

Unicorn Projects Care Services Limited

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

Unicorn House is a residential care home that offers accommodation and personal care and support for up to 11 adults with learning disabilities and associated mental health issues. At the time of our inspection there were 11 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support

People's needs were assessed, and care and support were delivered in line with current standards to achieve effective outcomes. Risks to people had been assessed to ensure their needs were met safely. People's individual needs were met by the adaption, design, of the premises. 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.

Right Care

People were supported to express their views and make decisions about their care. People were supported to maintain relationships, follow their interests, and take part in activities that were relevant to them. People had access to health care professionals when they needed them. People's privacy, dignity and independence were respected and promoted. There was a complaints procedure in place in formats that people could understand.

Right Culture

There was a clear management structure in place and staff said they received good support from the registered manager. Staff were trained in areas related to people's needs and they received regular supervision from the registered manager. The provider sought people's views about the running of the home through surveys and meetings. There were systems in place to monitor the quality and safety of the service and any learning was identified and acted on.

The provider had safeguarding and whistle blowing procedures in place and staff had a clear understanding of these. Robust recruitment checks had taken place before staff started working at the service. There were enough staff available to meet people's needs.

People's medicines were managed safely. Staff followed government guidance in relation to infection prevention and control. People's preferences for their end-of-life care was sought and recorded.

The registered manager and staff worked in partnership with health and social care providers to deliver an effective service.

Rating at last inspection and update

This service was registered with us on 6 October 2022, and this is the first inspection. The last rating for the service under the previous provider was good, published on 24 November 2017.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

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 ●

Unicorn House

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.

Inspection team

One inspector carried out this inspection.

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

Notice of inspection

The inspection was unannounced.

What we did before inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 2 people's relatives about their experience of the care provided. We spoke with 3 members of staff and the registered manager. We reviewed a range of records. These included 4 people's care records and medication records. We looked at staff records in relation to recruitment, training, supervision, and other records relating to the management of the service, including policies and procedures and quality assurance records.

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: Learning lessons when things go wrong

- People were safeguarded from abuse and avoidable harm. People told us they felt safe and well looked after by staff. One person told us, "I feel very safe, I like it here, I am very happy."
- There were safeguarding adults and whistle blowing procedures in place. Staff had received training on safeguarding adults. They told us they would report any abuse or poor care practice to the registered manager, they were confident the registered manager would make a referral to the local authority safeguarding team if they needed to.
- The registered manager understood their responsibilities in relation to safeguarding. They told us they would report any safeguarding concerns to the local authority and CQC.
- The provider had systems for monitoring and learning from incidents and accidents. The registered manager told us about an incident where a person that travelled independently got lost and the actions taken to make sure the risk to this person getting lost again was minimised. This was discussed with staff. They made a copy of the person's bus pass so they could track the person's bus pass if they got lost again. Staff also recorded what the person was wearing each time they went out.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks. People's care records included risk assessments related to skin integrity, accessing the community, eating, and drinking safely and health conditions. Care records included information for staff about action to be taken to keep people safe and minimise the chance of accidents or incidents occurring.
- Staff received training on how to support people with their individual health and care needs.
- People had individual emergency evacuation plans which highlighted the level of support they required to evacuate safely.

Staffing and recruitment

- The provider ensured there were enough suitable staff. A staff member told us, "We always have enough staff, if we need more the registered manager will get them in." The registered manager told us staffing levels were arranged according to people's care needs. If people needed extra support for activities or appointments, they increased staff numbers to meet people's needs.
- The provider operated safe recruitment processes. Recruitment records included Disclosure and Barring Service (DBS) checks, application forms with full employment histories, employment references, health declarations and proof of identification. 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 received their medicines safely. People were receiving their medicines as prescribed by health care professionals.
- Medicines were stored securely in locked cabinets. People had individual medicine administration records (MAR) that included details of their GP and any allergies they had. They also included details about how they were supported to take their medicines.
- Staff responsible for administering medicines had received training and they had been assessed as competent to administer medicines safely.
- The registered manager audited the MAR records monthly to make sure they were completed in full and there were no gaps in recording.

Preventing and controlling infection: Visiting in care homes

- People were protected from the risk of infection as staff were following safe infection prevention and control practices. Staff wore gloves and aprons whilst providing people with personal care.
- We observed that the home was clean and hygienic throughout. There was a cleaning schedule in place, and this was being followed by staff.
- The provider had appropriate procedures in place for admitting people safely to the service
- The provider's infection prevention and control policy was up to date. Regular infection control audits were being carried out at the home.
- People were able to receive visitors without restrictions in line with best practice guidance.

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 were assessed and care and support was delivered in line with current standards to achieve effective outcomes. Initial assessments were carried out to consider if the service could meet people's needs safely. The information gained from the assessments 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. Care plans and risk assessments were kept under regular review.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support. Staff completed training that was relevant to people's needs. This training included for example, understanding autism, supporting people with learning disabilities, positive behaviour support, oral health, safeguarding adults, and medicines administration.
- Staff new to care had completed induction training 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.
- Staff demonstrated clear understanding of people's care and support needs. A staff member told us, "The training we get is continuous, which is good, it keeps us up to date and on our toes. The learning disability training was helpful. It opens your eyes and gives you an idea about why people need our support."
- Records showed that staff received regular supervision and annual appraisals of their work performance from the registered manager.

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

- People were supported to eat and drink enough to maintain a balanced diet. People's care records included assessments of their dietary requirements and food likes and dislikes.
- The registered manager showed us weekly menus and told us these were used as a rough guide as people sometimes suggested they wanted something different each day. Some people liked to go shopping for their own traditional foods and snacks. We saw the food people wanted was regularly discussed in resident's meetings.
- We saw staff speaking with people about what they wanted to eat for lunch. A person using the service told us, "We get nice food, I get to choose what I want." Another person said, "The food is good, I like the gammon, we are having it today."
- Meals were cooked fresh each day. We saw well stocked fridge and freezer and there was plenty of fresh

fruit and vegetables. The home had been awarded a Food Hygiene rating of 5 in January 2022.

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

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support, and treatment. Information was available and shared with other health care services such as hospitals when this was required. People had health action plans and hospital passports which outlined their health care and support needs for professionals.
- People were supported to live healthier lives, access healthcare services and support. We saw evidence in peoples care records where they had received support from, for example, a GP, dentists, opticians, dietitians, speech and language and occupational therapists.
- A social care professional told us members of their team regularly visited the home. The staff alerted their team if there were issues in relation to people's medication, treatment requirements and relapse. When people attended their base for treatment, they were accompanied by staff who kept them up to date.
- A health care professional told us they had trained staff on the use of equipment specific to the needs of a person using the service. They told us the registered manager and staff followed their advice and contacted them if they needed them for support.

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

- People's individual needs were met by the adaption, design, of the premises. A person using the service told us, "I like my room, I have all I need. I am getting a new door today."
- The decor of the home required attention and some furniture needed to be replaced. The registered manager showed us a refurbishment plan for the home. They showed us 2 recently refurbished shower/bathrooms and we saw new fire doors were being installed during the inspection.
- There was a plan in place to refurbish the first-floor bathrooms, and to replace radiator covers and redecorate the communal areas of the home. Following our visit, the registered manager confirmed with us staff and people using the service had chosen and ordered new armchairs and settees and dining room tables and chairs.

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 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider was working in line with the Mental Capacity Act. People were consulted and supported to make choices and decisions for themselves. Where the supervising body had authorised applications to deprive people of their liberty, we found authorisations were in place and kept under review by staff. Staff promoted people's rights and worked within the principles of the MCA to ensure these were upheld.

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 were well supported. One person told us, "I'm very happy here. It's the best place in the whole world. The staff are very kind and understanding." A relative commented, "The staff are very good, we have never had any problems with them. My loved one is well looked after and very happy here."
- Training records confirmed that staff had received training on equality and diversity. A member of staff told us they would always respect people's wishes. They were aware of people's individual needs, and they were always happy to support people with whatever they wanted to do.

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

- People were supported to express their views and make decisions about their care. Care records showed that people and their relatives, where appropriate, had been consulted about the support they received. People's care records included sections that referred to their likes and dislikes, cultural and religious needs.
- A relative told us, "I am involved in all the care planning meetings, and I get a say in my loved one's care needs." Another relative commented, "The registered manager lets me know what's going on with my loved one. They always seek my input when planning for my loved one's care."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted. One person told us, "I have my own TV and video player in my room. I can go to bed and get up when I want. Staff help me with a shower, they always take their time with me. They close the doors and windows so nobody can see in."
- Staff told us they made sure people's privacy and dignity, and independence was respected. One staff member said, "When I help people to get washed and dressed, I always explain what I am doing. I make sure I close the door and pull the shower curtain over. I get people to do what they can for themselves. For example, choose their clothes, brush their teeth, or use the shower."

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 supported as individuals, in line with their needs and preferences. People had care plans that described their health and social care needs and included guidelines for staff on how to best support them.
- Care plans reflected the principles and values of Right support, right care, right culture. They referred to promoting people's independence and their inclusion within the local community.
- Staff had a very good understanding of people's needs. They were able to tell us in detail about people's individual needs and wishes and how people liked to be supported. For example, a member of staff told us they supported a person with personal care. Another staff member told us how they supported a person to eat and drink safely by following the guidelines in the persons care plan.

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 understood and supported. Care records confirmed that people's communication had been assessed. Information was provided to people in ways they understood for example easy read and picture formats.
- If people required information in a different language or visual aids the registered manager told us 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

- People were supported to maintain relationships, follow their interests, and take part in activities that were relevant to them. We saw an activities planner that included individual plans for people throughout the week. Some people went out independently and some people attended supported activities such as arts and crafts, cinema, bowling, visiting barbers, hairdressers, and a nail parlour, visiting and staying with family and some people liked to go to ethnic shops.
- We observed staff supporting a person with arts and crafts. A person using the service told us, "I like to go out to Tesco or Primark and sometimes I go to visit my parents." Another person told us, "I don't like going out when it's cold, but I sometimes go with staff to watch football."
- People were also encouraged to complete activities of daily living such as cooking, cleaning and laundry.

We observed a person helping to cook a meal at lunchtime.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care. The provider had a complaints procedure in place. The complaints procedure was available in formats that people could understand.
- A person using the service told us, "I have no complaints. I would just tell the manager if I had to complain." A relative commented, "I would complain to the manager if I needed to, but I have never had to complain about anything."
- The registered manager told us they had not received any complaints about the service. However, if they did, they would write to any person making a complaint to explain what actions they planned to take and keep them fully informed throughout.

End of life care and support

- The registered manager told us no one currently using the service required support with end-of-life care. They said they would work with people, their family members and health professionals to make sure people were supported to have a dignified death.
- Where people agreed to discuss their end of life wishes we saw their wishes was recorded in their care records.

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 provider had a clear management structure that monitored the quality of care to drive improvements in service delivery. The service had a registered manager in post. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. They demonstrated good knowledge of people's needs and the needs of the staffing team.
- People spoke positively about the home. A person using the service said, "The registered manager is very kind, they and the staff are always working hard." A relative commented, "Things have improved a lot since the registered manager has been here. They know everything about what my loved one and the other people here need, and the staff know as well. The registered manager lets the staff do their jobs."
- Staff were positive about how the home was run and the support they received from the registered manager. A staff member told us, "I am happy to work here, the staff are cooperative, and the registered manager is very helpful. Teamwork is good, we all support each other."
- The registered manager understood their responsibilities under the duty of candour. They told us it was important for them to be open and honest with family members and professionals and to be responsible when things went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in the running of the service. The registered manager sought people views about the home through surveys and meetings. We saw an action plan from a recent survey. People's views about the service had been considered and action was taken for example, new activities were arranged, and food suggestions were implemented.
- We saw the minutes of monthly residents' meetings. These were well attended and included people's comments. Issues discussed at the last meeting included privacy and respect, complaints, the menu, activities, Halloween, independence, religion, and refurbishment at the home.
- Staff told us team meetings were regular and helpful. Issues discussed at the last meeting included updates on the people using the service, activities and holidays, safeguarding, surveys, cleaning, and recruitment. One staff member said, "The team meetings are very useful. I always learn something from them."

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received. The registered manager told us they attended provider forums run by the local authority where they learned about and shared good practice. At a recent forum a hospital nurse facilitated a session on 'e red bags'. The registered manager told us they now used 'e red bags' at the home. The 'e red bags' were used for people going to hospital, they included electronic health profiles, hospital passports, medicines records and people's individual support guidelines. This helped to ensure people had a positive experience when they had to go into hospital.
- The registered manager recognised the importance of regularly monitoring the quality of the service. They undertook regular audits that covered areas such as people's medicines, health and safety, incidents and accidents and complaints.
- The registered carried out unannounced 'spot checks' at the home to make that care was provided for people safely. During spot checks they spoke with people using the service and checked that staff carried out the tasks recorded in people's care plans.
- We saw a quality audit tool for 2023. This included audits and the frequency of audits throughout the year. For example, residents and staff surveys, personnel files and staff appraisals were taken place annually, care plans and risk assessments were checked 6 monthly. Infection control and food hygiene audits took place quarterly and medicines and fire safety audits took place each month. We saw the audit tool was being regularly updated throughout 2023.

Working in partnership with others

- The provider worked in partnership with others. The registered manager told us they worked in partnership with other agencies, including the local authority and health and social care professionals to ensure people received safe and effective care. The local authority that commissions services from the provider told us they had no current concerns about the home.
- A social care professional told the communication with the home's management was good and proactive.