

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?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 31 August, 1 and 5 September 2017. The provider was given 24 hours' notice because the location provides a domiciliary care service and we wanted to ensure that staff were available in the office to support the inspection, as well as giving notice to people who received a service that we would like to speak with them.

The previous inspection was carried out in February 2016. The overall rating was "requires improvement" and we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection, we found that whilst some improvements had been made the provider remained in breach of two of the regulations and we found a further breach. You can see what actions we have told the provider to take at the back of this report.

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 61 people using the service, in receipt of personal care.

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.

Overall people and their relatives were complimentary about the service and told us that they were satisfied with their care.

We saw that risk assessments had been implemented since the last inspection around specific issues such as falls, diabetes or smoking. Each person had a care and risk assessment plan, which included risks to the individual, including environmental risks in people's homes. However, we found that certain risk assessments did not provide sufficient detail or robust information about all actions taken to mitigate the risk. The information would be insufficient for staff who may not know the person well.

We found that improvements had been made to the management of medicines and medication risk assessments were now in place for each person who used the service.

The service employed sufficient numbers of suitable staff to meet people's needs. People told us that staff usually arrived to support them as expected. There was an on-call service for emergencies outside of normal working office hours. Staff told us that they felt well supported and could contact senior staff at any time for support and guidance. The service had undertaken appropriate checks to ensure staff were suitable to work with vulnerable adults.

Since the last inspection, the service had taken action to ensure that where possible, people always signed to consent to their care plan. We saw that within each care and risk assessment, information had been recorded about the person's capacity to make decisions.

Staff received an induction and regular training to enable them to carry out their roles effectively. Staff also received regular one to one supervision sessions and annual appraisals with their line manager to support their learning and development.

We found that staff had developed positive and caring relationships with the people they supported. Staff spoken with were able to tell us about the people who used the service. People told us that staff were kind in their approach and that they were treated with dignity and respect.

People's care plans contained sufficient information and enabled care staff to support the people who they cared for. However, we also found the plans did not always contain individualised information and would benefit from further detail about the way the person liked care tasks to be undertaken, including their background and preferences.

We found that the service aimed to respect people's wishes about the care they received. People told us that the service was flexible and they received support when they needed it.

The provider has a legal duty to inform the CQC about changes or events that occurred in the service. Whilst a number of notifications had been received, we saw from the provider's records that two incidents had been reported to the police and we saw a first account safeguarding referral, which the Commission had not been notified about.

People and staff were positive about the management team, they told us that the registered manager was approachable and supportive.

We found that the provider had failed to have robust systems in place to recognise and address the breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 we found as part of our inspection. The provider did not meet all the standards set out in the regulations. This was concerning because although the service had made some improvements since the last inspection, these were not sufficient to achieve compliance in all areas.

## 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 consistently safe.

Risk assessments did not always provide sufficient detail or robust information about all actions taken to mitigate the risk.

The service employed sufficient numbers of suitable staff to meet people's needs.

Improvements had been made to the management of medicines.

### Is the service effective?

**Good** 

The service was effective.

Staff received an induction and regular training.

Staff had received training in the MCA and had a basic understanding of the principles of the MCA and knew about the importance of enabling people to make decisions where possible.

Staff supported people to maintain their health.

### Is the service caring?

**Good** 

The service was caring.

Staff had developed positive and caring relationships with the people they supported.

People using the service told us that they were involved in decisions about their care and support.

People told us that staff respected their dignity and privacy.

### Is the service responsive?

**Requires Improvement** 

The service was not consistently responsive.

Care plans were not sufficiently personalised.

People told us that the service was flexible and they received support when they needed it.

People told us that they were given choices and staff respected their preferences.

We found that information relating to complaints and investigations was not sufficiently robust.

**Is the service well-led?**

The service was not consistently well-led.

Notifications had not been submitted to the Commission as required.

Staff told us that the management team were very approachable and supportive.

The provider had failed to have robust systems in place to recognise and address the breaches identified at this inspection.

**Requires Improvement** 

# 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 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.

This inspection took place on 31 August, 1 and 5 September 2017. The provider was given 24 hours' notice because the location provides a domiciliary care service and we wanted to ensure that staff were available in the office to support the inspection, as well as giving notice to people who received a service that we would like to speak with them.

The inspection was carried out by one adult social care inspector.

Before the inspection we checked the information that we held about the service. We looked at any notifications submitted by the provider and reviewed any information 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.

We used a number of different methods to help us understand the experience of people who used the service. We spoke with people who used the service and their relatives over the telephone. These included seven people and five relatives. We also visited two people at their homes to discuss the care provided. We looked at a number of records during the inspection and reviewed six 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, rotas and meeting minutes. We also inspected three staff recruitment files.

Throughout the inspection we spoke with a number of staff including, the registered manager, the deputy manager, seven care support workers and the operations manager.

# Is the service safe?

## Our findings

Following our last inspection in February 2016, we asked the registered provider to take action to ensure that people received safe care and treatment. This was because risk assessment processes were not robust enough to protect people against the risk of receiving unsafe care. At this inspection, we found that whilst some improvements had been made, further improvements were still required.

People we spoke with told us that staff managed risks to their health and wellbeing safely. For example, one relative told us staff always used a hoist to move their relative safely. We saw that risk assessments had been implemented since the last inspection around specific issues such as falls, diabetes or smoking. Each person had a care and risk assessment plan, which included risks to the individual and environmental risks in people's homes. Staff we spoke with told us about the needs of the people they supported and the actions they took to minimise risks to people and keep them safe. For example, staff told us that they were aware of the need to monitor a person's skin and catheter on a daily basis.

However, we found that certain risk assessments did not provide sufficient detail or robust information about all actions taken to mitigate the risk. The information would be insufficient for staff who may not know the person well. For example, the risk assessment and care plan for a person at risk of developing pressure ulcers, did not contain sufficient information, such as whether the person required specialist pressure relieving equipment, whether staff needed to support the person to move position or whether skin creams were required. In another example, we saw that a risk assessment about a person's risk of wandering had been completed but actions taken to mitigate the risks did not include detailed information about actions that the staff should take to ensure the person's safety. Furthermore, in some cases risk assessments had not been carried out to identify potential risks, such as the risk that bed rails may pose to a person or where a person refused to accept care from the staff. Therefore, staff may fail to take the appropriate action to ensure the person's safety, if guidance was not sufficiently detailed.

This was a continued breach of Regulation 12 of Health and Social Care Act 2009 (Regulated Activities) Regulations 2014, safe care and treatment, because the registered provider failed to assess and mitigate risks.

At the previous visit In February 2016, we found concerns with the way medicines were managed. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made and medication risk assessments were now in place for each person who used the service.

People told us they were happy with the support they received with managing their medicines. The registered provider had a medication policy in place to support staff and to ensure that medicines were managed in accordance with current guidance. Where people were being supported with medicines, we saw that medication risk assessments were undertaken and information was recorded in their care plan about the support they needed. Care staff signed medication administration records (MARs) when they had assisted people to take their medicine. We identified some minor issues with the MARs we reviewed. For

instance, there were some gaps where staff had not signed to indicate that the medication had been administered. We saw that the management team undertook a monthly audit of all MARs, which had identified these issues. The registered manager discussed any issues with staff through one to one supervisions or staff meetings.

We saw that some people had topical creams or ointments (applied to skin) prescribed and that staff recorded when they had applied this onto a chart. However, we found one example where staff had only recorded in the person's daily notes that they had applied cream, but no chart or information recorded about this in the person's care plan. Therefore, it was not possible to see from the records whether this product had been used correctly. The registered manager told us that this would have been identified through the audit process, but implemented a recording chart immediately.

The registered provider employed sufficient numbers of suitable staff to meet people's needs. People told us that staff usually arrived to support them as expected. Some people advised us that staff were occasionally late due to unforeseen circumstances but overall people were happy with the time of calls. One person said, "They don't rush me and stay as long as it takes."

We reviewed staff rotas and spoke with staff who told us that in the main they provided regular support to people. They were asked occasionally to cover calls due to staff holidays or sickness, but felt there were sufficient staff and that rotas were generally well organised. Recently, several new members of staff had been recruited and were due to start work. The service covered a small geographical area and staff said they had sufficient time to travel in between calls. The provider used a call monitoring system, which meant that the management team were alerted to any missed calls, so they could be followed up to ensure the care was provided. The registered manager, along with other staff in the office were available to support staff and cover emergency calls if necessary. There was an on-call service for emergencies outside of normal working office hours. Staff told us that they felt well supported and could contact senior staff at any time for support and guidance.

We looked at three staff files to check that effective recruitment procedures were in place. The registered provider had undertaken appropriate checks to ensure staff were suitable to work with vulnerable adults. Checks on all staff were carried out with The Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each staff file held suitable proof of identity, an application form as well as notes from the interview and evidence of references. We saw that the head office had signed off each recruitment file, to ensure that the procedures had been followed correctly.

All staff spoken with had an understanding of safeguarding. They knew the safeguarding procedures within the service and explained the process to follow to report concerns. Staff knew they could report safeguarding concerns to the management of the service, but also that they could report concerns to external agencies such as the Commission or local safeguarding team. We saw that the provider had copies of the relevant local authorities' policy and procedures on safeguarding adults from abuse, as well as their own adults safeguarding and whistleblowing policies. Staff told us that safeguarding information was available in people's care folders in their homes. The registered manager maintained a safeguarding file and where necessary the local authority had received appropriate referrals.

The local authority had told us about two current safeguarding enquiries concerning the development of pressure ulcers. At the time of the inspection, the outcome of these enquiries was unavailable. The registered manager was of the view that they had taken all necessary steps to support people appropriately. We understood from the local authority that further meeting were planned to look at any recommendations

for all professionals concerns. The registered manager told us that she would work with the local authority to implement any recommendations. She told us that the service had already arranged for all care staff to undertake training in relation to the development of pressure ulcers and that a district nurse was also due to support them with some further training.

We saw that the registered provider had a business continuity plan in place for the service, which ensured that all relevant contact numbers were easily available in the event of an emergency. Systems were in place to minimise any negative impact on the service people received in the event of an emergency.

## Is the service effective?

### Our findings

At our last inspection in February 2016, we found that detailed and accurate records had not been kept around people's ability to consent to their care and treatment. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, need for consent. At this inspection, we found that some improvements had been made but we found that this could be improved further.

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.

The registered manager told us that since the last inspection action had been taken to ensure that where possible people always signed to consent to their care plan. She advised us that one person's relative held a lasting power of attorney (LPA), which was now documented. We saw that each person's care records provided information about their capacity to make decisions.

The management team told us that as a service they did not carry out MCA assessments, but would refer to the local authority if they had concerns about a person's capacity to make a decision or consent to their care. We saw that the registered manager and staff had received training in the MCA and had a basic understanding of the principles of the MCA and knew about the importance of enabling people to make decisions where possible. Staff told us that they sought consent before they provided care to people. The registered manager told us that they would involve people's family or a social worker where appropriate when making decisions on people's behalf. One carer commented, "If I was concerned that someone lacked capacity I would report it."

Staff spoken with told us that they received appropriate training and felt supported in their role. The registered manager explained that staff completed an induction programme, which was in line with the Care Certificate. The Care Certificate is a recognised set of standards that health and social care workers must adhere to in their daily work. We saw this included completing a workbook, attending training, shadowing experienced staff and having their competency assessed. New staff were given a staff handbook which contained information to help them to understand what was expected of them. It included detailed information about policies and procedures. People who we spoke with thought that staff were well trained. One person said, "We have a couple of learners who shadow [more experienced staff], they generally know what they are doing."

We reviewed records which showed that staff received refresher training on a yearly basis. A training session was taking place on the day of the inspection and we saw an example of a training pack; this included safeguarding adults, MCA, documentation, fire safety, basic life support, medication, health and safety and infection control. We saw that some staff were supported to undertake Qualification and Certificate Framework (QCFs) in health and social care, to progress their development. The registered manager also

shared information about an external training course, which staff would be undertaking in dignity and safeguarding. Training sessions were planned with the local fire service regarding fire prevention.

Staff said that they received regular one to one supervision sessions with their line manager and annual appraisals, which was confirmed through staff records. The registered manager told us she used an electronic calendar to record training, supervision and appraisals, which alerted her to when staff needed updates in training. Senior staff also carried out regular spot checks whilst staff worked in people's homes, to check staff approach and competency.

Where the service was responsible for this, staff supported people to eat and drink sufficient amounts to meet their needs. The level of support people required with this varied and based on people's specific needs and preferences, which was included in people's assessments. During a visit to a person who received a service we saw that staff had left plenty of drinks for the person. The registered manager told us that staff were flexible and would support people with their food preferences such as going to the chip shop occasionally.

Staff supported people to maintain their health. Where necessary staff would contact people's GPs or other health professionals, We saw one example where staff had sought medical help for a person because they were concerned about their presentation. People's care records contained information about their health needs.

## Is the service caring?

### Our findings

People spoken with told us that they found the service to be caring. Feedback received about the way people were treated was positive. Comments included "They are all lovely, the carers are smashing" and "Nothing is too much trouble, they are kind."

We found that staff had developed positive and caring relationships with the people they supported. Staff spoken with were able to tell us about the people who used the service. They told us that they provided support in the main to the same people, which had enabled them to build good relationships. This also meant that they knew people's care needs well. People spoken with confirmed this and told us that overall, the service they received was reliable and that staff were friendly, and understood their needs. One person commented, "You can have a laugh and a joke, the interaction is really good."

One person's relative explained that staff were caring in their approach and said they would chat with them, which supported them as a carer. They shared an example where staff had been particularly thoughtful and had played a favourite record to their relative, which he really enjoyed. This demonstrated a caring approach. We saw that the service had received a number of compliments and thank you cards from people who had previously used the service. One example of these said, "Thank you for all the help and kindness you give to everybody."

Staff told us that they were given enough time to get to know people who were new to the service and could read their care plans and risk assessments. The management team also undertook care calls themselves and believed this to be important to enable them to get to know people well. The registered manager provided examples where she believed staff had gone above and beyond what was required of them to support people. For example, she felt proud of the support provided to a person who had moved on from their service and whom staff had continued to visit to ensure they were settled and had helped to purchase items for the move.

People who used the service told us that they were involved in decisions about their care and support and felt in control of the care and support provided. We saw that regular reviews were held with people, which enabled them to provide feedback and make any changes to their care plans. One person explained how they did not have to tell the care workers what they needed doing because they all knew their routine so well. They said that staff listened to them and respected their choices and wishes. For example, people were asked whether they preferred a male or female carer. Staff were aware of the importance of respecting people's wishes. Comments included "We will ask people if they want something to eat or a wash or a shower, we don't force them, it's their choice." All of the people we spoke with confirmed they knew who to contact at the service if they had queries or changes to their care needs. We saw that people had access to a service user guide and the provider's statement of purpose within their care folders.

We found that staff treated people with dignity and respect. Comments included, "They respect my dignity, she [the carer] turns her back or puts the towel up" and ""They are very respectful, very friendly." Staff spoken with understood the importance of maintaining people's privacy and dignity. They were positive

about the service and were aware of the expectations placed on them by the management team to provide dignified care. One member of staff told us "We're told about dignity from the very first training, it's all discussed, as well as confidentiality." Staff gave examples of how they promoted good care practice, such as covering people with a blanket and closing curtains.

We saw that senior staff carried out regular quality assurance spot checks within people's homes. Part of this check assessed whether people felt that staff treated people with dignity and respect, as well as supporting their independence.

## Is the service responsive?

### Our findings

People told us that they found the service to be responsive. Comments included "They know what I need" and "One lady [carer] is brilliant, I couldn't do without them."

The registered provider had a complaints policy, which set out the process and timescales for dealing with complaints. This was given to people when they started to use the service and we saw that information about making a complaint was available to people in their care folders. People told us that they knew how to complain if they needed to. One person gave an example where they had raised a concern with the registered manager and told us that this had been resolved to their satisfaction. Most people said they had never needed to complain as the management team contacted them regularly to hear their views and asked for feedback about the service through regular visits and reviews.

We saw that the registered manager kept a folder, which contained a log and information about any complaints that had been received. This showed that where necessary investigations had been undertaken into complaints or any concerns that had been raised. However, we found that the information contained within these investigation reports and complaint responses did not always provide detailed or comprehensive information about the process followed. The registered manager was able to provide verbal information to clarify queries raised by the inspector however; we found that this information was not always recorded robustly.

We recommend that the provider finds out more about training for registered managers, based on current best practice, in relation to undertaking investigations and adjust their practice accordingly.

People's needs were assessed prior to accessing the service to ensure their needs could be met. They included aspects of people's health and social needs and what help they needed with them. Accompanying these in most cases were assessments from local authorities who were responsible for funding people's care. Before people began to use the service a member of staff would undertake a "Meet and greet" visit, which enabled people and where appropriate their families to be involved in the development of their care plans. People confirmed, "They came out and spoke with us, we have a care plan and we see the office staff now and again."

We inspected six care records of people supported by the service. Records held for each person included a care and risk assessment and a personalised care plan. We found that in general the records contained sufficient information to enable staff to provide people with the care and support they needed. However, we found some plans would benefit from further detail to make them more individualised, such as the way the person liked care tasks to be undertaken, including their background and preferences.

For example, a care plan for one person who was living with dementia did not contain information about how the dementia affected them or how they would like to receive their care. There was no information for staff about what was important to the person and little information about the person's likes/dislikes or information about their history. It is important to ensure people's care plans reflect their choices,

preferences, personal history and significant information to ensure they receive person centred care. Person centred care is a way of thinking and doing things in a way that gives people as much choice and control as possible over their lives.

The service held a copy of people's care plans in the office with a copy kept in the person's homes. However, we found in two cases that the care plans held within people's homes were not up to date with recent changes. For instance, changes to a person's number of care calls had not been updated in one care plan. Another person's care plan indicated that they had no skin conditions, but this was incorrect and a change to their personal care needs was not recorded. Staff spoken with were aware of people's current needs and told us that they received regular updates from office staff, so they were familiar with people's care needs.

The registered manager told us that the service were focused on making improvements to the care plans and were working towards making the them more individualised. She provided an example of an updated care plan that included more personalised and detailed information. She also advised that they were in the process of reviewing and re-writing all of the care plans to this standard. This work was being undertaken through care plan reviews.

Regular reviews of people's care were held. We saw from the records that senior staff visited people on a regular basis to review and discuss their care support. The management team were also in regular communication with the local commissioning teams and communicated issues or concerns when required, so that appropriate action could be taken. Staff told us that they reported any concerns about people's changes in needs to their line manager and felt confident that action would be taken in response. For example, a staff member told us they had reported concerns about a deterioration in a person's mobility. This resulted in a referral to an occupation therapist and appropriate equipment was put in place to support this person.

We also saw a positive example where the service had been responsive to a person's needs where concerns were identified around the person smoking. Staff had raised concerns that the person smoked in bed and to reduce the risk of fire, the registered manager had contacted the local fire service. Following the required assessments, the person was provided with fire retardant equipment and changes were made to the type of skin creams used, which were less flammable.

We found that the registered provider aimed to respect people's wishes about the care they received. People told us that the service was flexible and they received support when they needed it. One relative explained that they could contact the office and staff would re-arrange the time of a call to suit, for example if they had planned visitors. Another person told us that they were provided with an earlier call at the weekend to enable them to attend an activity that was important them. We also saw positive feedback about the service people received including, "Your team's flexibility in getting (name) washed, showered and dressed has been really appreciated."

## Is the service well-led?

### Our findings

We asked people whether the service was well –led. Comments included, "[The service] seems to be well organised" and "I would ring (manager's name) with any problems, she would do her best." People knew who the registered manager was and said that the management team were responsive.

At our last inspection in February 2016, we found that the provider had failed to notify us about all changes and events, as legally required to do so. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We wrote to the provider to inform them that there was an expectation that the required statutory notifications in relation other incidents needed to be received as required in future. At this inspection, we found that we had not been notified about all notifiable incidents.

The provider has a legal duty to inform the CQC about changes or events that occurred in the service. Whilst a number of notifications had been received, we saw from the provider's records that two incidents had been reported to the police and we saw a first account safeguarding referral, which the Commission had not been notified about.

This was a continued breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The registered provider had failed to notify the Commission of specific incidents.

The registered provider had some systems in place to monitor the quality of the service. Records evidenced that regular spot checks were carried out at people's homes. People and their relatives confirmed that the provider carried out the visits to monitor the service they received and to update their care folders. One relative told us "They come out from the office; the senior came out last week to replace the paperwork and stayed a while." People were also given the opportunity to express their opinion about the service through regular reviews.

Some audits were undertaken by the management team. Monthly audits of people's daily communication logs and medication records were undertaken. A senior carer identified any concerns or issues which required follow up by the registered manager. We saw that electronic records were kept which demonstrated actions taken by staff in response to issues, such as liaising with people and professionals as necessary.

However, we found that the registered provider had failed to have robust systems in place to recognise and address the breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 we found as part of our inspection. The provider did not meet all the standards set out in the regulations. This was concerning because although the registered provider had made some improvements since the last inspection, these were not sufficient to achieve compliance in all areas.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not operated effective systems to assess and monitor their service.

The service had a registered manager who had been in post for over three years. The registered manager told us that the service had improved since the last inspection and that the call monitoring system had made a positive impact. The registered manager told us she had plans to further improve peoples' care plans. The registered manager had the support of a regional manager, a deputy manager and care coordinator. We spoke with the regional manager during the inspection. Staff told us that the service was more organised and that they worked well as a team.

The registered manager told us that she was keen to work with other professionals and was in regular communication with the local authority commissioning teams. She attended local forum meetings held for service providers' to develop her learning and knowledge.

Weekly conference calls were held with the registered manager and head office to discuss a number of topics, including recruitment, complaints, and any safeguarding concerns amongst others. The regional manager told us that the electronic system enabled her to access information remotely and she therefore had oversight over aspects such as staffing, care packages and care records. Either the regional manager or director of the service undertook a branch audit to review the service; the latest was undertaken in May 2017. We saw that an action plan had been implemented following the audit which contained some on-going and completed actions for the service.

Staff told us that the registered manager and management team were very approachable and supportive. The management team knew the staff team well. Staff regularly visited the office or were in frequent contact with the management team over the telephone. Staff were positive and told us that communication with the office was good. Feedback received indicated that management were always available and staff felt able to approach them to deal with any concerns. Staff commented, "(The manager) is lovely, they (the management team) are brilliant" and "I am absolutely supported, 100%."

We saw that staff meetings were held on a regular basis, records reviewed indicated that the registered manager set out clear expectations to staff about the quality and standard of the care provision.

People and staff were asked for their views and opinions through a yearly survey. The latest survey had been carried out in May 2017 and we saw that a newsletter had been sent out to inform people about the results of the survey. People and staff were complimentary about the service through the use of surveys.

Despite some improvements since the last inspection, we have found that the service continues to require improvement. The registered manager was motivated to achieve a good rating but had not taken sufficient action in all areas to achieve the necessary improvements. Therefore, we intend to have further discussions with the provider about taking appropriate action to support the registered manager and the service to achieve compliance. We have also made some recommendations with regards supporting the learning and development of the management team.

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 18 Registration Regulations 2009 Notifications of other incidents  The registered provider had failed to notify the Commission of all specific incidents
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had not always assessed and mitigated risk
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not operated effective systems to assess and monitor their service.