

Unicorn1care Ltd

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Inspection report

Lansdowne Road
Chadderton
Oldham
Lancashire
OL9 9EF

Tel: 07467544908

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Unicorn1care Ltd is a domiciliary care agency registered to provide personal care and support to people in their own homes. 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. At the time of our inspection there were 27 older people receiving support with a regulated activity.

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

Medicines were not always managed safely. We found some inaccuracies in medicine administration records. However, we did not find evidence that anyone had been harmed.

Quality assurance processes had been improved since our last inspection. However, further improvement is needed in medicines auditing.

People we spoke with were complimentary about the care provided by Unicorn1care Ltd. People told us that they were supported by regular care workers, who knew them well and supported them in the way they wished.

Staff recruitment procedures were robust and there were enough staff to care for people safely.

Correct infection control procedures were followed and staff wore the correct personal protective equipment (PPE) when carrying out care tasks. Additional infection control measures had been put in place during the COVID-19 pandemic to keep people safe.

Care records were detailed and provided staff with sufficient person-centred information to enable them to support people appropriately.

We received positive feedback about the management and leadership of the service from everybody we spoke with, including staff, people using the service and relatives.

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

Rating at last inspection

The last rating for this service was requires improvement (report published 18 April 2019).

Why we inspected

CQC have introduced targeted inspections to follow up on requirement and warning notices and to check specific concerns. They do not look at an entire key question, only the part of the key question we are

specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified a continued breach in relation to the management of medicines. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of safety in medicines management. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service responsive?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only look at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

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.

This was a targeted inspection to check whether the provider had met the requirements of the Requirement Notices in relation to Regulation 12 (safe care and treatment), Regulation 17 (good governance) and Regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and to review a recommendation we had made in relation to personalised care planning. We also reviewed the infection control practices of the service, as we had received a concern that staff were not always wearing the correct personal protective equipment (PPE).

Inspection team

The inspection was carried out by one inspector.

Service and service type

The service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that 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 a short period of notice of the inspection. This was because we needed to discuss the safety of people, staff and inspectors with reference to COVID-19.

Inspection activity started on 24 August 2020 and ended on 7 September 2020. We visited the office location on 24 August 2020.

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

During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with three care workers and the registered manager. We reviewed a range of records, including three staff recruitment files, multiple medicines administration records and three care files.

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.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the requirement notices we previously served. We will assess all of the key questions at the next comprehensive inspection of the service.

Using medicines safely

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

At this inspection, although some improvements had been made we found there were still some concerns around the safe management of medicines.

- People's medicine records were not always accurate. People's care files contained a list of the medicines that were in their 'blister pack'. This contained information about the name of the medicines, the doses and how often they should be taken. We found some doses were recorded incorrectly and there was no checking process in place to ensure the lists were accurate.
- Prescribed creams were not managed appropriately. We found two people had been over administered their pain relieving creams on several occasions.
- Medicine auditing processes were not robust. The audit tools had not identified the discrepancies we found during the inspection.

We found no evidence that people had been harmed or that they had not received their medicines. However, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection the registered manager told us they had made some changes to the medicines systems to ensure they were more robust. We will review these at our next inspection.

Staffing and recruitment

At our last inspection the provider had failed to follow correct recruitment procedures. This was a breach of regulation 19 (fit and proper persons employed) 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 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider followed a clear recruitment and selection process. Pre employment checks were carried out to protect people from the risk of unsuitable staff working for the service.
- New staff received an induction to the service and on-going training. People and relatives told us they felt staff were appropriately trained and competent.
- People were supported by small teams of regular staff.
- There were enough staff to support people safely. People told us that staff had not missed any visits, usually arrived on time and stayed for the correct length of time. When calls did run late, people were kept informed.

Preventing and controlling infection

- We received concerns staff were not wearing personal protective equipment in line with current guidance. However, we found no evidence to support this allegation.
- People who used the service and relatives told us staff followed correct infection control procedures and always wore personal protective equipment (PPE) when providing personal care. This included the use of face masks, which is a current requirement.
- Staff had received infection control training and additional information and guidance about how to protect themselves and service users during the COVID-19 pandemic.
- The service had good stocks of personal protective equipment and systems were in place to ensure there was not a shortfall of PPE.

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 rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had responded to our recommendation about personalised care planning. We will assess all of the key questions at the next comprehensive inspection of the service.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People who used the service and relatives told us staff had a good understanding of their care and support needs and preferences.
- People told us staff knew them well and that they had developed good relationships with staff.
- People's care plans contained information about how staff should best support them with tasks such as their personal care, eating and drinking, mobility and medicines. Care plans included enough information to ensure they received care and support that was person-centred.
- Daily record logs completed by care staff at each visit, contained a good level of detail.

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 rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the requirement notice we previously served. We will assess all of the key question at the next comprehensive inspection of the service.

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

At our last inspection we found the provider did not have robust quality assurance processes in place. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had been made and the service was no longer in breach of regulation 17. However, further improvement is needed to the medicines auditing process to ensure it is thorough.

- Medicines administration records (MARs) were checked regularly to ensure staff had completed them correctly. However, we found some information about the doses of medicines was incorrect. This had not been identified by a recent medicines audit.
- Competency assessments of medicines administration were carried out to check that staff understood how to support people with their medicines.
- Spot checks and observations were carried out of staff undertaking their work to ensure care was being delivered correctly.
- The provider monitored the length of time staff stayed at each visit to ensure staff stayed for the allocated time to complete care tasks.
- Daily records written by staff which describe the care and support they have given were checked every month to ensure they were detailed and correct.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not have robust systems in place for the recording of people's medicines.</p>