept in locked clinical rooms. Records showed regular monthly audits of controlled drugs balances were taking place.
- All staff responsible for administering medicines had completed appropriate training and their competency to administer medicines had been assessed by senior staff.

Preventing and controlling infection

- People were protected from the risk of infection. We observed staff wearing personal protective equipment (PPE) appropriate to the tasks they were completing. For example, staff wore face masks, gloves and aprons whilst providing people with personal care. We observed staff wearing face masks and following social distancing rules throughout the day.
- There were no restrictions on visitors to the home. All visitors were required to sanitise their hands and wear face masks whilst visiting people at the home.
- The provider had appropriate procedures in place for admitting people safely to the service.
- The home had a housekeeping team that worked seven days a week. We observed that the home was very clean and hygienic throughout. One person told us, "The cleanliness is good." Another person said, "It's nice here, always lovely and clean."

Learning lessons when things go wrong

- The registered manager and staff learned lessons and acted when things went wrong. The provider used an electronic system for of reporting, recording and monitoring accidents and incidents.
- They used the system to analyse information, learn lessons and take appropriate actions. For example, a monthly falls review was carried out at the home. Actions following the last review stated staff needed to ensure they recorded all falls on the electronic system and complete and review people's falls risk assessments and maintain a safe environment.

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 care, and support needs were assessed when they started using the service. Initial assessments were carried out to consider if the service could meet people's needs safely. The assessments covered aspects of their care and support needs such as medicines, eating and drinking, oral health, important relationships and religious and cultural needs. The information gained from the assessment was used to draw-up care plans and risk assessments.
- People using the service, relatives and health and social care professionals contributed to these assessments to ensure the person's individual needs were considered and addressed. We saw that people's care plans and risk assessments were kept under regular review.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills required to meet people's needs. All new care staff completed an induction in line with 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. One person told us, "I get the impression they (staff) know what they're doing. They support me how I like to be supported."
- Records confirmed that care staff had completed training the provider considered mandatory. This included training in areas such as basic life support, food hygiene, infection control, COVID 19, dementia, moving and handling, safeguarding adults, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).
- Nursing staff had completed clinical training, for example on skin integrity, diabetes, dementia and catheterisation.
- Staff told they received regular formal supervision with managers to ensure they had the right knowledge and skills to carry out their roles. We saw records confirming staff received regular supervision and support from their line managers.

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

- People received support to maintain a balanced diet. Where people needed support with their dietary needs, we saw this was recorded in their care plans. For example, some people had modified textured diets where they were at risk of choking and some people had fluid thickener added to their drinks.
- We spoke with the head chef. They told us they were in regular contact with staff who kept them up to date with people's dietary needs. They showed us people's individual dietary needs planners for each unit of the home. These included a summary of people's specific dietary needs. We saw, for example, some people

were diabetic, some people required a low-fat diet and one person was allergic to cheese.

- The weather at the time of our inspection was exceptionally hot. One person told us, "The staff have been very good in this heat, yesterday they brought round ice lollies and water."
- We observed how people were supported at lunch time. The atmosphere in the dining areas was calm and pleasant and staff were very attentive to people's needs. One person said, "The food overall is okay. The menu changes every day. There always seems to be something I like." Another person told us food wise – originally the presentation was terrible. Today it's a thousand percent better. We've got a new general manager who is a foodie - the food has massively improved except for today, which was not good. A third person commented about the food, "It varies, but it's reasonably okay I suppose. It has bad patches where you wonder who and where they get their instructions from."
- We advised the registered manager about the varied responses we received relating to the food provided at the home. They told us they were aware of some issues and they were working with the kitchen staff and people using the service to make improvements. We saw there were regular food forums attended by people using the service, kitchen staff and managers.
- The home had been awarded a Food Hygiene rating 5 in March 2022.

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

- Staff worked in partnership with GP's and other health and social care professionals to plan and deliver an effective service. We saw reports from external healthcare professionals such as dietitians, speech and language and occupational therapists in people's care records.
- A GP visited the home fortnightly or when required to review people's health needs. One person told us, "I go to exercise every morning. I've asked to see the doctor tomorrow. I want to make sure I'm not doing exercises I shouldn't be." Another person said, "I see the doctor and I'm confident they get my tablets right."
- People had hospital packs which were sent with them if they were admitted into hospital. These packs included detailed information for professionals about their health care and support needs.

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

- The design of the premises was meeting people's needs. People's rooms appeared very comfortable, well decorated and personalised to their needs.
- We noted that some beds were regular divan beds, ultra-low profiling beds and beds with airflow mattresses. A nurse told us the type of bed people were supplied with was based on an assessment of their individual care needs.
- The home had adapted bathrooms, dining rooms, quiet lounges with suitable furniture to support people with limited mobility where required. We observed people moving freely about the home. There was a cinema and a private dining room that people and their relatives could use to celebrate events or just hold family get togethers.
- There was well tended and easy to access garden with comfortable furniture for people to use in warm weather.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

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

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

- We saw decision specific capacity assessments, best interest records and DoLS applications and authorisations were retained in people's care files.
- We saw a log detailing the dates of individual DoLS authorisations, new applications and follow ups with the local authority DoLS team.
- We observed a person being assessed by the local authorities DoLS best interest assessor (BIA). The BIA told us the staff were always very accommodating. The homes dementia coordinator told us they were able to contact the BIA team if they had any questions.

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 told us they were treated with kindness and respect. One person gestured to the staff and told us, "They're all my friends." Another person commented, "I can't go to church anymore, but we do have the vicar who visits every other week. They used to use the cinema room for it, but the seats weren't great. Now it's in what they call the village hall. It feels more like a church now."
- Staff had received training on equality and diversity. Staff said they were happy to support people with their diverse needs. One staff member told us, "I will always support people no matter what their backgrounds. I like to listen to people, that's how you get to know them as a person."

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

- People were involved in making decisions about their care. Assessment records showed that people and their relatives (where appropriate) had been consulted about the care and support they received.
- One person told us, "Generally the staff know how to help me. There are documents available that explain what they're after, it's all on the computers." Another person said, "We have meetings and forums - one on food, one on wine one on general management. Things change if we talk about it. Some of the changes take a bit longer to take effect."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, and their independence was encouraged. One person told us the papers came daily, the post came too. Any letters they wrote, the staff posted them for them.
- We observed staff speaking to people and supporting them in a dignified and respectful manner. When people received support with their personal care needs, we saw their doors were closed to promote their privacy and dignity.
- A staff member told us, "I knock on people's doors and wait until I am invited into their rooms. Some people are very independent and can do a lot for themselves, so I do little things like helping with putting on socks and shoes. Some people need more support with their care. If I am helping people with personal care, I make sure it's done in private. I take my time helping them and I always explain what I am doing."

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 had care plans that described their health care and support needs and included guidelines for staff on how to best support them. For example, there were guidelines in place for staff to support people with eating and drinking, moving and handling and specific medical conditions.
- Care plans also contained information about people's life experience and history, relationships that were important to them, and their religious, spiritual and cultural needs.
- Staff had a very good understanding of people's needs. They were able to tell us about people's individual needs and wishes and how people liked to be supported. For example, a member of staff told us how they supported a person with eating and drinking. Another staff member told us how they supported people living with dementia.
- Peoples care plans were kept under review. A staff member told us, "I always follow what is on people's care plans. Sometimes people will ask for things that are not on the care plan. We can discuss the request with my line manager and their care plan can be reviewed. Recently a person's mobility improved following successful support from a physiotherapist, their care needs changed, so their care plan was updated."

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's communication needs were assessed when they started to use the service.
- We observed there was appropriate large print signage throughout the home. The registered manager told us that information was provided to people in ways they understood. They said information was available to people in large print. If people required information in a different language or visual aids this would be made available to 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

- The service supported people to follow their interests and to take part in activities that are socially and culturally relevant to them. The home employed five activity co-ordinators, they worked at the home from 9am to 8pm seven days a week.
- People were supported to partake in daily activities that met their needs. For example, there were reading

and walking clubs, regular church services, movies at the cinema, games in the garden and yoga and drawing sessions. We observed a yoga and meditation session and a quiz which people actively engaged in.

- Activities during the week of the inspection included a French theme to celebrate Bastille Day. We observed an activity session about English words that had French origins. On Bastille Day there was a French lunch, a cheese and wine event, French art sessions, beer and bingo at the bistro, a French accordionist came to play for residents and the hospitality manager had baked French pastries with some of the people using the service.
- Comments from people about activities at the home included, "I like reading and films. I've been to the cinema room.", "The cinema is used quite liberally, they show black and white films as that's our target audience.", "They do quizzes, various things, quite a bit of wine tasting." And "You can dip in and out and they do activities quite well."

Improving care quality in response to complaints or concerns

- The home had a complaints procedure in place. The complaints procedure was displayed throughout the home for people's reference. The registered manager told us there were suggestion boxes in each unit and comments cards available for people throughout the home.
- One person told us, "I know who to go to voice complaints. I did that and I think they did respond. But not in writing. They did acknowledge it though and fixed it. It's not an issue anymore." Another person told us, "I like it here, I would soon let them know if there was anything wrong."
- We saw some complaints had been received from people and their relatives. Complaints records showed that when concerns had been raised, these were investigated and responded to appropriately. Where necessary discussions were held with complainants to resolve their concerns.

End of life care and support

- People's care records documented their end of life care wishes. These had been completed with people and their relatives.
- None of the people currently living at the home required support with end-of-life care. The registered manager told us when required advice was available from the GP and a local hospice to help ensure people received appropriate end-of-life care.
- We saw Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms in some of the care files we looked at. These had been signed by people, their relatives (where appropriate) and their GP to ensure their end-of life care wishes would be respected. These were included in people's hospital packs which were sent with them if they were admitted into hospital.

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.

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

- The home had a registered manager in post. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. They were aware of the types of significant events which they were required to notify CQC about and records showed the service had submitted statutory notifications to CQC where needed.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service. The registered manager demonstrated good knowledge of people's needs and the needs of the staffing team.
- Staff were positive about how the service was run and the support they received from unit managers and the registered manager. A staff member told us, "I like the other staff and the residents. It's a nice place to work. I get really good support from the clinical services manager." Another staff member said, "The home is well organised, the registered manager is on the ball, I often see her on the floor working with staff."
- The registered manager understood their responsibilities under the duty of candour. They told us they were open and transparent with people, their relatives and professionals when things go wrong.

Continuous learning and improving care

- The provider recognised the importance of regularly monitoring the quality of the service. The provider used an electronic system for monitoring the service. Regular audits were carried out on areas for example medicines, health and safety, care plans, infection control, incidents and accidents, safeguarding and complaints.
- We saw reports with actions taken in monthly governance and regional operations director reviews. These covered areas such as skin integrity, weight loss, infections, CQC notifications and learning from a monthly medicine's errors, falls reviews and safeguarding. For example, following a medicine error a staff member was required to complete further medicines administration training and their medication competency was reassessed.
- Monthly safety checks were also being carried out on the fire alarm system, portable appliances, gas and water safety. Equipment such as hoists, wheelchairs, lifts and the call bell system were serviced and checked regularly to ensure they were safe for use.
- We saw reports from regular unannounced night-time visits. These were carried out to check for example, that staff were attentive to people's needs, staff on duty were aware of fire procedures and that people's fluid charts were being completed as required.

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 spoke positively about the service. One person said, "I've settled in well now. I've been here just over six months. The staff are extremely caring and friendly." Another person told us, "She (the registered manager) doesn't come around to the rooms, but she's always in the breakfast room. She's very friendly and she'll help if we're a bit short on carers. She's very involved. She's very friendly."
- Throughout the inspection we observed examples of people being included and empowered to make decisions about their care. For example, we saw staff sitting reading with people and holding discussions about the things they would like to do. We also saw staff encouraging people to be independent for example, encouraging people to eat lunch in an unrushed way.
- The provider sought people and their relative's views about the home through satisfaction surveys, residents' meetings and resident's food and activities forums. We saw an action plan following the last satisfaction survey was to make sure feedback from the monthly residents at food forum was to be acted upon. At the last residents meeting a Wimbledon weekend with afternoon tea and the Bastille day celebrations were planned for. People were encouraged to invite their friends and family

Working in partnership with others

- The registered manager and staff worked in partnership with other agencies, including the local authority and health and social care professionals to ensure people received safe and effective care.
- An officer from the local authority told us that during a recent visit to the home the registered manager and the care team were very supportive. The residents were having breakfast and appeared relaxed and happy. They saw audits were carried out which were reviewed monthly by the registered manager and any issues that were identified were acted upon.
- The registered manager told us they attended provider forums run by the local authority to learn about and introduce best practice to the home. They told us the forums had been invaluable in providing the home with up to date information in relation to COVID 19.
- The home won outstanding mid-sized care providers at Care Home Awards on 1st July 2022.