M Madhewoo

Unicorn House

Inspection report

16 Campden Road
South Croydon
Surrey
CR2 7EN
Tel: 020 8688 1907
Website: www.unicornprojects.co.uk

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Ratings

Overall rating for this service	**Good**
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out an inspection of Unicorn House on 10 August 2015. The inspection was unannounced. At the previous inspection of 14 and 15 August 2014 the home had not met all the standards and was found to have been in breach of legal requirements relating to maintaining appropriate standards of cleanliness and hygiene. We also found that the registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

We had asked the provider to submit an action plan describing how they would improve matters and this was provided. At this inspection we found that improvements had been made to these areas. The home was found to meet the relevant requirements of cleanliness and hygiene and now had suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Summary of findings

Unicorn House is a home for up to 12 people who have learning disabilities, mental health needs and behaviours which may challenge the service. At the time of our inspection there were eight people living in the home.

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 2008 and associated Regulations about how the service is run.

People who lived at the home were protected from the risk of abuse happening to them. People who were able to told us they felt safe and well cared for at the service and they would not be afraid to tell someone if they had any concerns about their safety or wellbeing. Other people were able to demonstrate through their body language and interaction with staff that they felt safe and well cared for.

We saw that people's health and nutrition were regularly monitored. There were well established links with GP services and other community health services such as occupational therapists, community mental health teams and other social and health services.

Care records were individual to each person and contained information about people's life history, their likes and dislikes, and information which would be helpful to hospitals or other health support services.

Staffing levels were managed flexibly to suit people's needs so that people received their care when they needed it. Staff had access to information, support and training that they needed to do their jobs well. The provider's training programme was designed to meet the needs of people using the service so that staff had the knowledge and skills they required to care for people effectively.

There was an open and inclusive atmosphere in the service. People who used the service and staff told us they found the manager to be approachable and supportive. Staff were able to challenge when they felt there could be improvements.

The provider carried out regular audits to monitor the quality of the service and to plan improvements. Action plans were used so the provider could monitor whether necessary changes were made.

Summary of findings

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 and had made improvements to the cleanliness and infection control of the home.

People who lived at the home were protected from the risk of abuse happening to them.

People told us they felt safe and well cared for at the service. Staff told us that they would not be afraid to tell someone if they had any concerns about people's safety or wellbeing.

There were clear policies and procedures in place relating to safeguarding and whistleblowing. Medicines, including controlled medicines were safely and securely stored in a locked medication cupboard.

Is the service effective?

Good

The service was effective.

Risk management plans clearly identified what the risk to people was and provided staff with instructions about how they needed to manage the risk to ensure people received safe care and support whilst enabling them to remain as independent as possible.

Staff had received appropriate training and supervision to carry out their role. Staff understood the relevant requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards

Is the service caring?

Good

The service was caring.

Care records were individual to each person and contained information about people's life history, their likes and dislikes, cultural and religious preferences.

People's needs in respect of their age, disability, gender, race, religion and belief were understood by the staff and met in a caring way.

Is the service responsive?

Good

The service was responsive.

People's requests for assistance throughout the day were responded to promptly and in a way that responded to individual needs.

There was a full programme of activities for people which were prominently advertised and displayed.

The home had a complaints procedure that was understood by people. People told us that they felt confident to talk to staff about any problems and that they felt these would be dealt with by staff in a satisfactory way.

Is the service well-led?

Good

The service was well-led.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Summary of findings

People and staff were positive about the culture and atmosphere in the home.

The manager and staff maintained a focus on keeping up to date with best practice through participation with groups such as Skills for care and meetings or forums for providers. Records and information were stored securely and safely.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 August 2015 and was unannounced.

The inspection was undertaken by one inspector. Before the inspection we looked at information about the home that we had. This included previous inspection reports, information provided by the home, the provider information return (PIR) form, correspondence and notifications.

During the inspection we spoke with four people living in the home. We also spoke to the manager and four members of staff.

We looked at the home's policies and procedures, four care records, four medicines administration records and three staff records.

We observed the care practice at the home, tracked the care provided to people by reviewing their records and interviewing staff.

Good

Is the service safe?

Our findings

At the inspection of 14 and 15 August 2014 we found that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because parts of the premises were not cleaned to an appropriate standard and there were insufficient systems in place to ensure that the home remained clean and hygienic.

During this inspection we found that improvements had been made. The provider had supplied us with an action plan detailing the improvements to be made and this had been carried out. A designated cleaner had been employed with a schedule of daily tasks and weekly tasks. During times when the cleaner was not working staff were aware of the cleaning tasks they were required to do. We saw that audits and records were maintained of cleaning that had been carried out.

We saw that the home was clean, free from odours and well maintained. The layout and décor was that of an ordinary domestic home, although care had been taken to ensure that areas were free from hazards and that people could have access to all areas of the home in a safe way. Surfaces were clean and areas such as kitchen and toilets had suitable hand-washing and infection control equipment and materials. The kitchen was clean and safely maintained and staff were familiar with food hygiene regulations and practices. Where people wished to make a meal or a drink staff were present to provide appropriate and safe support.

The laundry was appropriate to the needs of the people who used the service. Clean and soiled laundry was stored separately to minimise the risks of cross infection and we saw contracts were in place to make sure clinical waste was safely disposed of.

We saw that a plan to replace the flooring in the lounge had been discussed with the manager and that the work was arranged to take place at a time when most people were out of the house to minimise the risk of accidents.

People who lived at the home were protected from the risk of abuse happening to them. People who were able to comment told us they felt safe and well cared for at the service and they would not be afraid to tell someone if they had any concerns about their safety or wellbeing. One person told us, “The staff are my friends.”

Staff were supported with information and training to guide them in the event of a safeguarding concern being identified and all staff spoken with were able to describe the sort of issues that would require raising a safeguarding alert. We looked at the home's safeguarding policies and procedures and saw that they were reviewed and updated regularly. These included safeguarding, complaints and whistle blowing procedures.

We saw that safeguarding alerts had been raised and acted upon appropriately by the home and that safeguarding procedures had been followed, including working with the local authority safeguarding team. This demonstrated that the provider would respond appropriately to any allegation of abuse with the aim of keeping people safe.

Staff were knowledgeable about the different types of abuse and the signs which indicate abuse may have occurred. Staff described the reporting process they would follow if they witnessed, suspected or had been told an incident of abuse had taken place. This was in line with the home’s safeguarding procedures. Staff told us they had completed up to date training in safeguarding and records confirmed this.

Risks to people’s health, safety and welfare had been assessed and where appropriate a risk management plan had been put in place for aspects of people’s care and support. Risk management plans covered aspects of care such as, nutrition, mobility, physical and emotional health and medication and they formed part of the person’s care plan. Where appropriate other agencies input was considered, such as community mental health team and occupational therapist to provide additional support and guidance.

Where people exhibited behaviour that challenged the service staff were aware of the support that needed to be given and how to provide this in a safe way. Staff confirmed that they did not use restraint but instead used other methods to support people such as non-violent crisis intervention or positive behavioural support.

We observed support being provided to people who were distressed and saw that staff were familiar with people’s needs and were able to support them in a safe way. We saw training plans for staff which included learning in challenging behaviour and how to manage this in a person centred way.

Good

Is the service safe?

The provider had a staff recruitment and selection policy and procedure. Recruitment procedures ensured that people were protected from having unsuitable staff working at the service. We viewed a sample of four recruitment records and found that information and checks required by law for recruiting new staff were obtained. The recruitment process included details of previous employment, checks made under the Disclosure and Barring Scheme (DBS) and reference checks. This ensured staff were fit and suitable to work in a care setting.

There were enough staff on duty to care for people, with three care staff on duty at each shift during the day including the manager. At night there were one waking staff and one sleeping-in staff. The care team was supported by domestic staff. Staff were able to contact the manager on call if there was an emergency out of hours and there were details of other emergency contacts such as duty social workers clearly listed in the office.

Medicines, including controlled medicines were safely and securely stored in a locked medication cupboard. The medicines cabinet was locked and could only be accessed by a key which was held by the senior staff member on duty. There was a system in place for ordering and delivery of medicines in blister packs on a four weekly basis by the local pharmacy. Medicines were disposed of safely with a system in place for counting, returning to the pharmacy and signing where medication needed to be disposed of. Temperatures for stored medicines were checked and recorded by staff.

Medicines were handled and administered safely. Procedures, guidance and advice leaflets were easily accessible to staff with peoples' medicines administration records (MARs) in the medicines room.

We checked a sample of four people's medicines administration records (MARs) and saw they included details of prescribed medicines and instructions for administration. MARs also recorded when medicines were administered or refused and this gave a clear audit trail and enabled the service to monitor medicines kept on the premises.

Good

Is the service effective?

Our findings

At the inspection of 14 and 15 August 2014 we found that the provider was in breach of Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 when we found that the registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

The Mental Capacity Act (MCA) 2005 sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected. Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a "Supervisory Body" if they consider a person should be deprived of their liberty in order to get the care and treatment they need.

We had asked the provider to submit an action plan telling us what they would do to make improvements in this area. The provider submitted an action plan and we checked the progress of this plan during our inspection of 10 August 2015. We found that the provider had made the required improvements in this area.

The manager and staff confirmed that they had an understanding of the MCA and DoLS. We saw training records that showed staff involved in both learning about the MCA and DoLS. Staff told us that they were aware of their responsibilities on a day to day basis when working with people who use the service to help them understand their care and treatment including gaining their consent.

Records confirmed that people's capacity to make decisions was assessed before they moved into the home and on a daily basis thereafter. Records confirmed that the home had made requests for assessments on all people to determine whether they should be authorised to restrict people's liberty in their best interests under the DoLS. At the time of inspection three out of the eight applications had resulted in a DoLS authorisation being granted.

People who were able to told us that they were happy with the care they received. It was clear from what we saw and from speaking with staff that they understood people's care and support needs and that they knew them well. For example, one person required intense support and close supervision in order to have a meaningful and enjoyable day whilst another person required staff to ensure that he had as much autonomy and independence as possible. Staff were able to support people effectively in accordance with their wishes.

Staff told us they received sufficient training and felt supported by the manager. Some staff had worked at the home for several years and knew the people well. Training records showed staff were appropriately skilled and experienced to care for people safely. In addition to mandatory training covered by the 15 standards contained in the Care Certificate, some staff were also developing their training further and were taking national vocational qualifications.

Care staff received regular supervision and annual appraisals. Supervision was carried out every six weeks and allowed the opportunity for staff to discuss any work related issues and to receive feedback about their performance.

Staff were knowledgeable about people's dietary needs and preferences. People were encouraged and supported to prepare their own meals as far as they were able. There was a five day menu on display and in a format that people could understand and make choices from. We saw there were always two main choices per meal with the option of adding a third for anyone who did not want either for any reason.

People told us that they enjoyed the food. Staff were responsible for the meals and took care to ensure that any particular dietary need was met in accordance with the care plan. For example one person required a thickening agent to be added to drinks. We saw that people had access to the kitchen and could have snacks and drinks whenever they wished, unless their health support needs meant they required more supervision.

We saw that people's health and nutrition were regularly monitored. These were discussed at staff handover sessions and recorded in care plans and daily notes. There were well established links with GP services, dieticians, occupational therapists, community mental health teams and other social and health services.

Good

Is the service caring?

Our findings

People who were able to told us they felt staff were caring. People who were not as able in communicating were nevertheless able to express how they felt about staff. We asked one person if staff were “kind to them” and the person pointed to some staff and said the name of others in a positive way.

We observed staff interaction with people and observed people interacting with each other. People were treated with respect and kindness. We saw that people were comfortable around the staff and that staff spoke to them in a friendly but respectful way. Some people were unable to communicate verbally and staff were aware of people's body language and signs they used to communicate their needs. Staff showed knowledge about the people they supported and were able to tell us about people’s individual needs, preferences and interests. These details were included in the care plans.

People were supported to maintain relationships with their families and friends. People who were able to confirmed that their families were able to visit anytime and that staff supported them to go out and visit their friends and family. Care plan records confirmed this.

We observed staff always knocked on doors before entering people’s rooms. Staff respected people’s private space and asked for people’s permission for us to view their rooms when they showed us around the service. We observed that one person preferred to wake up late and staff respected their choice.

Improvements had been made to people’ s care planning and the person centred manner of recording care needs and wishes. Care records were individual to each person and contained information about people’s life history, their likes and dislikes, cultural and religious preferences. The staff had received guidance on how to avoid using institutionalised language in their reports and records and information about people was written in a personalised way.

A service user guide was provided to people which explained in easy to read terms the purpose of the home and the facilities on offer, as well as how to talk to people if they were unhappy.

People were involved in decisions about the running of the home as well as their own care. This happened through daily contact with people as well as monthly meetings. The most recent meeting discussed topics such as respecting each other, planning the barbecue, information about hiring a new cleaner and talking about the Care Quality Commission.

One staff member told us, “We know everyone, and if they can’t speak to us in the normal fashion there are other ways to understand what they are feeling and how they would like us to support them.” Another staff member said, “We always try to remember that this is their home.”

Good

Is the service responsive?

Our findings

We saw that staff attended promptly when people needed their support. At the time of our inspection people were engaged in very separate activities, for example one person was preparing to go out, another required individual attention and another wished to have something to eat. Staff were able to respond to people's individual needs in a caring manner.

People's needs were fully assessed prior to becoming resident in the home and at monthly intervals thereafter with a full review taking place annually. We looked at care records and saw that they contained assessments relating to mobility, healthcare including medicines, eating and drinking, behaviour and independence.

People's diverse needs were understood and supported. These included food preferences, interests and cultural background. We saw that people had the equipment they needed for meeting their physical needs, such as wheelchairs, hoists, adapted baths and showers. All staff had undertaken training on equality and diversity which enabled them to respond to people's needs in a way that was most appropriate to the person.

People had individualised care plans which highlighted their various interests and this was reflected in the variety of activities which they took part in. Some people attended a day centre, while others participated in the activities programme in the home. People could rise and go to bed as they wished and arrange their day as they pleased. The home had its own transport for group outings and staffing levels were such that they could respond to people's individual support needs.

People were supported to maintain their relationships with family, relatives and friends and the home had an open policy for visitors. We saw in people's care records that the views of family and significant people were welcomed while planning or reviewing people's care.

In order to listen to and learn from people's experiences the home had monthly meetings with people, regular keyworker meetings and staff meetings where people's experiences and views were discussed. At staff handover meetings, emphasis was given to providing information on how each person was feeling, whether there were any changes to their planned routine, whether anyone was feeling unwell or distressed and making sure that staff were aware of the type of support people would require for that particular shift.

Feedback was also welcomed from visitors, friends and family. One relative had written to the home saying, "I feel that my relative is in the best place. The home manager and staff understand my relative."

The service had a complaints procedure and we saw that there had been no complaints made in the previous 12 months. Details of how to make a complaint was in the Service User Guide and in easy to read language.

Good

Is the service well-led?

Our findings

The service promoted a positive culture that was person-centred, open, inclusive and empowering for people. We saw that people were supported to have as much independence and autonomy as they were able to, or wished and that this support was underpinned by good practice and clear policies and procedures.

The policies and procedures of the home described a vision and a set of values that included the importance of involvement, compassion, dignity, independence, respect, equality and safety. Staff we spoke with understood these and we saw that staff promoted these values in their work. The manager kept these under review through regular supervision, carrying out internal and external audits and ensuring that staff training was kept up to date.

We spent time observing the interaction between staff and the people living in the home. There was an atmosphere of openness in the home, where people felt able to approach staff directly and have free access to all areas of the home. At the same time, staff were able to speak freely with people, advise and support them appropriately and safeguard them from harm if necessary.

Staff we spoke with told us they felt comfortable about discussing issues at team meetings and at supervision and were aware of the whistle blowing policy and procedures.

The service demonstrated good management and leadership through ensuring that it complied with the requirement to have a registered manager in place. Since the previous inspection the manager had successfully registered. There was a clear staff structure and hierarchy and everyone had a job description which described their role clearly. These were underpinned by clear policies and procedures and regular supervision of staff.

The service aimed to deliver high quality care through a mix of performance management of staff, engaging people who used the service to share their experiences of the service and through internal and external audits of the service.

Internal audits were carried out on cleanliness and medicines. External audits were carried out quarterly by a senior manager of a sister company and these were based on the fundamental standards that CQC inspect. The latest external audit had been carried out in July 2015. There were further external quality checks by London Fire and Boots Pharmacy and these had not raised any concerns..

The manager attended forums and meetings organised by the local authority for providers and said she found them useful as a way of keeping abreast of developments and training. The manager had begun an initiative where she invited care staff, on a rolling basis, to accompany her to these meetings in order that staff could also learn from them and understand their significance to the work they did.

Records in the home were held securely and confidentially.