M Madhewoo

Unicorn House

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

This was an unannounced inspection that took place on 6 October 2017.

Unicorn House is a residential care home that offers accommodation and personal care and support for up to twelve adults with learning disabilities and associated mental health issues.

At the time of our inspection the home had a registered manager. 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 and associated Regulations about how the service is run.

At the last inspection on 10 August 2015 the home met all the key questions and was rated good in each with an overall good rating.

Unicorn House was warm and welcoming with people freely coming and going as they pleased. Some people had limited speech and therefore relatives spoke on their behalf. We also based our findings on the observation of staff care practices and people's responses to them. People said and their body language demonstrated that they enjoyed how staff provided care and support for them and that they liked living at the home. During our visit people were engaged in a variety of activities at home and in the community. Staff supported them to choose their activities themselves, when they wished to do them and with whom. They were safe in the home and the local community. There was positive interaction between people and also with staff.

People were given information about any planned activities so that they could decide if they wanted to join in. Staff provided care and support in a friendly, professional and supportive way that was focussed on people as individuals. Staff said they knew people and their likes and dislikes well and this enabled them to provide the care and support that people needed. Staff were well trained, had appropriate skills and made themselves accessible to people. They said that they really enjoyed working at the home and received good training and support from the registered manager.

The home's records were accessible, kept up to date and covered all relevant aspects of the care and support that people received. This included the choices people made, activities they attended and way their safety was protected. People's care plans were completed and the information contained was regularly reviewed. This meant staff were able to perform their duties competently and efficiently. People were encouraged and supported by staff to address their health needs and had access to GP's and other community based health professionals. People were supported to be healthy by choosing nutritious, balanced meals that promoted a healthy diet whilst taking into account their likes, dislikes and preferences. The body language of people with communication difficulties and their smiles showed that they liked the choice and quality of their meals.

Relatives said the registered manager and staff were very approachable, responsive to requests made or concerns raised and frequently encouraged feedback and acted upon it. The registered manager consistently monitored and assessed the quality of the service and encouraged staff to put forward ideas that may improve the quality of peoples' lives.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible with the policies and systems at the home supporting this practice.

The health care professionals that responded to our questions were happy with the support that the home provided for people.

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.

People were safe and were aware of what abuse was and action to take if encountered. There were effective safeguarding procedures that staff understood, used, and risk assessments for people were in place.

There was evidence the home had improved its practice by learning from incidents that had previously occurred and there were enough staff to meet people's needs.

Staff had been recruited in a robust way with appropriate checks carried out.

People's medicine was safely administered and records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

Is the service effective?

Good

The service was effective.

People's support needs were assessed and agreed with them. Staff were well trained.

People's food and fluid intake and diets were monitored within their care plans and people had access to community based health services.

The service had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Staff who were suitably trained carried out mental capacity assessments for people. Staff arranged 'best interests' meetings for people as required.

Is the service caring?

Good

The service was caring.

People were valued, respected and involved in planning and decision making about their care. People's preferences for the

way in which they wished to be supported were clearly recorded.

Staff provided good support, care and encouragement to people. They listened to, acknowledged and acted upon people's opinions, preferences and choices.

People's privacy and dignity was respected and promoted by staff. Care was centred on people's individual needs. Staff knew people's background, interests and personal preferences well and understood their cultural needs.

Is the service responsive?

Good

The service was responsive.

People were involved in the assessment process before deciding if they wished to move in.

People decided if they wished to join in with a range of recreational activities at home and within the local community. Their care plans identified the support they needed to be involved in their chosen activities and daily notes confirmed they had taken part.

The home had a complaints procedure and system and people said that any concerns raised were discussed and addressed as a matter of urgency.

Is the service well-led?

Good

The service was well-led.

The service had a positive and enabling culture. The registered manager encouraged people to make decisions and staff to take lead responsibility for specific areas of the running of the service.

Staff said they were well supported by the manager.

The quality assurance, feedback and recording systems covered all aspects of the home, constantly monitoring standards and driving improvement.

Unicorn 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 checked 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 was an unannounced inspection and took place on 6 October 2017.

The inspection was carried out by an inspector, expert by experience and independent observer. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

During the visit, we spoke with nine people, four care staff, the registered manager and contacted six relatives, seven health care professionals and an advocate. There were 12 people living at the service.

Before the inspection, we asked the provider to complete a Provider Information Return (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. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report. We also considered notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support, was shown around the home, checked records, policies and procedures and maintenance and quality assurance systems. We looked at three personal care and support plans for people and checked three staff files.

Good

Is the service safe?

Our findings

People we spoke with felt safe living at the home and relatives thought it provided a safe environment for people to live in. There was no pressure on people to do things they did not want to and this was reflected in the way people had freedom to come and go as they pleased seeing friends and people they knew. One person was aware of his money, that he would run up debts if not supervised and accepted that his finances were managed for him in his own best interests. One person said, "Yes, I feel safe, there are lots of staff around." Another person told us, "Yes, I'm safe; I go out and about all the time, I go to Croydon on the bus most days and see my mate with his dog." A further person commented, "I feel very very safe, staff look after me, it's like family here and I've never felt worried or unsafe." A relative said, "I always feel that [person] is safe there."

Staff knew how to raise a safeguarding alert and had been trained to do so. There was no current safeguarding activity. Previous safeguarding alerts were appropriately reported, investigated and recorded. Staff supported people and advised them about how to keep safe. People also had access to written information about how to keep safe.

Staff knew what constituted abuse and the action to take should they encounter it. They had access to policies and procedures regarding abuse and they had received training that helped them identify if abuse was taking place.

The staff team shared information regarding individual risks for people during shift handovers and at staff meetings. Staff said they were familiar with people living at the home, their routines and were able to identify the situations which might put people at unacceptable risk or make them feel distressed. This meant they could take action to minimise risks and not put people in situations they may not be comfortable with.

Each person had a care and support plan that contained risk assessments enabling them to take reasonable risks and enjoy their lives safely. The risk assessments included activities at home and within the local community. They were regularly reviewed and adjusted if people's needs or interests changed. Staff were trained and able to evaluate and compare risks with and for people against the benefits they would gain. This was demonstrated by the way people were able to access activities in the community. There was also general risk assessments for the home and equipment used that were reviewed and updated. Equipment was also regularly serviced and maintained.

Accidents and incidents were fully investigated, learnt from and up to date records kept.

There was a thorough staff recruitment process that staff records demonstrated was followed. The process included scenario based interview questions to identify prospective staff's skills and knowledge of learning disabilities. References were taken up and Disclosure and Barring Service (DBS) security checks carried out prior to starting in post. A DBS is a criminal record check employers undertake to make safer recruitment decisions. There was also a six month probationary period with a review. If there were gaps in the knowledge

of prospective staff, the organisation decided if they could provide this knowledge within the induction training and the person was employed.

Staff were provided with a handbook that contained the organisation's disciplinary policies and procedures. The staff rota showed and staff confirmed that staffing levels were flexible to meet people's needs. The staffing levels during our visit enabled people's needs to be met and the activities they had chosen to be attended safely. One person thought the home should have more staff and said, "There should be more staff in my opinion." When asked why they responded "The ability to take people out." Everyone else thought there were sufficient staff. There were two staff vacant posts that were being recruited to.

People understood their own medical conditions such as diabetes, Asperger's syndrome and how these needed to be managed for example by insulin injection and no alcohol intake. One person said, "Staff are sorting out my medication, I do my own insulin injection, they watch me do it. Staff know how to support me." Medicine was safely administered and the records were completed and up to date. Records were regularly audited and medicine properly stored and disposed of. Staff were trained to administer medicine and this training was regularly updated.

The health care professionals that responded said they thought support that the home provided for people was safe.

Good

Is the service effective?

Our findings

People said that staff knew how to support them and in the main were encouraged to be independent, though not universally so. Staff gave people support to enable them to make their own decisions regarding where, how and when care and support was delivered. One person said, "I get to decide things for myself." Another person told us that they had only been at the home a few weeks and "They've made me feel very welcome." Relatives told us the care and support was provided in a way that people liked and needed. One relative said, "They look after my brother very well, they know how to handle him." Another relative told us, "He's come on an awful lot better since he has been there." A further relative said, "Staff are very pleasant, good and make you feel at home."

Staff were provided with induction and scheduled annual mandatory training. This was identified in the training matrix. Training encompassed the 'Care Certificate Common Standards' and included manual handling, infection control, health and safety, first aid, food hygiene, equality and diversity and the person centred care approach. There was also access to more specialist training to meet people's individual needs, such as diabetes. New staff also spent time shadowing more experienced staff during shifts to enhance their knowledge of people and the home's operational procedures. Regular staff meetings enabled opportunities to identify further training needs. Supervision sessions and annual appraisals were also used to identify any gaps in the training staff required. There were staff training and development plans in place.

The care plans contained areas for health, nutrition and diet that included nutritional assessments that were completed and regularly updated. The home kept weight and fluid charts for people if they required them and staff monitored the type of meals and how much people had eaten to encourage a healthy diet and way of living if this was appropriate. The care plans also contained information regarding the type of support people required at meal times. Staff told us that if they had concerns about people's nutritional health, they were raised and discussed with the person and their GP. Staff had access to meal guidelines if required and provided nutritional guidance and advice. There was access to community based nutritional specialists who reviewed nutrition and hydration needs as required. The records showed that referrals were made to relevant community based health services and they were regularly liaised with. People also had annual health checks.

People chose the meals they wanted, were able to change their minds at any time with alternatives provided and some people did their own cooking and food shopping. Where staff provided meals, they were timed to coincide with people's activities and their wishes. The meals were monitored to ensure that the portion sizes provided were what people wanted. Staff promoted a healthy diet and served food at the correct temperature. Comments on the meals ranged from its okay to its very good. Everyone agreed that there was plenty of food. One person told us," It's nice food here, they give me big dinners. I help prepare the food for dinner." Another person said, "The food is nice, what I like about it is we all sit down. We do sometimes have takeaways and we have a fry-up breakfast on Saturdays."

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 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. 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).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Mental capacity was part of the assessment process to help identify if needs could be met. The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. Applications had been submitted and the provider was complying with the conditions applied to the authorisation. Best interests meetings were arranged as required. Best interests meetings took place to determine the best course of action for people who did not have capacity to make decisions for themselves. The capacity assessments were carried out by staff that had received appropriate training and recorded in people's care plans. All staff received mandatory training in The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with understood their responsibilities regarding the Mental Capacity Act 2005 and Deprivation of liberty safeguarding. Staff continually checked that people were happy with what they were doing and activities they had chosen throughout our visit. People's consent to treatment was regularly monitored by the home and recorded in their care plans.

The organisation had a de-escalation policy and procedure should people demonstrate behaviour that others may find challenging, in which staff had received training. Any behavioural issues regarding people were discussed during shift handovers and staff meetings. Staff were also aware that what may be perceived as aggressive behaviour by others may be a person's method of communication.

The service had contact with organisations that provided service specific guidance regarding providing care and support for people with learning disabilities so that best practice could be followed.

Health care professionals we spoke with said that the home provided an effective service that met people's needs.

Good

Is the service caring?

Our findings

People felt the staff were kind, caring, and treated them with dignity and respect and provided support in a thoughtful and friendly way. During our visit staff met people's needs skilfully and with patience that suggested they knew people, their needs and preferences intimately. People were given as much time as they required to have their needs met. Staff spoke to people at a pace that made it easy for them to understand and also enabled them to make themselves understood. If people had difficulty expressing themselves staff listened carefully and made sure they understood what the person had meant. People's positive body language towards staff indicated that they were happy in the environment in which they lived and with the way staff supported them and provided care. Staff treated people as their equals, did not speak condescendingly to them and treated everyone equally, giving them the level of care and support they required. They had nurtured relationships with people based on strong bonds of trust and friendship. One person said, "[Staff's] nice, she's my friend and [Staff] and [Staff] look after me, they're nice." Another person told us, "Staff are alright, I have a laugh with them, they're kind and caring and they're just doing their job. They knock at the door." A further person commented, "The staff are fine, I do have arguments and I get frustrated in this place. I do have a laugh with [Staff] and they are nice and kind. They are strict, treat you like a child. Staff knock on doors they do respect your privacy." They did not enlarge on or give examples of being treated as a child. Another person said, "The staff are nice, they respect me, they're kind and understanding. The staff do listen, they're very kind and if I'm ill staff do whatever I need. They're very fond of me and I'm very very happy." A relative told us, "The staff are very good especially [two members of staff]." Another relative said, "[Person] loves it there because of the staff."

Staff had been trained to acknowledge people's rights to dignity and being treated with respect and had a policy and procedure to follow. This was reflected in the caring, compassionate and respectful support staff provided. There was a relaxed, inclusive and pleasant atmosphere for people due to the approach of the staff.

The home had a confidentiality policy and procedure that staff said they were made aware of, understood and followed. Confidentiality was included in induction and on-going training and contained in the staff handbook.

There was a visitor's policy that stated that visitors were welcome at any time with the agreement of the person they were visiting and other people at the home. When asked about visitors one person said, "My family phone, I can go and see them, I've got a social worker meeting this morning." Another person told us, "I'm going to my [relatives] house today. [Staff] are taking me home."

The home's policy was for people to live at Unicorn House, that they regarded as their own home, for as long as their needs could be met.

End of life training and support was provided by St Christopher's Hospice.

The health care professionals that responded said they thought support that the home provided for people

was caring.

Good

Is the service responsive?

Our findings

People and their relatives told us that staff met people's needs in a supportive and friendly way. People enjoyed this and were comfortable with it. For some people this had taken place over a period of years. One person said, "I do have a care plan, it's signed but I've not necessarily read it." Another person told us, "Staff try to help me be independent, but I don't like staff looking over me." A further person, who was female commented, "Staff help me shower, it is always a female member of staff." A relative said, "This place suits people's needs." During our visit the staff proactively encouraged people to express their views, opinions and to decide things for themselves. This was achieved by a friendly, patient approach and at a pace that people were comfortable with, when staff were aware we were present and when they were unaware.

Staff listened to people and made themselves available to discuss any wishes or concerns people might have. People contributed to decisions made about their care and activities, and their needs were met and support provided promptly. Nothing seemed too much trouble. One person said, "I can go to the day centre. I like to be more active. They're going to get me a little gardening job." The appropriateness of the support and level to which people liked the way it was delivered was reflected by people's frequent positive responses to verbal and physical contact with staff. There was good-natured banter, laughter and fun between staff and people. This was not confined to the relationship between staff and people, as people were also encouraged to form relationships with each other, although this was a matter of personal choice. One person told us, "I have lots to do and get on with everyone." Another person said, "Other service users are not my friends. They get on my nerves. I'd rather live on the streets than here, it's not fair. I have friends at church. It's tedious here, like prisoner cell block H." When we contacted their relative, they told us that the person can be very demanding and they were happy with the service provided.

People's positive body language, smiles and conversation told us that they were enjoying the activities they took part in during our visit. People showed us their rooms and things they had been doing. Staff were on hand to lend support when needed and this was given in a way that made people feel that they were in charge of what they were doing. Activities were a combination of home and community based. Each person had their own activity planner. One person said, "I do lots of things, I go shopping and I go to the centre most days. I go into town to do what I want to do. My niece takes me on holiday. I've gone to Mauritius five times and Egypt."

The home was proactive in encouraging people to use amenities and opportunities within the community as a focus and destination outside their home. They chose if they wanted to do things individually or as a group and were encouraged to socialise with each other. Activities included arts and crafts, reading and writing, football club, visits to a day centre, the pub and shopping. One person practiced with their band on Mondays and two people attended college doing courses in computers. Another person did volunteer work at an over 50s club. There were a number of home based activities to develop and progress people's life skills in a structured way by taking responsibility for tasks. These included people cleaning their bedrooms, cooking, food shopping and personal laundry. One person also tended the garden. They said, "I like being down here [in the garden]. I do some gardening. I'm off to smoke my pipe now." Some people had booked a holiday that was cancelled at short notice by the hotelier. The home put on a number of activities and

excursions so that people did not feel they had missed out such as a trip to London Zoo, Brighton and bowling. One person told us, "I went to Brighton and London Zoo."

Relatives told us that staff and the registered manager frequently contacted them and updated them regarding any events or activities that people were or had participated in. They were also actively encouraged to visit whenever they wished and always made welcome with staff making themselves available to answer questions and provide information. A relative said, "They [staff] always try their best to accommodate." Another relative told us, "They put on barbecues and invite relatives, staff and neighbours. This is always a great opportunity to meet everyone." If people had a problem, it was discussed with them and if appropriate their relatives, resolved quickly and in an appropriate way. Records also showed that people and their relatives were asked for their views and opinions. People were supported to put their views forward, including any complaints or concerns.

There was a policy and procedure that stated people and their relatives would be consulted and involved in the decision-making process before moving in and staff understood and explained the procedure. Service commissioners forwarded assessment information to the home, which also carried out pre-admission assessments. People were invited to visit the home as many times as they wished before deciding if they wanted to move in. Information from any previous placements was requested if available. Staff said they also sought the views of people already living at the home, regarding a new placement. During the course of people visiting the registered manager and staff would add to the assessment information.

People and their relatives were provided with written information about the home and regular reviews took place to check that placements were working for them. Staff told us how important it was to recognise and understand people's views as well as those of relatives so that care and support could be focussed on the person as an individual. Placement agreements were based upon the home's ability to meet the needs of the individual, safety of other people staying at the home and the support that could be provided. New placements were reviewed after six weeks and if not working, alternatives were discussed and information provided to prospective services where needs might be better met.

People said they had care plans, were able to contribute to them and that they were encouraged to contribute to them. If practicable they were signed by people or their representatives as appropriate. One person said, "I do have a care plan, do discuss it and have a say in what goes into it." The care plans recorded people's interests, hobbies, health and life skill needs and the support required for them to be fulfilled. They were focussed on the individual and contained people's 'social and life histories'. The care plans were live documents and added to when new information became available. The information gave the home, staff and people the opportunity to identify activities they may wish to do. People's needs were regularly reviewed, re-assessed with them and their relatives and care plans re-structured to meet their changing needs. The care plans were individualised, person focused and developed with identified lead staff. People were encouraged to take ownership of the plans where practicable and contribute to them as much or as little as they wished. They agreed goals with staff that were reviewed, underpinned by risk assessments and daily notes confirmed that activities to achieve these goals had taken.

People and their relatives were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. Staff were also aware of their duty to enable people to make complaints or raise concerns. One person said, "I haven't complained about anything. I would be able to if I wanted to."

Health care professionals we contacted said that the home provided a responsive service that met people's

needs.

Good

Is the service well-led?

Our findings

Before the inspection, we asked the provider to complete a Provider Information Return (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. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

The home had an open culture with the registered manager and staff paying attention to people, what they wanted and acting accordingly. People told us and their body language showed that they were comfortable with the registered manager and staff. This was also confirmed by relatives. Relatives were also confident that any concerns they may have would be addressed. One person said, "I know they have a shift leader, [name of registered manager] is in charge". Another person told us, "My keyworker is [name of staff member]. [Registered manager] is excellent, she's very very understanding. I've never had to complain." A relative told us, "The manager is good and if I have a concern she keeps me informed." Another relative said, "[Registered manager] is always approachable."

The organisation's vision and values were clearly set out. Staff we spoke with understood them and said they were explained during induction training and revisited at staff meetings. The staff practices we saw reflected the organisation's stated vision and values as staff went about their duties.

There were clear lines of communication within the home, boundaries set and specific areas of responsibility that staff were aware of. Staff told us they received excellent support from the registered manager and their suggestions to improve the service were listened to and given serious consideration. Staff said they enjoyed supporting people and working at the home. One staff member told us, "The manager listens and we work as a team." Another member of staff said, "The manager is flexible to help staff with things like child care."

There was a whistle-blowing procedure that staff were aware of and knew how to access. There was also a career development programme that enabled staff to progress towards promotion in a way that was tailored to meet their individual needs.

There were regular staff meetings that enabled staff to voice their opinions. The records demonstrated that staff supervision took place monthly and annual appraisals were carried out. This was confirmed by staff.

There was a policy and procedure in place to inform other services, such as district nurses, GPs and physiotherapists of relevant information should services within the community or elsewhere be required. Our records showed that notifications were made to the Care Quality Commission as required in a timely way, and procedures followed correctly including hospital admissions.

There was a robust quality assurance system that contained performance indicators which identified how the home was performing, any areas that required improvement and areas where the home was performing well. This enabled required improvements to be made. Areas of particular good practice were also

recognised by the provider. Relatives and staff satisfaction questionnaires were also sent out. There were also regular spot checks by the registered manager.

The home used a range of methods to identify service quality and provide information. These included people's house meetings every four to six weeks. There was also frequent communication with relatives. One person confirmed that they had been asked to provide feedback. A relative said, "We get questionnaires and speak regularly, I know them [staff] well." The home carries out and records a number of audits such as, the fire log, daily notes, risk assessments, infection control and general maintenance of the home, equipment and medicine. The registered manager also carried out checks that included health and safety and vehicle checks, people's personal money records, water temperatures and people's health support records. Shift handovers also included information about each person.

Health care professionals we contacted said that the home provided a service that was well led.