

Unicorn1care Ltd

# Unicorn1care Ltd

## Inspection report

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16 April 2021

19 April 2021

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Unicorn1care is a domiciliary care service providing personal care to 11 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

The provider had various audits in place, which had been greatly improved and were more robust than those seen at previous inspections, though these audits did not always identify all concerns in relation to risk assessments.

People's care plans were regularly reviewed and updated when their needs changed. Safeguarding policies and procedures were being followed. Staffing and recruitment procedures were robust, and staff had adequate travel time built in between calls. Medicines were safely managed, and necessary infection control procedures were being followed.

People were involved in creating their care plans and oral health care plans were in place. Complaints were investigated and resolved in line with their policy. The service provided end of life training for staff and had an end of life policy in place.

Risks were identified and emerging risks were acted upon, however, risk assessments were not always in place for people's health conditions, which meant risk had not always been adequately assessed. We have made a recommendation about the provider ensuring necessary risk assessments were in place.

Staff spoke positively about the management of the service, and the registered manager told us they had an open-door policy. Regular staff meetings, newsletters and emails ensured staff were kept up to date with any changes. The provider sought feedback from people who used the service, family and staff and took action when needed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection and update

The last rating for this service was requires improvement at the last comprehensive inspection (published 18 April 2019). A targeted inspection was also carried out where we did not change the rating (published 2 October 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an announced comprehensive inspection of this service on 21, 22 and 27 March 2019. Breaches of legal requirements were found. The provider completed an action plan to show what they would do and by when to improve. During a previous targeted inspection some improvements were identified.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, responsive and well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Unicorn1care Ltd on our website at [www.cqc.org.uk](http://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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Unicorn1care Ltd

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection. Inspection activity started on 15 April 2021 and ended on 19 April 2021. We visited the office location on 15 April 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to help plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager and care workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was not rated as we undertook a targeted inspection. A targeted inspection does not allow us to re rate key questions. At the last comprehensive inspection this key question was rated requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider had failed to ensure medicines were safely managed. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Medicines were safely managed.
- Medicines administration records (MAR's) were in place and a colour coded system was used to highlight the time of day that medicines were required, this reduced the risk of incorrectly administering medicines.
- Medicines policies and procedures were in place and staff were up to date with their medicines training.
- MARs audits were taking place every month, with a 6-monthly review also being undertaken to identify any potential trends.

### Staffing and recruitment

- Staffing levels were adequate and recruitment processes were safe.
- We reviewed a sample of staffing rotas and sufficient staffing levels were in place. Staff told us the service had enough staff. One staff member told us, "I think there's enough staff, things are shared out equally."
- Robust systems and processes were in place when the service recruited staff. Safe recruitment procedures had been followed with the necessary checks in place.

### Preventing and controlling infection

- The service was ensuring safe infection control procedures were being followed.
- The provider's infection prevention and control policy was up to date and had been reviewed since the COVID-19 pandemic.
- Staff told us about how they used personal protective equipment (PPE). One staff member told us, "I wear full PPE and use hand wash, and after personal care I replace PPE. There is plenty of PPE."
- Staff were up to date with their infection prevention control training.
- The service had good stocks of PPE which was suitable for the setting.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Systems and processes were in place to safeguard people from the risk of abuse.
- A safeguarding policy and procedure was in place and included information on how to escalate concerns.
- Staff told us they had received safeguarding training and were able to provide examples of what they would report.
- People who used the service told us they felt safe. One person told us "Yes, I do feel safe, the carers are lovely."
- We saw examples of learning taken from accidents and incidents. We saw actions were taken to mitigate any identified risk, to reduce the potential of re-occurrence.
- Risks were not always appropriately assessed. Risks were identified, and any emerging risks were acted upon. However, some people's care plans indicated they had specific health conditions, which had not been risk assessed. Since the inspection the service have updated risk assessments to reflect people's needs.

We recommend the provider reviews their process for risk assessing people's health conditions.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was not rated as we undertook a targeted inspection. A targeted inspection does not allow us to re rate key questions. At the last comprehensive inspection this key question was rated requires improvement. At this inspection this key question has now improved to 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 received person-centred care which met their preferences.
- Each person who used the service had their own care plan in place containing information to guide staff about people's health conditions.
- Care plans were reviewed and updated every six months or when people's needs changed.
- People's care plans were person-centred and had an 'All About Me' section. Care plans detailed people's history, likes, dislikes and desired outcomes.
- Staff were aware of people's choices and preferences. One staff member told us, "Yes, you get to know your clients, for example, one person likes hot milk with sugar so I do that, you get to know them and their likes and dislikes, I know them better than my children."

Meeting people's communication needs; Improving care quality in response to complaints or concerns  
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were being met.
- The provider had an AIS policy in place, though at the time of the inspection staff were not supporting anyone with specific communication requirements.
- A complaints policy and procedure was available, and this explained the process people could follow if they were unhappy with the service they received.
- A complaints log was maintained, along with details of the responses provided.

End of life care and support

- The service had an end of life policy in place.
- Nobody was in receipt of end of life care at the time of the inspection.
- Most staff had completed training in end of life care.

# 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.

At the last inspection this key question was not rated as we undertook a targeted inspection. A targeted inspection does not allow us to re rate key questions. At the last comprehensive inspection this key question was rated requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service promoted a positive culture.
- Staff told us they enjoyed their roles. Feedback about management and leadership was positive. Comments included, "It may be the best place I have worked; I enjoy making service users smile and helping people on a daily basis" and "She [manager] is very supportive."
- Most people said they knew who the registered manager was.

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; Continuous learning and improving care

- The provider reported accidents, incidents and concerns to CQC and the local authority in a timely way.
- The provider completed lessons learned for incidents which happened in the service, to ensure continuous learning took place.
- A whistleblowing policy was in place, there was also a policy in place to encourage staff to be open and honest when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The audits in place were greatly improved from the last inspection. However, as mentioned in the safe domain, risks relating to people's health conditions had not always been considered, audits needed updating to include this. This was feedback to the registered manager, who told us they would implement the necessary risk assessments and checks.
- Management completed spot checks to ensure staff were following care plans and service policies.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service engaged regularly with staff to ensure they were up to date with important changes. One staff member told us, "Team meetings are monthly, but because of COVID-19 sometimes we get summaries sent by emails and newsletters."
- The provider had conducted staff, residents' and relatives' surveys. Actions had taken place in response to the survey results.

- The registered manager worked in partnership with the local authority and health teams. The registered manager told us how they had supported the local authority to help furnish someone's property to help ensure the person could return to their home.