Homecare4U Limited

Homecare 4U Cheshire

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Homecare 4U is a domiciliary care service, providing personal care and support to people living in their own homes, in the Crewe area of Cheshire.

The service provides general care and supports people with health and social care needs and end of life care. At the time of our inspection there were 48 people using the service.

This inspection took place on the 3, 4 and 5 February 2016 and was announced.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that most people were positive about the service that they received and people told us they felt safe.

CQC monitors the application of the Mental Capacity Act (2005). There was evidence to show that staff understood their responsibilities under this act and training related to this had been provided to care staff. However, the service had not considered people's capacity during assessments of their needs and had not consistently sought information from the local authority when they received initial referrals. There was insufficient evidence to demonstrate that where necessary decisions had been made in people's best interest's.

Staff supported people at home with their care needs and the service had assessed some risks. However, not all risks had been identified and had not always been assessed. There was evidence that reviews of people's care needs had taken place.

We found that medicines were not always administered safely. Where errors had occurred the provider had not always ensured that such errors had been investigated and lessons learned so that this did not happen again in the future. We also found that where medication risk assessments were in place, these were not detailed enough to address the areas of risk.

The provider had not consistently notified CQC of certain events, which they are legally required to do so.

The provider had taken steps to address staffing difficulties and had recruited new staff. They had introduced a call monitoring system to support improvements in the timeliness of care calls. People told us that calls were occasionally not at the planned time but overall had seen improvements in the time that care staff arrived

The provider had a robust recruitment process in place, which helped to reduce the risk of unsuitable people being employed by the service.

Staff received suitable induction and training to meet the needs of the people who used the service. Regular supervision and spot checks were carried out to support and monitor practice.

People told us that care staff were caring, compassionate and treated them with dignity and respect. We observed care staff respecting people's privacy and treating people in a caring manner when we visited them in their homes.

We saw that assessments of people's needs were carried out and care plans and some risk assessments were put in place. The management met with people before the service commenced to discuss their care needs. We saw that care plans were in place but did not contain detailed person centred information. There was sufficient detail to enable staff to meet the care needs of people.

Clear information was available to people in their homes about the service and people knew how to make a complaint. People told us that the registered manager responded appropriately to any concerns that were raised.

People told us that the registered manager and management team were very approachable and supportive. Staff told us that they felt able to raise any concerns and that these would be dealt with.

We found that the provider was aware of areas within the service that required further improvement and had started to take to action to address these areas. New documentation was being implemented and performance issues were being addressed.

The provider monitored the quality of the service and carried out audits and quality questionnaires.

We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also identified a breach of the Care Quality Commission (Registrations) Regulations 2009.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People and their relatives told us they felt safe with the staff that supported them.

The service did not recognise all risks associated with people's care needs and document preventative and control measures.

The systems in place to manage people's medicines safely were not always effective.

There were policies and procedures in place to protect people from abuse and staff had an understanding of what to do if they had any concerns

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had received an induction, on going training, and regular supervision to ensure they were effective in their role

Staff had some awareness of the MCA but the service had not assessed peoples mental capacity, kept records about this or consistently sought MCA assessments from the local authority.

People's general healthcare needs were met and the service involved other health professionals when appropriate.

Is the service caring?

Good

The service was caring.

People were positive about the care they received and told us they were treated in a caring manner,

Staff treated people with dignity and respect. People told us that their privacy was respected.

Staff knew the care and support needs of people.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care records demonstrated people's needs were assessed. However, care plans were not person centred and risk assessments in place were basic in detail.

People were aware of how to complain and said they would feel comfortable raising any issues that they may have with the care staff or registered manager.

Is the service well-led?

Requires Improvement

The service was not always well led.

The service had a registered manager, who was supported by a leadership team.

Staff were positive about the management and said they felt supported.

People told us that they knew who the manager was and felt that she was approachable and would address any problems.

The provider did not always notify CQC of certain events that had occurred.

Homecare 4U Cheshire

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 3, 4 and 5 February 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to ensure that staff were available in the office, as well as giving notice to people who received a service that we would like to visit them. On the 4 February we spent time visiting people who used the service in their homes.

The inspection was carried out by one adult social care inspector and a further two adult social care inspectors contacted people who used the service.

Before the inspection we checked the information that we held about the service. We looked at any notifications received and reviewed any information that had been received from the public. We contacted the local authority contracts quality assurance team to seek their views and we used this information to help us plan our inspection. The registered manager had not received a Provider Information Return (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. However we gathered this information during our inspection.

We used a number of different methods to help us understand the experience of people who used the service. During the inspection we visited three people at home. We also spoke with four people who use the service and six relatives over the telephone. We looked at a number of records and reviewed five care plans of people supported by the service. Other records reviewed included staff training records and records relating to the management of the service such as policies and procedures, complaints and meeting minutes. We inspected four staff recruitment files. We spoke with the director of the service, the registered manager, the care coordinator and three other members of care staff.

Requires Improvement

Is the service safe?

Our findings

Most people told us that they felt safe when supported by staff and felt well looked after. People told us "The lady that comes at the moment, I feel safe and comfortable with." And "It's a very good service, they turn up on time and do what I need them to do." A relative told us "We're very very happy with the service, they look after him (their relative)." However other comments included "They don't always stay for the allotted time" and "It's better now than at the beginning, they were struggling for cover and there were lots of changeovers of staff."

Prior to our inspection we had received feedback which suggested that some people had experienced problems with their care such as late or occasionally missed calls. We discussed this with the registered manager who told us that the service had experienced some staffing difficulties over previous months. We spoke with staff who told us that there had been a period where staffing had been difficult, but things had now improved and staffing levels had increased, they said that there was now enough staff in the service to deliver the care required to people. The provider had taken steps to reduce the packages of care that they accepted to allow recruitment and staffing to settle down and ensure that they could deliver the current demand before taking on more packages of care. We noted that the registered manager attended to some care visits themselves. We discussed this with the registered manager who told us that when they were short staffed, they had covered visits with along with other colleagues from the management team, as they had knowledge of people's care needs.

The registered manager told us that there had been a focus on the recruitment of new staff and a number of new staff had been employed. Four staff were currently awaiting start dates dependent upon the outcome of recruitment checks. The registered manager also told us and we saw from the rotas, that staff were now allocated extra travelling time between care calls to ensure that they had sufficient time to arrive at the calls in a timely manner. We were told that the extra staffing had given the management more flexibility, which had enabled them to deal with some issues around poor staff performance.

People and their relatives' views about staffing varied, four people told us that they had not had any problems with the times of the calls and were happy with the service. Some people and their relatives told us that there were sometimes late calls or variations in the times that the carer arrives but that this had started to improve. Five people told us that occasionally unfamiliar carers arrived to provide care. We also found in two cases that two members of staff were required to meet the needs of the people with moving and handling, but that there had been times when only one member of staff had arrived, both people told us that this had now improved.

Around four months ago the provider implemented a new call monitoring system. We saw that the system required care staff to log in and out of each call and enabled the manager to monitor the time and length of call carried out. The registered manager told us that there had been some teething difficulties with the implementation of the new system and the provider had audited the system to identify where the difficulties were. Steps had been taken to ensure that staff knew their responsibilities to log in and out of calls, to enable the system to be effective.

We reviewed a record log of care calls carried out on one of the inspection days. The majority of these care calls had been carried out at the planned times and for the correct duration. However, we noticed that a small number of the calls were more than 20 minutes later than planned. The registered manager informed us that changes were sometimes made due to staff sickness or unforeseen difficulties which can occasionally arise. The provider and registered manager were clearly aware that this was an area for further improvement and had taken steps to make these improvements.

People's care needs were assessed and people had risk assessments linked to these, however we found these to be basic and brief. Risks within people's own home environments had been considered and any moving and handling equipment used, but care plans were not always specific enough and did not consider managing risks relating to the actual task being carried out by the carer. For example, a person who required assistance with a shower had no risk assessment related to the possible risk of falls. The person's relative told us that the person required assistance due to the risk of them falling, but that on one occasion a carer had left them alone in the bathroom. The person told us that they had contacted the office and that this had not happened since, but there was no risk assessment in place to ensure that all staff knew about the safest way to support this person.

We noted that none of the care files we reviewed contained information about managing risks associated with people's mental capacity, despite some people living with different levels of dementia. For example, saw that a person was at possible risk of self-neglect, but this had not been detailed in a risk assessment. The registered manager told us that the person would not always answer the door to care staff and there had been a number of missed calls. The majority of care staff had knowledge about this issue and the registered manager described the action that they would take to ensure that the person was safe. However this information had not been included as a risk factor in the person's risk assessment, which meant that a less knowledgeable or new member of staff may not have an understanding about the possible risks and how to manage them as safely as possible.

This is a breach of Regulation 12 of Health and Social Care Act 2009 (Regulated Activities) Regulations 2014, safe care and treatment.

As part of our inspection we looked at how the service managed people's medicines. We found that the service had a medication policy and procedure in place. We reviewed two people's medicines. Some people's medicines were supplied in blister packs from the pharmacy and processes were in place to record when staff supported individuals to take their medicines. Where people were being supported with medicines a risk assessment had been undertaken and information was recorded in their care plan about the support they needed. However, we found that these assessments did not always reflect the support that the person required and care plans did not always provide enough detail. For example, in one care record the care plan said that the carer should "assist with medication"; however it was unclear what this actually meant. We spoke to the person concerned, who confirmed that they sometimes took their own medication before the carer arrived and told us they sometimes had problems seeing the tablets when they took them out of the blister pack. This information was not included in the person's risk assessment. We saw that there were gaps in the record of medication given to this person and it was unclear whether this person had taken all of their medication as prescribed.

We also found that there had been a previous issue where not all of a person's medication had been administered appropriately. The registered manager told us that the person had medication administered from a blister pack plus separate medication which was administered from a box, not all of the staff had been aware of this separate box and this medication had therefore been previously missed on occasions. The registered manager told us that steps had been taken to address this issue. The person's relative also

told us that this issue had now been addressed. We saw that an incident form had been completed but could not see any analysis about how the error had occurred or a record of the actions that had been put in place to prevent this from happening again. We looked at this person's current care plan and risk assessment which did not contain detailed enough information about the person's needs around medication and remained unclear about the separate medication. This meant that care staff may not know how to support the person correctly. The registered manager assured us that action would be taken and that people's care plans and risk assessments regarding medication would be reviewed and updated. The registered manager said that they would check that all necessary information was included so that care staff were clear about the support that people needed in this area.

This is a further breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.

A safeguarding policy was available and staff were required to read it as part of their induction. We saw that the registered manager held a safeguarding file and a record had been made of any issues that had been reported as safeguarding concerns to the local authority. The file included a log which highlighted the date that concern was received along with actions and timescales. In discussion with the registered manager we found that the service had regular contact with the local authority and would regularly seek their advice regarding any concerns. They had a copy of the local authority adult safeguarding procedures on file but these were out of date and the registered manager did not know about the current form which should be used to report any safeguarding concerns to the local authority. The registered manager assured us that they would access this policy/procedure as soon as possible.

Despite this we saw that safeguarding concerns had been raised and dealt with, although it was not always clear from the records what the outcome was following the concerns The registered manager was able to provide this information verbally.

We found that some staff had received safeguarding training. The registered manager told us that safeguarding training was completed as part of induction training and refresher training was also carried out. However, we saw that the latest refresher training carried out by ten staff had not included safeguarding. The records suggested that some staff had last received training in safeguarding in 2013. The registered manager told us that staff had completed training and that this was carried out on the computer and through group discussions with staff. Training materials and signage about safeguarding were seen in the training room. Following the inspection the registered management sent us information which evidenced the training information that staff had received on safeguarding.

Staff spoken with told us they had received training in relation to safeguarding adults. They were able to describe what action they would take if they had concerns about people's safety or if they were at risk of abuse. They knew about the safeguarding and whistleblowing procedures.

The registered manager told us that all new employees were appropriately checked through robust recruitment processes. We saw that all staff had completed an application form which included their employment history. Recruitment checks included, obtaining references, confirming identification and checking people with the Disclosure and Barring Service (DBS). A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. We checked four staff files, which confirmed that all the necessary checks had been completed before they had commenced working at the agency. This helped to reduce the risk of unsuitable staff being employed.

Policies and procedures were in place for dealing with staff disciplinary action. Staff were given this information in their employee handbook and in their contract of employment. The provider showed us a recent disciplinary case and we saw they were following the procedure set out in the disciplinary policy.

Staff told us there was always a senior care worker available on call during working hours. They said they could call for advice anytime. The registered manager and care coordinator were available to provide support and guidance and would often go out on calls especially if there were any problems or difficulties. This meant there was an effective system in place to support workers and manage potential risks or emergencies. We saw that the provider had an office risk assessment and winter contingency plan for 2015/16 for managing the service in the event of an emergency situation.

People and their relatives confirmed that staff always wore gloves and aprons when providing care, this helped to protect individuals from the risk of infection.

Requires Improvement

Is the service effective?

Our findings

The majority of people told us that they found the service to be effective. People told us "I cannot praise them enough" (the staff) and another person told us that they carers were "very thorough and have the right skills." However other comments included that they found the service "just about satisfactory now" and "the older members of staff know all about dementia but the younger ones sometimes have less understanding."

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Through our discussions with staff we found they had received training in the MCA. They demonstrated a basic understanding of the Act. Staff told us that they understood that people should be supported to make their own choices and decisions should be made in people's best interests. People spoken with told us that staff sought their consent prior to carrying out any care support. We saw an example in a person's care plan which noted that staff should only assist the person with personal care if the person "will allow" the carer to do so.

We saw that people had "Personalised care plans" which had recently been developed. However, those we reviewed had not been signed by people to say that they consented to the care described within them. The registered manager told us that the management team would always carry out an initial visit to the person to discuss the care plan prior to the commencement of the service. We saw that there were other documents within people's care records which had been signed by the person or their relative such as a care summary sheet. We saw that a care plan review form was signed by a person's relative. However this was inconsistent and it was unclear when people were unable to consent to their care and whether a best Interest decision had been made.

The registered manager told us that as a service they did not carry out MCA assessments, but would refer to the local authority when they felt that a capacity assessment was required related to a particular decision. The registered manager thought that some of the people supported by the service may lack the capacity to make decisions; a number of people were living with a form of dementia. The records reviewed did not contain information about whether people lacked capacity and whether any best interest decisions had been made on people's behalf. The provider had not properly assessed people's capacity against MCA legislation upon initial referral and did not always have copies of local authority mental capacity assessments where necessary. This meant that the provider could not be sure whether people lacked the capacity to make informed decisions about their care and support and when it was necessary to make decisions in people's best interests. We found that the service did not routinely record whether any Power of Attorney arrangements were in place. Detailed and accurate records were not kept around people's ability to consent to their care and treatment.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, need for consent.

Staff had received training regarding the expectations of the service and its policies and procedures before starting work. Each new member of staff undertook induction training. The registered manager told us that they were introducing new induction documentation. We saw examples of the new staff starter pack and induction work book which had been completed by staff. These were thorough and met the requirements of the care certificate. The new care certificate is a recognised set of standards that health and social care workers adhere to in their daily work. It applies to all health and social care staff.

Staff spoken with told us that they received training and felt well supported to carry out their roles effectively. The registered manager told us that staff can request training and the service will aim to meet their individual learning needs. We reviewed records which related to training and saw that there was an annual training plan. The registered manager told us that she delivered the majority of training to the staff. She told us that training was carried out in small groups and believed that it was important that the staff felt able to discus and reflect upon the learning. A training session about catheter care had recently taken place. We saw that staff had also completed training in first aid, infection control, moving and handling, food hygiene, Mental Capacity Act and dementia care. As noted in the safe section we could not find evidence in the records that staff had completed recent safeguarding training, although the registered manager told us that this had been included in the recent refresher training.

We saw from the records that the management team carried out regular observations of the care staff whilst they were working. Staff told us and we saw from records that they received regular supervision from the management team. The supervision policy stated that staff should have supervision every three months. A care worker activity report recorded when supervisions and spot checks had been carried out with each member of staff, we saw from this that not all staff had received supervision as frequently as every three months but had received some supervision and regular spot checks. Staff said that they felt able to raise concerns within these supervision meetings and felt that they would be dealt with. The registered manager told us that there was a new electronic diary system in place which enabled the management team to plan for all supervisions, spot checks and meetings. If these had not taken place then the registered manager would be alerted to this, which should make the system more robust.

Staff supported people to maintain their health and well-being. We saw that where people's health needs changed the service contacted health professionals and informed relatives appropriately. Records demonstrated that the provider had referred to health professionals such as GPs, districts nurses and occupational therapists where necessary.

Good

Is the service caring?

Our findings

People told us that they were satisfied with the way that they were supported by staff. Comments included "My regular carer is very understanding" and "The carers are kind, you can have a laugh and a joke with them." Relatives told us that "They respect and maintain her dignity" and "The girls we have now have got empathy."

The registered manager told us that it was important to her that the service was caring and that she believed staff went "above and beyond" to support people. People we spoke with told us that the carers treated them in a caring and compassionate manner. We observed care staff supporting a person during a visit to their home, we saw that the carers were friendly and caring in their approach towards the person and obviously knew the person and their relative well. Another member of staff demonstrated a caring approach and told us that they would always tell their manager if they felt that they didn't have enough time to support a person and commented "I can't rush my clients." One person told us that there had been improvements in this area since a member of staff had left the service and "it is better now, it has been worse in the past."

During the inspection we found that staff spoken with were knowledgeable about people's care needs. The registered manager and care coordinator also had detailed information about the people who they supported including information about their personal circumstances. People and relatives told us that they had been involved in the development of their care plans. One relative told us that they received an assessment visit at the beginning and discussed the care plan for both the person's and their own needs as a carer.

People told us that staff maintained their dignity and privacy. A relative told us that the care staff "always respect her privacy." We saw records which demonstrated that people using the agency were supported by individuals with whom they felt comfortable. The registered manager described how there were a number of people who had specific requirements around the staff who they preferred to support them, the service respected these preferences.

We saw from the team meeting minutes that there had been some previous issues around confidentiality and the appropriate use of social media. It was evident from the records that these issues had been addressed by the management and all staff had been given clear guidelines and reminders about the confidentiality policy in place.

Requires Improvement

Is the service responsive?

Our findings

People spoken with told us that they found the service to be responsive. Comments included "the carers know what's needed, I don't have to tell them." and "Overall they do their best, I have not had any complaints". One person's relative told us "In the last few months they have sent the same girls, so now they understand her."

People and the registered manager told us that prior to any care commencing an assessment of the person's needs took place; this involved family members where appropriate. An initial visit was carried out by either the registered manager or care coordinator and following this a care plan and risk assessments were drawn up. Care plans were approved by families or people and in some cases they signed care records to give their consent to the care being provided. We saw from the records that the management team carried out reviews of the service with people on a regular basis.

People and their relatives told us that the service mainly provided consistent staff and that this had improved over recent months. One person told us that their relative had particular communication needs and commented that the staff had gotten to know her well and she now felt very comfortable with them. Another relative told us that due to their relative's dementia needs consistency of staff was important and that the service "provides consistency of care." However, five people said whilst they had regular care staff, at times there were changes and unfamiliar staff. A person commented that "sometimes they need prompting as they are not sure what care and support I need."

The registered manager told us they were introducing new care folders across the service and a proportion of these had been put in place. Care records held at the agency and at people's homes identified any health professionals involved with their care. These included contact details of their doctors, district nurses, occupational therapist and social workers. This enabled staff to access healthcare support should they judge that it was necessary due to a change in the person's well-being. Staff told us that they read people's care plans before they provided support to them.

We reviewed the care records of five people and found that the assessments and care plans contained brief information about people's care needs. The "personalised care plans" had been recently introduced and contained information about people's medical needs, communication needs and the person's goals. They were mainly task orientated and lacked information about personal routines or preferences around how care and support was delivered. There was limited personal information such as people's life histories or likes/dislikes. Risks were associated with some care needs but not all of the person's needs. We found that there was however sufficient information to enable the care staff to meet people's needs.

Some people told us that staff had sufficient time and flexibility to meet their needs in a way that they wanted. One relative told us that a recent review meeting had been carried out with the service and since then changes had been implemented which meant that they were happy with the service. Another person told us that that the service was very good and the carers "do what I need them to do." However, we spoke

to one person and their relative who told us that they required one of the care calls to be at a specific time and had informed the office of this. The person said that the call had not always been at the time required and they felt that they needed to contact the office each week to confirm when the carer would arrive. We saw from the rotas that this call was planned at a time which would have been too late; however the carer knew the time that the call was required and adjusted their rota. The registered manager was also aware of the correct time for the call, but this had not been put on the rota, which meant there was a possibility that another member of staff may arrive too late. The registered manager assured us that all staff were aware of the correct time and would adjust this accordingly on the rota.

We found that the service had been responsive to the specific needs of some people who did not speak English as their first language. The service employed care staff who were able to speak in the native language of some of these people, which meant that they were able to communicate more effectively.

We saw that there was a complaints procedure in place. People had care folders in their homes which contained clear information about how a person or their relative could make a complaint about the service if necessary. People we spoke with also told us that they knew how to make a complaint if necessary. One person commented "I know how to complain, I have done it before."

The registered manager held a complaints file with a log of any complaints that had been made and the action that had been taken to address these.

Requires Improvement

Is the service well-led?

Our findings

People told us that they knew who the registered manager was and found that the management team were responsive and supportive. One person said "I have had problems in the past but the manager put it right." Another person commented about the registered manager and told us "I talk to her and I like her, she does sort out problems."

Staff spoken with told us that they found that the registered manager was approachable and talked positively about the leadership. Staff said that they could go to the management team with any problems or concerns. Comments included "Everything runs well and I'm happy", "The manager is great and very approachable." and "the manager is so good."

A Statement of Purpose and Service User Guide were available for people who wanted to know about Homecare 4U and the way that the service was provided. We saw that the service had appropriate policies in place including safeguarding, complaints, medication, equality and diversity, whistleblowing and human rights amongst others.

The provider has a legal duty to inform the CQC about changes or events that occurred in the service. This is called a notification. Our records demonstrated that three notifications had been sent to CQC in the past twelve months. During the inspection we were made aware of three further safeguarding concerns that the provider had failed to inform us about, although they had referred them to either the local authority or the police. We were also told by the provider that there had been a period of time during 2015 when steps were taken to reduce care packages within the service; this was due to insufficient staff at that time to meet the needs of all the people who required support. Action had been taken by the provider to address this issue, but CQC had not been notified about this event.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We have written to the provider about this and are dealing with this as a separate matter.

The service had a registered manager who had been in post for just over two years. We found she engaged well with the inspection process and responded positively to any comments made about possible improvements to the service. The registered manager was able to describe the improvements that the service had made over recent months and the plans for on-going development. We found that she was knowledgeable about the needs of the people using the service and often carried out care visits herself which enabled her to maintain regular contact with people, relatives and staff. The registered manager had the support of a regional manager and the director of the service; we spoke with the director during the inspection.

The saw that new documentation had recently been introduced including communication records, medication logs and financial transaction recording. Initial feedback from staff suggested that this documentation was much more effective. We saw that some systems were in place such as, systems to record complaints, safeguarding concerns and incidents /accidents. We found that the effectiveness of

these systems was undermined by minimal recording in some areas. Records were not always up to date or complete. However, the registered manager had detailed knowledge about the service users and was able to tell us about actions that had been taken to address certain situations. They were already aware that this was an area which required further attention and planned to address this.

Homecare 4U had quality assurance systems available to assess the quality of the service it was providing to people. These included speaking with people who used the service and giving them the opportunity to make comments about the service and to make suggestions for any improvements for the future. We saw that the management team contacted people by telephone and also carried out a number of reviews following the start of a service to ensure that people were satisfied.

People's feedback was also captured through a quality assurance questionnaire, the latest one had been carried out in May 2015, and we saw that particular areas were highlighted for further improvements as a result. We saw that the service had also carried out a staff survey, the results of which were being collated. The registered manager told us that the results would be analysed and an action plan developed from the feedback received.

We saw that there were a number of audits which were carried out by the registered manager and the provider which included monthly audits of a sample of services users' records. We saw that four of these audits had been carried out in January 2016, with comments and issues noted. We saw that the manager had carried out a number of discussions with staff as a result of issues that had been highlighted. Medication audits were carried out as part of the service user audits, however the effectiveness of these audits was inconsistent as these had not identified the issues found at the inspection around medication. The provider also carried out audits which included supervision/spot checks, personnel file audits and care plan audits.

We saw that team meetings were held although the frequency of these was variable. The registered manager told us that she would occasionally have smaller group or individual meetings with staff and they would all discuss the same agenda items. Staff told us that they had regular discussions with the manager. We saw from the minutes of meetings that the registered manager discussed issues and areas for improvement with staff and promoted good practice.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not consistently recorded that people had consented to their care. If people were unable to consent because of their lack of capacity the provider had not always acted in accordance with the 2005 Act as best interest decisions had not been recorded.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment How the regulation was not being met: People were not protected against the risk of receiving inappropriate care because risk assessment processes were not robust. The provider had not ensured the proper and safe management of medicines because care planning and risk assessments related to medicines were not always robust.