

Unicorn1care Ltd

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Inspection report

Lansdowne Road
Chadderton
Oldham
Lancashire
OL9 9EF

Tel: 07467544908

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21 March 2019
22 March 2019
27 March 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

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. At the time of our inspection, 23 people were using the service. Of those 23 people, 17 received personal care and the remainder received help in the home or companionship services. We only looked at the service for people receiving personal care as this is the activity that is registered with the Care Quality Commission (CQC).

People's experience of using this service:

People who received care from Unicorn1care Ltd told us they felt safe and supported by staff who visited them. Staff were punctual and consistent at carrying out visits with people in a person-centred manner. People were supported to continue living at home in a way that enabled them to be as independent as possible.

The registered manager had not ensured that certain areas of the service were always safe. We found that medicines were not always managed safely because records were not always correct or audited.

Recruitment checks of new staff had not been completed consistently. One staff member had not been recruited safely in line with the requirements of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Schedule 3.

Not all people's care plans were person-centred. Care records documenting people's long-term conditions such as diabetes was limited. We have made a recommendation that the provider seeks guidance and advice from a reputable source, in relation to personalised care planning

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). We found the service ensured staff received training in respect of the MCA. However, we found consent forms were signed by family members of the people who lack the appropriate authority.

People and relatives described staff as caring and kind towards them. Staff were approachable and friendly with people they cared for and knew them well.

Staff enjoyed working at the service and said the registered manager and team leaders were approachable.

We identified two breaches of the regulations. Safe recruitment practices were not always followed and governance systems were not effective. You can see what action we told the provider to take at the back of the full version of the report.

Rating at last inspection:

The service was first registered with the CQC in May 2018. This was our first inspection of this service.

Why we inspected:

This was a planned inspection in line with CQC's guidelines to inspect all new services within 12 months of registration.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our well-Led findings below.

Requires Improvement ●

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 as part of our regulatory functions. This inspection checked 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.

Inspection team:

One inspector carried out the inspection.

Service and service type:

Unicorn1care Ltd is a domiciliary care agency that provides personal care to people in their homes. CQC regulates the care provided by the agency. 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 the service 48 hours' notice of the inspection visit because it is small service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection site visit activity started on 21 March 2019 and ended on 27 March 2019.

What we did:

We reviewed information we held about the service. This included details about incidents the provider must notify us about, such as accidents or abuse. We reviewed the information the provider had sent us in their provider information return (PIR). The PIR gives some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We contacted local authority commissioning teams. No concerns were raised about Unicorn1care Ltd. Following our inspection, we were also contacted by one health professional. They were positive about the service and further details of the feedback we received is contained within this report.

During the inspection, we visited the office location on 21 March 2019 to see the registered manager and nominated individual; and to review care records and policies and procedures. We reviewed two people's care records, three staff files around staff recruitment, training and supervision. Records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were also reviewed.

On the 22 March 2019 we visited two people with their prior consent. After the inspection we conducted telephone interviews with two people and three people's relatives. We also spoke with five staff members.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely:

- Although people told us they were happy with how staff managed their medicines, we found that medicine management was not always safe. We found that all medicine administration records (MARs) we checked contained multiple gaps on different days. This meant that it was not possible to be sure whether people had received their medicines when they should have. The registered manager and nominated individual were both unable to explain the gaps we found.
- The MAR that was used had been provided by the local pharmacist. We found this MAR was not effective due to the dates only capturing up to 28 days per month. For example, with March having 31 days in the months there was no space to show if the MAR could be signed on the 29, 30 and 31. The nominated individual commented the MAR was designed this way due to the people's medicines cycle, but accepted the MAR needed to go up to 31 days. During the inspection the nominated individual was looking for alternative MAR's that ensured the full month was captured.
- The service had no audits or quality assurance processes for medicines or MARs. This meant that it was not possible for the service to find where mistakes had been made or where people had not received their medicines. Following the inspection, the registered manager created a new auditing process for medicines and arranged to speak to staff about MARs.

The failure to safely manage medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing levels and recruitment:

- The suitability of care staff was checked during recruitment. However, we found that for one staff member there was no evidence available that they had received all the checks they should have before starting work in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Schedule 3.
- We found this staff member had two historic convictions noted on their disclosure and barring service (DBS) check. No formal risk assessment had been completed by the provider to satisfy the applicant was safe to work with vulnerable people. Gaps in employment had also not been followed up and we found the applicant's most recent reference working in health and social care was not obtained.
- This meant the provider did not follow safe recruitment practices to ensure people were supported by staff who were safe, of good character and suitable.

The above demonstrated a breach of Regulation 19 [Fit and proper persons employed] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Rotas showed and staff told us that staffing levels were sufficient. People told us that staff arrived when they should and stayed for the right length of time.
- One person said, "I have had carers in the past, these are by far number one. They never let me down, always on time and very caring."
- Staff told us they had sufficient travel time and did not feel rushed. One staff member said, "Travel time is always considered by the managers in our schedules, I don't feel rushed."

Assessing risk, safety monitoring and management:

- Comprehensive risk assessments had been completed for every person using the service which considered areas such as personal care, risk of falls and the environment in which care was to be provided. Records were up to date and described the actions staff should take to reduce risks of harm.
- For example, one person risk assessment detailed the use of a hoist. The risk assessment considered the details that staff needed to know in order to safely move the person. The daily records confirmed that staff followed this guidance.
- Emergency contingency plans were in place should they be needed to ensure people continued to receive a service in the event of an adverse incident such as loss of power to the office building.
- Staff told us that the registered provider was available out of office hours should they need support. One relative told us, "The service works very, both [registered manager and nominated individual names] are always helping out if we are ever short."

Systems and processes to safeguard people from the risk of abuse:

- Staff knew how to safeguard people from abuse. The staff we spoke with said they felt confident that the management team would address any safeguarding issues they raised.
- People and their relatives told us that staff helped keep people safe.
- The registered manager had fully investigated any concerns raised and reported them to the relevant authorities where required.

Learning lessons when things go wrong:

- The provider had systems in place to learn lessons and improve when things went wrong.
- The provider told us they would investigate incidents and discuss learning with their staff to prevent them from happening again. There had not been any accidents and incidents since the service's registration.

Preventing and controlling infection:

- Personal protective equipment (PPE) such as gloves and aprons were made available for staff when needed.
- The service had a policy in place to help prevent the spread of infection. Staff had received training during their induction in infection prevention and control.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service required further documentation to ensure complete compliance with the MCA. Where people lacked capacity, relatives had signed consent forms on their behalf for care to be carried out. There were no further specific decisions that needed to be consented to by people or by relatives aside from general consent to care. The service had not obtained official evidence that relatives had power of attorney for welfare for anyone using the service without capacity. During the inspection, the registered manager confirmed that would fully review all consent forms to ensure they had obtained evidence from all relatives and partners of power of attorney for welfare.
- The impact of this was minimal as the majority of people using the service lived with their relatives or their partner. Furthermore, the service provided limited, intermittent care which was highly unlikely to restrict or deprive people of their liberty.
- Staff were knowledgeable of the MCA and knew to always ask for people's consent. One staff member said, "We always make sure we ask people's consent. I do this by asking the client questions before I start the care."
- One relative told us, "They ask for his consent always, the staff are never pushy."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs and choices were assessed in line with current standards before they started receiving care and this enabled them to achieve effective outcomes. People confirmed this. One person said, "They [the provider] did visit me at the beginning with my social worker. It was all very straight forward, and I haven't looked back since."
- The assessment forms contained information related to people's medical, physical and emotional needs, personal care, medicines, dietary, communication and spiritual needs.

Staff support: induction, training, skills and experience:

- People received effective care because staff were well supported with induction, training, supervision and appraisal. One person told us, "The staff don't need prompting, they know what they're doing."
- Staff had received training in various areas such as moving and handling, nutrition, safeguarding, and first aid. The majority of this key training was completed during the three-day induction period.
- Training was predominately provided via online and face to face training. During the inspection we discussed the benefits of developing a training plan with the provider that clearly identified the dates staff would undertake training, the provider confirmed they would start this process.
- The registered manager completed regular spot checks with all staff and people to ensure safe and effective care was being provided. This ensured staff followed care plan guidance.
- Staff were supported by regular supervisions which looked at records, punctuality, feedback, training and support. Appraisals had not yet commenced as the service was still relatively new.

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

- Where required, people were supported to eat and drink enough to maintain a balanced diet.
- People and relatives told us that staff were good at listening to people's requests and preparing what they wanted to eat or drink. One person told us, "I know time can be tight, but the staff will at times cook me a fresh meal."
- One staff member said, "If people require support with their meals we always follow their care plans to make sure we are aware of any dietary requirements."

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

- Staff enabled consistent care by writing detailed records of care visits in each person's care plan folder at their home. This enabled other staff members to understand developments and changes in people's care. One person relative told us, "I often read the notes and to be fair they detail everything."
- People were supported to maintain good health and had access to external healthcare support as necessary. One relative told us, "They go to the dentist with (Person)." One person told us, "They would help me to see a doctor or nurse if I needed to see one."
- People and relatives told us that they received care that was consistent and worked well with other healthcare professionals.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People and relatives told us the same team of staff supported them and they found them friendly and caring.
- One person said, "The care I have received is more than I have expected. The carers are more like my family and I would be lost without them."
- A relative commented, "They treat my mum as if they were family. I feel so reassured, I have total trust in the girls [care workers]."
- The provider told us they welcomed and encouraged lesbian, gay, bisexual and transgender (LGBT) people to use their service. Staff told us they would provide care to LGBT people without any discrimination and support them to meet their individual needs.
- People's religious and cultural needs were recorded in their care plans and staff knew how to meet those needs. A staff member said, "I know [person who used the service] is religious and I respect their beliefs."

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

- People were supported and encouraged to voice their views. The provider involved people, and their relatives where necessary, in the care planning process. A person said, "The care they give me is what I request, and I like that." A relative told us, "The staff are very professional and never over step the mark. They provide the support mum needs and will do extras which we appreciate as a family."

Respecting and promoting people's privacy, dignity and independence:

- People were treated with dignity and their privacy respected. One person told us, "No one is disrespectful and never rush me. I know I am not as quick as I once was."
- People's independence was respected and promoted. One staff member told us, "We always encourage people to do what they can do for themselves. [Person's name] we always encourage to do some of their own personal care, this is important for their independence."

Ensuring people are well treated and supported; equality and diversity:

- Staff knew people well and were able to describe how they wished to be cared for.
- The relatives we spoke with told us that they found the staff were always respectful and kind.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People and relatives told us staff knew their needs and preferences and provided responsive care.
- People's care plans contained information about their personal care, nutrition and hydration, mobility, medicines, social care, hobbies and interests, beliefs and culture.
- The care plans provided information on people's communication needs and preferred communication methods that met accessible information standards (AIS). The AIS sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people with a disability, impairment or sensory loss.
- We found the information recorded in people's care plans was inconsistent. We noted from one person's care plan they were living with diabetes. The care plan did not state the associated risks and the actions staff were required to take if they noticed any signs of low or high blood sugar levels. We raised this with the provider who confirmed this person's care plan would be immediately updated. This meant staff were not always provided with sufficient information on how to provide personalised care.
- The provider reviewed people's care every 12 months and updated their care plans where necessary. People and records confirmed this. However, as mentioned above, we found inconsistencies in the level of detail captured in the care plans we viewed.

We recommend that the provider seeks guidance and advice from a reputable source, in relation to personalised care planning.

Improving care quality in response to complaints or concerns:

- People and relatives told us they did not have any concerns. They further said that they knew how to raise concerns and make a complaint. Those who had made complaints told us they were satisfied with how they were addressed.
- A person said, "In the past I have raised complaints with other care agencies, but Unicorn are getting it right so far. So, I have no reason to complain."
- There was an up-to-date complaint policy in place to report, record and investigate complaints. There had been one complaint raised, which was originally made to the CQC about the service. The provider showed us evidence of how they managed the complaint and we found the complaint was unfounded.

End of life care and support:

- The provider told us people with end of life care needs would only be supported by staff who were appropriately trained. They told us they would train staff in end of life care before they took on care

packages that required supporting people with their end of life care needs.

- ☐ Currently no one was being supported with end of life and palliative care.
- People's current care plans did not record information regarding their end of life care wishes. The provider confirmed this area would be addressed going forward.

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.

Service management and leadership was inconsistent and did not always support the delivery of high quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care:

- The provider had quality assurance systems in place to enable them to continuously learn and improve the care delivery. However, we found the provider did not carry out regular monitoring checks and audits to identify gaps and issues. For example, there was no auditing process in place to check MARs and the provider had not identified the significance of the MAR's only capturing 28 days each month.
- There provider did not have a robust system in place for reviewing people's care plans to ensure they were person centred and captured people's assessed needs. Care plan reviews had failed to spot that no evidence had been obtained to show whether relatives or partners, who signed for people's consent, had authorised power of attorney for welfare.
- There was no auditing process in place to check daily notes made by staff. Auditing processes for daily notes are necessary in order to ensure accurate, appropriate and correct records are being made by staff. This process can also be used to ensure that staff are attending calls at correct times and staying for the duration. As the service did not have a call monitoring system in place, there was no auditing process to ensure this either. However, people told us that staff were punctual and stayed for the full duration of visits.

The above evidence was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Clear and effective spot checks were completed by management to ensure staff were following care plans and service policies. We saw records of spot checks which were then given as constructive feedback to staff in supervisions.
- The management and staff were clear about their roles, and the standards of care the provider had set out for the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- People were supported by an approachable management team. Staff worked as a team, were happy in their work and were supported by management. An open, transparent and inclusive approach was encouraged and promoted by the management which enabled staff to discuss any concerns they had with them.
- People told us that they thought highly of the registered manager and nominated individual. Comments

from staff included, "The managers have worked hard with this service and are always available at the end of the phone if we need them" and, "They have the right principles and always want the best for the clients we care for."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- The provider had not yet undertaken surveys of the service, but was due to start this process. The registered manager commented that they regularly contacted people and their family member to check if they were happy with the service. The people we spoke to confirmed this was the case.
- We found no formal team meetings were held for staff. However, the registered confirmed they were in regular contact with staff and would often email staff with service updates. The staff we spoke with confirmed this was the case.

Continuous learning and improving care; Working in partnership with others:

- The registered manager had developed effective working relationships with other professionals and agencies involved in people's care. The service had clear links and collaboration with local community occupational therapists and district nurses.
- One health professional contacted us after the inspection and provided CQC with the following feedback, "The carers are consistent and regular, and I have found them proactive beyond their caring role and time. They are knowledgeable to the client and their actual living needs and other tasks required to maintain their independence at home safely."

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have effective systems at recording people's medicines.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems and processes to assess, monitor and improve the quality and safety of the service.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not follow safe recruitment practices to ensure people were supported by staff who were safe, of good character and suitable.