

# Yunicorn Limited Hawthorns

## Inspection report

Walkmill Drive  
Wychbold  
Worcestershire  
WR9 7PB  
Tel: 01527 861755

Date of inspection visit: 2 November 2015  
Date of publication: 06/01/2016

### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 2 November 2015 and was unannounced. The provider of Hawthorns is registered to provide accommodation for up to 4 people with learning disabilities. At the time of this inspection 4 people lived at the home.

There was a registered manager in post. They were not at work at the time of our inspection but we spoke with them and the registered provider over the telephone. 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.

People's consent was sought by staff before they helped them with anything. Staff made sure people understood what was being said to them by using gestures, short phrases, words or special systems of pictures. However, a consistent approach was not taken when people did not have the mental capacity to make their own specific decisions about some aspects of their care so that the principles of the Mental Capacity Act 2005 had been

# Summary of findings

followed and recorded. This is because we saw specific equipment was in use but no documentation to reflect, where appropriate, individual people's mental capacity had been assessed.

We saw there were systems and processes in place to protect people from the risk of harm which included people having access to information about abuse using pictures. People were supported by staff who knew how to recognise and report any concerns so that people were kept safe from harm. Relatives of people told us they felt staff kept people safe. People were also helped to take their medicines by staff who knew how to manage these in line with safe principles of practice.

Staff were recruited in a safe way and had received appropriate training and were knowledgeable about the needs of people using the service. The health and welfare needs of people were met because there were sufficient numbers of staff on duty who had appropriate skills and experience. This included staff having the knowledge in order to meet people's care and support their needs in the least restrictive way.

People were appropriately supported and had sufficient food and drink to maintain a healthy diet. We saw people living at the home had been assessed for the risks associated with eating and drinking and care plans had been created for those people who were identified as being at risk. Where staff had concerns about a person's nutrition they involved appropriate professionals to make sure people received the correct diet and supported people to attend resources offered in the community to help them achieve their healthy weight. Staff were aware of people's nutritional needs.

We saw people being treated with dignity and respect. Relatives told us staff were kind, considerate and caring. There were examples of staff showing they cared for people and the warmth of touch was used, such as, hugs. We saw staff were attentive, polite and sought consent before providing care and support using people's own preferred communication styles so that people were included in their chosen lifestyles as much as possible.

People were supported to access healthcare services to maintain and promote their health and well-being. People showed us they were encouraged to make their rooms at their home their own personal space and felt they belonged there. People who lived at the home and their relatives had been involved in the development of the care plans which were regularly reviewed. People were supported in a range of interests and hobbies, usually on an individual basis, which were suited to their needs. This included going on holidays to different countries so that people were supported to experience new things for fun.

There were management systems in place to monitor the quality of the service. Relatives of people living at the home told us they had found the registered manager and provider approachable and told us they would raise any complaints or concerns should they need to. There was evidence learning from incidents and investigations took place and changes were put in place to improve the services people received. This supported people to benefit from a management and staff team who were continually looking at how they could provide better care for people.

# 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?

The service was safe. Staff were aware of how to protect people and reduce the risk of them being abused or experiencing injury. Where there had been identified risks with people's care needs we saw that these were assessed and planned for. People were supported by sufficient numbers of suitable staff that were skilled to meet their needs and ensured people received their medicines as prescribed.

Good



### Is the service effective?

The service was not consistently effective. Staff knew how to support people's rights and respect their choices but assessments of people's capacity had not always been followed through and recorded.

Staff were supported to maintain and develop skills in their roles. People were supported to have enough suitable food and drink when and how they wanted it and staff understood people's nutritional needs. People had access to health care professionals to meet their specific needs.

Requires improvement



### Is the service caring?

The service was caring. People and their relatives described the staff as being kind and caring and we saw that they were. People were treated with respect and staff understood how to provide care in a dignified manner which respected people's right to privacy. Staff understood the importance of communicating effectively with people so that they were included in their care as much as possible.

Good



### Is the service responsive?

The service was responsive. People received support as and when they needed it and in line with their support plans. People were supported to take part in a range of recreational pursuits in the home and community which were organised taking into account people's preferences. People and their relatives were supported to raise any concerns and were confident these would be dealt with quickly and appropriately.

Good



### Is the service well-led?

The service was well led. The registered manager and provider promoted a positive culture within the service. Staff felt supported by the management team and were motivated to provide quality care. The registered manager and provider sought to gain people's experiences of the services they received and continually looked at how they could provide better care.

Good



# Hawthorns

## 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 2 November 2015 and was unannounced. The inspection team consisted of one inspector.

We looked at the information we held about the provider and the service. This included statutory notifications, which are notifications the provider must send us to inform us of serious injuries to people receiving care and any concerns of abuse. We asked the local authority who monitor and commission services, for information they held about the

service. We also received information from Healthwatch who are an independent consumer champion who promote the views and experiences of people who use health and social care.

We met with all the people who lived at the home and saw the care and support offered to people at different times of the day. Many people who lived at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. Although we spent some time with one person who lived at the home who were able to tell us how they felt by using a mixture of verbal communication, facial expressions and body language. During our inspection we spoke with one relative, the deputy manager and two members of staff. We also spoke with two relatives by telephone following the day we spent at the home.

We looked at the care records of two people, the medicine management arrangements and at records about staffing, training and the quality of the service.

# Is the service safe?

## Our findings

One person we spoke with told us, “Staff are nice to me” and indicated they felt safe living at the home. One relative said to us, “He is happy and safe. Another relative told us, “No concerns about his safety, I would know if anything was wrong as I would see in his behaviour.” We saw staff chatted to people who lived at the home. Staff acted in an appropriate manner and people were comfortable in the presence of staff.

Staff we spoke with had a good understanding of their responsibilities to keep people safe. They understood how to report their concerns to the registered manager and or external agencies such as the local authority or the Care Quality Commission. Staff told us they had attended training and had information about abuse which they could refer to which also had the contact numbers for external agencies. We saw this information was available in different communication styles, such as, pictures, so that this information was accessible and met the needs of people who lived at the home.

We spoke with staff about how they managed the risks to people’s wellbeing and safety. Staff we spoke with were able to provide detailed information on how they supported people and reduced risks to their safety. For example, making the kitchen area accessible and safe which included being mindful of the safe storage of objects which could cause injuries to people. Staff used specialised equipment to provide positive and safer outcomes for people. Where people needed specialist beds, wheelchairs, walking aids or a stair lift these were accessible and in place. We saw staff assisted people when this was required with specialised equipment when this was required in line with people’s risk plans. One person spoke with us about how they did not need their walking aid as much when they were at home now. Staff we spoke with were aware of the change in this person’s walking and supported this person to take reasonable risks in being more physically independent so they could lead a full life of their choosing.

Staff we spoke with knew about the provider’s procedures for reporting incidents and accidents and understood its importance. We looked at records which showed that the registered manager had taken action in response to

incidents and accidents to prevent them from happening again. For example, one person who had experienced seizures so equipment was put in place to reduce the risks to this person and keep them as safe as possible.

A person who lived at the home told us staff always helped them so that they remained safe. We saw this happened during the day of our inspection at the times this person needed staff support. Relatives we spoke with were satisfied there were sufficient staff to meet people’s individual needs. A relative told us, “I think there is enough staff, they always seem to be around when we come to visit.” We saw staff were available in different areas of the home at times when people needed support with their needs. Where people required assistance we saw staff responded in a timely manner. Staff spoken with told us they thought staffing levels were sufficient, and they felt confident to raise any concerns with the registered manager. Staff said staffing levels were assessed on an on-going basis to meet people’s individual needs and reviewed, so that changes to people’s needs were consistently met by sufficient staff on duty. One relative told us their family members needs had changed and the registered manager had responded to these to make sure they had the care and support they needed at the right times for them.

We spoke with staff who confirmed reference checks and Disclosure and Barring Service (DBS) had been undertaken before they had started work. A staff member told us, “I had to provide references and a police check before I was able to start work.” We looked at staff recruitment files and saw the provider’s recruitment processes for these staff were safe and the relevant checks had been completed before staff worked with people.

There were reliable arrangements for ordering, storing, disposing and administering people’s medicines. We saw that there was a sufficient supply of medicines and they were stored securely. Staff told us they had been trained to administer people’s medicines and training records confirmed this. We saw that staff put their training into practice, as they correctly followed the written guidance to make sure people received the right medicines at the right times. They also supported people as much as possible when they administered their own medicines. For example, one person was encouraged to take their medicines. We saw staff used this person’s preferred style of communication to help them to understand what each of

## Is the service safe?

their medicines were for. This had a positive impact on this person as they smiled due to the reassurances staff had provided. All relatives we spoke with told us they were confident staff supported their family members in a safe way to take their medicines. A relative confirmed, “Medicines are double checked by two staff during the

administration of these, which provides assurances.” Some people were prescribed ‘as required’ medicines. We saw staff had access to information to guide staff in the signs and symptoms which might indicate people needed their medicine. This supported people to receive their medicines to meet their health needs and when in pain.

# Is the service effective?

## Our findings

We saw and heard staff sought people's consent before they assisted them with their care needs. However, what the deputy manager could not show us in people's care records was how some people's mental capacity had been assessed, around the use of some specific equipment which was in place. They told us some people would not have the mental capacity to retain information about this equipment and or have the mental capacity to provide informed consent. The registered manager also acknowledged some people who had equipment in place, such as; door sensors did not have a recorded mental capacity assessment in place. They assured us people's capacity in regards to this equipment would be assessed and recorded.

We frequently heard staff taking the time to explain to people who needed support to understand their choices. We saw staff used people's preferred styles of communication when they explained to people how they were going to support them, such as, using gestures and pictures. People responded to this approach and exercised their own choices as far as they possibly could whether it is around a choice of meal or what they were interested in doing. All relatives we spoke with told us they were involved in any decisions about their family members care. The deputy manager told us how meetings were held when specific decisions needed to be made. For example, when a person needed a specific medical test the right people were involved to make sure the decision was made in this person's best interest.

The registered manager was aware of the current Deprivation of Liberty (DoL) guidance. They had the knowledge that where people had restrictions placed upon them in order to meet their needs and keep them safe, an application needed to be completed and sent to the local authority for authorising. Staff had received training in the Mental Capacity Act (MCA) 2005 and the DoLS and staff spoken with told us they provided the care and support to people in the least restrictive way. We saw that staff practiced in a manner which promoted people's liberty; for example one staff member told us, "I know we need to consider that people can move around freely and so we always ensure people have any aids they need to be able to do this." We saw this happened.

When we asked people about the staff who supported them, their responses and actions to indicate their feelings were positive. One person indicated they were happy with how staff helped them. Another person pointed to a staff member and said they really liked them. Relatives we spoke with told us staff had the skills and knowledge to support people with their needs. One relative told us, "The manager and staff understand people, so must have the skills otherwise people would not be so well cared for as they are." Another relative said, "Staff do know him and give him good care which I assume comes from their training."

Staff said they had received an induction and training that helped them to meet the specific needs of people they provided care and support to. Staff told us they had received a detailed induction and had initially worked alongside another staff member so that they were supported to learn about people and their needs. One staff member told us, "It's a great place to work, we all work together as a team." Another staff member said this practice also helped people who lived at the home to become familiar if new staff came to work at the home and feel comfortable. Staff also told us their training was centred on learning about the individual needs of people and was provided on an ongoing basis as people's needs changed. Staff said the training they received helped them to feel supported in their roles. For example, dementia care training was sought to meet the changing needs of a person who lived at the home so that staff had this knowledge to benefit the support this person received. We saw how staff had put this training into practice by supporting a person to reminisce about their lives. This included providing talking points and clues for this person about what they liked, such as, displaying jewellery in this person's room and a rug they had made was on their room floor. We saw these visual clues were effective as this person pointed out to us the rug they had made. Staff told us that they felt supported in their work and would be able to raise any concerns and or training needs at staff meetings as well as at one to one meetings.

Staff put their knowledge and skills into practice while they communicated and supported people. We saw staff were aware of how important it was for people who preferred to follow their chosen routines and or who needed to be supported to promote their health. For example, one person had been supported towards achieving a healthy weight by accessing external help and support in the community. This person was proud of how they reached

## Is the service effective?

their goal and showed us photographs of how their experiences had helped them to achieve a healthy weight. One relative told us “Staff always try and encourage a healthy diet.” Another relative said, “Choices of food is good” and “Meals take into account personal preferences.”

People were very much included in planning and choosing their own meals with support from staff. Staff we spoke were aware of people’s dietary needs and we saw nutritional needs had been assessed and risks referred to the doctor or dietician for guidance. Plans were in place to guide staff in supporting people to eat and drink enough; and included where people needed different textures of food due to the risk of choking. We saw staff encouraged people to eat and drink at regular intervals and when a person needed specialist equipment to support staff in monitoring their weight this was supplied.

Relatives told us that people received support with their health care. One relative told us, “They always try to meet [person’s name] health needs.” Another relative said, “If a doctor is needed the staff call one which gives me peace of mind.” We saw that each person had care records which included a health action plan and detailed people’s appointments with healthcare professionals. One person needed staff to support them in healing their skin when they had wounds and we saw these were healing with the care provided by staff. Staff told us district nurses visited when people needed additional nursing care to meet their health needs.



# Is the service caring?

## Our findings

One person described the staff as being, “Nice” and liked them. One relative told us, “All the staff are very caring.” Another relative said, “Staff are all very caring and are very much for the residents, absolute stars, can’t fault any of them.”

We saw staff assisted and supported people in a kind and caring way. Staff we spoke with told us they enjoyed supporting people who lived at the home and were able to share a lot of information about people’s needs, preferences and personal circumstances. One staff member told us, “He knows what he wants and he is able to make choices for himself.” One person enjoyed the feeling of being able to relax in the bath and another person liked to go out everyday. Arrangements were in place so that both people could do the things they chose to do

We saw that staff were very attentive to people who had complex needs and difficulties in communicating. For example we observed staff regularly took the time to acknowledge people and communicate with them. They explained to people what they needed to do and we saw they frequently used reassuring touches where appropriate, sat with people and used a reassuring tone of voice to encourage them. We saw some people responded to this tactile approach and smiled.

Staff were seen to positively communicate with people who lived at the home. We saw staff knew people well, what made them happy and used this well to communicate with people. For example, staff spoke with people about their plans for the day, their interests and their families. Staff communicated with people in a variety of ways, including drawing pictures and through gestures. Information in people's care plans about their preferred method of

communication was detailed. Staff we spoke with were able to explain people’s preferred method of communication and how they would express themselves if they were happy or unhappy.

Relatives we spoke with confirmed they were encouraged to provide feedback and make their views known. One relative told us, “I’m involved in review meetings and they always discuss decisions with [person’s name].” Relatives told us they had been consulted about the care of their family member. One relative told us, “I’ve attended reviews to discuss changes and I have been informed when my relative has been ill.” Relatives told us they could visit their family members at any time. We saw there was no restriction on visiting times.

Staff we spoke with had a good appreciation of people’s human rights including privacy, respect, and dignity. We saw staff respecting people’s dignity and privacy when assisting them with their personal care needs. Relatives told us they were happy with the attention paid to their relative’s appearances. We saw toilet doors were closed after staff had assisted people to the toilet and staff knocked the door before they re-entered. Staff knocked on people’s bedroom doors and waited for permission to enter.

Staff understood how important it was to support people to retain their levels of independence. A staff member told us, “We encourage people to do the things they can, like walking or personal care.” We saw this happened. The registered manager also told us how they supported the things people could do in their daily lives, when out shopping with people. For example, if an item is on a high shelf and the person is unable to reach this they will move it down to a lower shelf so the person is then able to get the item for themselves.

# Is the service responsive?

## Our findings

One person we spoke with said staff helped them with all of the practical everyday support they needed. They told us and showed us how staff had supported them with their needs and considered their preferences. For example, they showed us the items which were important to them in their room and how they had been supported by staff in making their room personal to them. Relatives we spoke with were positive about the care people received. One relative told us, "They know what support he needs and I can see the care is right for them." Another relative said, "The care is really good and I am genuinely happy with it."

We saw and relatives told us their family members had lived at the home for a number of years together. However, they also confirmed when their family members came to live at the home information about their lives and individual needs were captured in the care records. Staff knew this information and used this when anticipating people's support needs by recognising changes in their facial expressions and body language. For example, we heard how one person liked to spend time relaxing in a bath in the mornings and how staff supported them in doing this which happened on the day of our inspection. The deputy manager told us by supporting people with their preferred routines it also helped people whose behaviour was challenging to other people or staff.

We saw during the day staff were available to support people with their needs. For example there were no rigid routines only the ones to suit people's own preferences; people were supported as required to the toilet when they wanted to go. We also saw staff responded to people when they wanted a drink, or to go to their room. One person told us staff were always there for them and we saw this was the case. A relative told us, "I have been consulted and I know there is a care plan so that [family member's name] has the care that they need. They (staff) have ensured she has seen the doctor to meet any changes in their needs."

Staff we spoke with were able to give a detailed account of people's lives, history and needs. Staff told us staff handovers and access to people's care plans helped them to meet people's needs. The wellbeing of each person was documented in a daily record. These recorded the person's activities, their behaviours and communication and provided an overall picture of the person's wellbeing. This

supported what we saw staff were responsive to people's needs. We also heard from staff that they had worked at the home for some years. They told us they had built up close relationships with people and provided people with some continuity and consistency. A staff member said, "When you know people well you know how they like things done."

People were supported to access education and activities which were important to them. We found that there was a wide variety of activities available for people based on what people had expressed they liked doing. For example, one person liked different types of transport and staff supported them in travelling on transport. We saw in records that holidays were planned around people's likes and dislikes. We saw that people were supported to undertake the hobbies and interests they wanted to do. During our inspection one person enjoyed doing some artwork and happily showed us their books. People's interest choices were discussed regularly and this enabled options of new fun and interesting things to be considered.

The complaints procedure was available in formats that people could understand. Some people at the home would be unlikely to be able to make a complaint due to their communication needs and level of understanding. If people were unhappy about something their relative may have to complain on their behalf. People's care plans contained information about how they would communicate if they were unhappy about something. Staff told us they would observe people's body language or behaviour to know they were unhappy.

Relatives told us that their views were sought, such as, by completing surveys where they were encouraged to feedback their opinions about the care. The feedback from the surveys showed the people were happy with their care. A relative told us how the management team had listened to comments they had made about in the past, such as standard of meals and they listened and took action. We saw the complaints procedure was accessible for people who lived at the home and relatives. A relative told us, "When I have raised issues they have taken these on board and improvements were made." The comments made during informal conversations with staff and or the management team and in surveys had led to improvements in the way staff responded to and met people's care and had been addressed in a timely manner.

# Is the service well-led?

## Our findings

People who lived at the home showed us when staff mentioned the registered managers name they recognised this and knew who they were. We saw and heard how people had shared special happy occasions with the registered manager and a recent sad one where people had been invited by the registered manager to join them along with their relatives. Relatives were complimentary about the registered manager and provider. One relative told us they, "Genuinely cared for the residents." Another relative said, "They [registered manager's name] try to make it their (people's) home and are always welcoming when we visit." When we spoke with the registered manager she was able to tell us about people who lived at the home and knew them well which included their specific needs and likes.

Staff we spoke with told us they had opportunities to contribute to the running of the services provided through regular staff meetings and one to one meetings. Staff spoke positively about the leadership of the home. One member of staff told us, "Out of all the places I have worked this is the nicest." Another staff member told us, "I think the home is well managed and we (the staff) all work well together." They told us there was a culture of openness and they would report any concerns or poor practice if they witnessed it and were aware of the provider's whistleblowing policy. They knew how to raise any concerns to external organisations if people's care or safety was compromised.

Staff we spoke with told us they were supported by the registered manager and provider to maintain a quality service for the benefit of people who lived at the home. They told us the registered manager and provider listened and took action when they made suggestions or raised concerns. For example, an issue regarding the condition of

some carpets was raised. Staff told us action had been taken as new carpets had been fitted. Staff also told us where people's needs had changed the registered manager took action to support people in obtaining the specialist equipment they needed to meet people's needs and maintain their safety. We also saw there had been some changes made to the home environment to introduce some signage to meet the changing needs of a person who lived at the home.

Our discussions with the registered manager showed they fully understood the importance of making sure the staff team were fully involved in contributing towards the development of the services people received. Recently this had resulted in staff undertaking training in dementia so that staff had the opportunity of increasing their knowledge around this subject area. Staff we spoke with told us they felt fully involved and their views were valued.

The registered manager had values which were based upon good practice initiatives and did lead by example as confirmed by staff we spoke with. One staff member told us, "The manager gives everyone the same chances. People try new things." The registered manager told us how people were supported to achieve their ambitions. For example, one person had never been on a bike and they wanted to so whilst on holiday they were supported to do this. An helicopter ride was organised for another person.

The registered manager understood their role and responsibilities in providing a good quality service and how to drive continuous improvement. They told us support was available to them in order to develop and drive improvement. A system of internal auditing of the quality of the service being provided was in place. We saw that help and assistance was available from the provider who visited on a regularly weekly basis to monitor, check and review the services people received to make sure people received good standards of care and support.