MiHomecare Limited

# MiHomecare - Hillingdon

## Inspection report

Suite 1.6 First Floor
7 St Johns Road
Isleworth
Middlesex
TW7 6NH

Tel: 02085779680
Website: www.mihomecare.com

Date of inspection visit:
27 April 2016

Date of publication:
07 June 2016

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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

# Summary of findings

## Overall summary

The inspection took place on 27 April 2016 and was announced. We gave the provider 48 hours' notice because they offer a domiciliary care service and we wanted to make sure someone would be available.

The service was registered with the Care Quality Commission on 10 December 2014 and had not been inspected before.

MiHomecare – Hillingdon is a domiciliary care agency providing personal care and support to people who live in their own homes. The majority of people using the service were over the age of 65 years, although some younger adults also received care. At the time of our inspection there were 82 people using the service.

MiHomecare – Hillingdon  is part of a larger national organisation, MiHomecare Limited, providing personal care to adults in their own homes. MiHomecare started life as Enara – a company that had been providing home care services since 1996. In October 2012, it was renamed MiHomecare.

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 and associated Regulations about how the service is run.

Medicines Administration Records (MAR) charts were handwritten by staff and staff were directed not to sign for individual medicines. This meant that people were at risk of not receiving their medicines safely.

The service employed enough staff and contingency plans were in place in case of staff absence. Recruitment checks were in place to obtain information about new staff before they supported people unsupervised.

The risks to people's safety and wellbeing had been assessed and there were detailed plans in place for the risks identified. There were procedures for safeguarding adults and the staff were aware of these. Care workers knew how to respond to any medical emergencies or significant changes in a person's wellbeing.

People were supported by staff who were suitably trained, supervised and appraised.

People had consented to their care and support. The service had policies and procedures in place to assess people's capacity, in line with the Mental Capacity Act (MCA) 2005.

People's health and nutritional needs had been assessed, recorded and were being monitored. These informed care workers about how to support the person safely and in a dignified way.

Feedback from people and relatives was positive about both the care workers and the provider. People and relatives said the care workers were kind, caring and respected their privacy and dignity. Most people received care from regular carers and had developed a trusting relationship.

People and relatives were involved in decisions about their care and support. People's individual needs had been assessed and recorded in their care plans prior to receiving a service, and were regularly reviewed.

There was a complaints policy in place. People knew how to make a complaint, and felt confident that their concerns would be addressed appropriately.

There were systems in place to assess and monitor the quality of the service. The service conducted a telephone monitoring service and carried out quality visits to people's homes. These provided vital information about the quality of the service provided.

Most people knew who the manager was and knew how to contact them when required.

Staff thought their manager was supportive and approachable.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to the management of medicines. You can see what action we told the provider to take at the back of the full version of this 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**

Some aspects of the service were not safe.

Medicines Administration Records (MAR) charts were handwritten by staff and staff were directed not to sign for individual medicines. This meant that people were at risk of not receiving their medicines safely.

The service employed enough staff and contingency plans were in place in case of staff absence. Recruitment checks were in place to obtain information about new staff before they supported people unsupervised.

There were procedures for safeguarding adults and the staff were aware of these.

The risks to people's safety and wellbeing were assessed and regularly reviewed.

### Is the service effective?

**Good**

The service was effective.

People were supported by staff who were suitably trained, supervised and appraised.

People had consented to their care and support. The service had policies and procedures in place to assess people's capacity, in line with the Mental Capacity Act (2005).

People's health and nutritional needs had been assessed, recorded and were being monitored.

### Is the service caring?

**Good**

The service was caring.

Feedback from people and relatives was positive about both the care workers and the provider.

People and relatives said the care workers were kind, caring and respected their privacy and dignity. Most people received care

from regular care workers and developed a trusting relationship.

People and their relatives were involved in decisions about their care and support.

## Is the service responsive?

Good

The service was responsive.

People's individual needs had been assessed and recorded in their care plans prior to receiving a service, and were regularly reviewed.

There was a complaints policy in place. People knew how to make a complaint, and felt confident that their concerns would be addressed appropriately.

## Is the service well-led?

Good

The service was well-led.

There were systems in place to assess and monitor the quality of the service. The service conducted a telephone monitoring service and carried out quality visits to people's homes.

People knew who the manager was and knew how to contact them when required.

Staff thought their manager was supportive and approachable.

# MiHomecare - Hillingdon

**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 27 April and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection was carried out by a single inspector. An expert-by-experience contacted people who used the service and their relatives by telephone. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who supported this inspection had experience of domiciliary care services.

Before the inspection we looked at all the information we held about the provider including notifications of significant events that occurred at the service.

During the inspection we looked at the care records of six people who used the service, three staff files and a range of records relating to the management of the service. We met with the registered manager, the regional manager, the field supervisor, the care coordinator and the administrator.

Following the inspection, we telephoned 10 people who used the service and three relatives to obtain feedback about their experiences of using the service. We also contacted and obtained feedback from five care workers by email. We also obtained feedback from two social care professionals involved in the care of people who used the service.

Requires Improvement

# Is the service safe?

## Our findings

The provider did not always manage people's medicines safely. The manager told us that all medicines were supplied in blister packs and staff were required to sign when the medicines had been given. The provider used their own Medicines Administration Record (MAR) charts, and we were told that the pharmacist was not able to issue MAR charts to individual people who used the service. However this meant that medicines details were handwritten by staff on the MAR charts and staff did not sign for individual medicines. We were told that until recently, staff were signing for individual medicines but they had been required by the provider's quality assurance team to stop doing this and sign only once for the administration of all the medicines. This meant that people were at risk of not receiving their medicines as prescribed, and medicines audits carried out were not effective in identifying errors.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care workers supported people with either prompting or administering their prescribed medicines. We saw a sample of five MAR charts which had been completed over several weeks when care workers were expected to sign for individual medicines administered. It showed that the care workers had administered all the medicines as recorded on the MAR charts and there were no gaps in signatures. Medicines risk assessments were in place and were reviewed to ensure they were accurate. These included where medicines were stored, if the person was aware of their medicines and the level of support they required. For each medicine, there were instructions to staff to ensure people received their medicines safely, such as, "Take before food", "Do not take with indigestion remedies" and "Swallow whole." We saw training records showing that all staff had received training in the administration of medicines. They received annual refresher training and we saw evidence that their competencies were assessed. The care coordinator carried out regular spot checks in people's homes to ensure that people were supported with their medicines. They collected the MAR charts from people's own homes and brought them back to the office for the manager to check and sign off. This meant that the manager had taken steps to protect people against the risk of not receiving their medicines as prescribed.

People told us they felt safe and happy with the service. Comments included, "Yes I am happy and feel safe because I know them and they know me", "I feel safe because I can trust them" and "I do feel safe, they are very kind." One relative told us that the service was good and said, "My [family member] is safe with her carer." Another relative was not so positive and told us that when new staff replaced regular ones, the service was not as good. They added, "It would be better if they didn't rush."

The service used an electronic call monitoring system which ensured service delivery was timely and monitored accurately. The system recorded and reported the start, end and duration of every visit in real time, accumulated the total hours and the real time whereabouts of the care workers. This enabled the agency to take proactive action during instances of late or missed calls. Alarms were raised in real time when care workers had not logged on. This system provided a full audit trail and a record of actions taken. It was used to audit delivered hours against commissioned hours and to ensure no missed

or late visits had occurred.

Staff had completed training in safeguarding adults and were able to demonstrate knowledge in this subject. The service had a safeguarding policy and a whistleblowing policy was available to staff. Care workers were able to tell us what they would do if they suspected someone was being abused. They told us they would report their concerns to their manager or the local authority. The manager raised alerts of incidents of potential abuse to the local authority's safeguarding team as necessary. They also notified the Care Quality Commission (CQC) as required of allegations of abuse or serious incidents. The manager worked closely with the local safeguarding team to carry out any investigations. Management plans were developed and implemented in response to any concerns identified to support people's safety and wellbeing. Records we viewed confirmed this.

Where there were risks to people's safety and wellbeing, these had been assessed. These included general risk assessments of the person's home environment to identify if there would be any problems in providing a service and carrying out falls risk assessments. Risks were assessed at the point of initial assessment and regularly reviewed and updated where necessary. This included a skin integrity risk assessment for a person who was bed bound which identified a high risk of skin deterioration. We saw evidence that the manager had made a referral to the appropriate healthcare professional and that suitable pressure-relieving equipment such as an air mattress and sliding sheet were provided. This indicated that the service took appropriate steps to minimise identified risks to people who used the service.

The provider employed a sufficient number of staff to meet people's needs, and there were systems in place to ensure that staff absences were appropriately covered and people received the care as planned. The manager told us they were sometimes required to use agency staff and ensured that they came from a reliable agency, and had received appropriate training and recruitment checks. We saw records of all agency staff used and evidence that they had been suitably trained and had met all the requirements.

Most people told us the care workers arrived on time and stayed for the agreed length of time, attending to all the required tasks. One person said, "[Care worker] is wonderful, and always on time." However, one relative told us, "Sometimes the carer is running late and nobody tells us." One person told us their care worker arrived too early, and said, "I am not happy because she comes too early. She is supposed to come at 9am but she comes at 7.50am." People told us they generally had the same regular care workers and had built a good relationship with them.

There were appropriate procedures in place for recruiting staff. These included checks on people's suitability and character, including reference checks , a criminal record check such as a Disclosure and Barring Service check (DBS) and proof of identity. New care workers attended a formal interview. Care workers confirmed that they had gone through various recruitment checks prior to starting working for the service.

There were protocols in place to respond to any medical emergencies or significant changes in a person's wellbeing. We saw care records which indicated that staff recorded and reported any concerns when they visited people. One person told us, "My carer is kind and always notices if I am not well." The manager told us that they contacted the relevant healthcare professionals as necessary to ensure that people received treatment as necessary. This meant that people received medical attention without delay.

People and their relatives as well as care workers had the contact numbers of the office and the out of hours number in case of emergency. The manager told us that people always received the care they needed because they had a contingency plan in place to cover calls. This included a contingency plan in place for

each person who used the service, where their needs were assessed and rated as Band A (red), "priority and critical", Band B (amber), "required, not time critical" and Band C (green), "desired (phone check)." This enabled staff to attend to people's needs according to priorities in the event of staff shortage or other unexpected emergency.

There were very few accidents and incidents recorded and the manager told us they had not had any recently. However we saw that where they had happened, these had been recorded appropriately and there was evidence of follow up actions.

Good

# Is the service effective?

## Our findings

People's capacity to make decisions had been assessed and they had been asked to consent to their care and treatment. Decisions had been made by the person or in their best interests by people who knew them well. People told us they had been consulted about their care and had agreed to this. 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. We checked whether the service was working within the principles of the MCA.

We saw that people had signed consent to their care and treatment from the agency. Where people were unable to sign there was a record of their verbal agreement or their needs had been discussed with their representative who had signed their agreement. The manager told us that if they were made aware that people were no longer able to make decisions about their care and support, they would contact the local authority to organise a review and make sure that any decisions were made in the person's best interests and authorised through the Court of Protection.
The staff had received training in the MCA during their induction and told us they understood its principles.

People and their relatives spoke positively about the care workers and the service they received. People said that the care workers knew what they were doing and had the skills and knowledge they needed to support them with their needs. One person said, "Yes I am happy with the service because it is the same people, they are lovely", and another told us, "There is nothing they could do to make it better, it's lovely" and "Yes the carer is trained and very skilled." One relative confirmed that their family member was satisfied with the service and said, "Yes my [family member] has a permanent carer, and she is well trained." However one relative had mixed views about the service and the care workers and told us, "Some of the carers are trained, others are not very good. To make things better they should stop the new carers."

The care workers told us they were able to speak with the senior staff to discuss people's needs anytime they wanted. One care worker said, "If I needed to talk to someone, I would call [manager] in the office." We saw from the daily care records that any changes to people's conditions were recorded and this prompted a review of their needs, or a referral to the relevant professional. This included a referral to the relevant healthcare professional for a person who was at risk of pressure sores.

People said that care workers communicated appropriately with them. One person said, "My carer is kind. She talks to me and asks me how my day was" and another told us, "My carer is great, she always chats to me." Most people had built a relationship with their regular care worker, and told us that it helped them because they knew them well and could communicate effectively.

People's nutritional needs were assessed and recorded in their care plans. This included their dietary requirements, allergy status and weight. Some people required support at mealtimes such as warming up already prepared food of their choice. Daily care records we viewed described the support given to people, what they ate, and whether there were any concerns regarding their nutritional status or weight.

People were cared for by staff who were appropriately trained and supported. New care workers undertook an induction period which included nine modules of online training followed by a shadowing period with a senior member of staff. This helped people who used the service to get used to new staff and for the care workers to learn the job thoroughly before attending to people's care needs. At the end of the shadowing period, new care workers were assessed by a senior member of staff to ensure they were competent and had acquired the necessary skills to support people in their own homes. However one care worker told us that some new staff could do with more training before being allowed to work, and would also benefit from shadowing one person rather than several people.

Records of staff training showed that they had received training in areas the provider identified as mandatory, such as health and safety, moving and handling, infection control, safeguarding, medicines management and dementia awareness. Care workers told us they received annual refreshers and had their knowledge regularly assessed. They told us this enabled them to feel confident about delivering care to people. One care worker told us they enjoyed the training offered but added, "Online training I don't think works, I prefer good old fashioned in-house training." The agency offices had a well-equipped training room, which included equipment used for moving people safely so care workers could practice and be assessed using this. The manager told us they had introduced the Care Certificate for all new care workers recruited. The Care Certificate is a nationally recognised set of standards that gives care workers an introduction to their roles and responsibilities within a care setting. Training records confirmed that staff had completed the training identified by the provider to deliver care and support to the expected standard.

Care workers told us they were supported through one to one supervision meetings with their manager. We saw evidence in staff records we checked that issues were raised and discussed. This included where it had been identified during a spot check that a care worker was not using moving and handling equipment provided for a person using the service. This was discussed in their supervision, and additional moving and handling training provided. We also saw that a competency assessment was carried out before allowing the care worker to deliver care to people. Staff also received an annual appraisal where they were given the opportunity to reflect on their performance and identify any training needs. This meant that people were being cared for by care workers who were suitably supervised and appraised.

Care workers told us they felt "well supported" by the manager and the rest of the team. We saw in the staff files that spot checks were undertaken regularly. These included checks on the care worker's punctuality, whether they wore their name badges, and if people were happy with the care and support they received.

Good

# Is the service caring?

## Our findings

All but one of the people and their relatives were complimentary about the service and the care they received. People said that carers were kind and respectful. Some people's comments included, "Yes, she is kind, like a friend. I like her and I think she likes me", "Yes they are kind.", "She is kind and treats me with dignity and respect", "Could not be better. She is lovely", "Yes I think the carers treat [family member] with dignity", "I could not wish for better, they are all so kind." However one person was not so positive and said, "No they don't treat [family member] with respect and dignity. It would be better if they didn't rush."

Care plans indicated that people were treated with dignity and that staff respected their human rights and diverse needs. The language used in care records was respectful and from the person's perspective. Details of the support required for one person included, "Please assist [person] with personal care, assist with medication then prepare and serve breakfast of choice. Ensure Careline is on." Most people told us they were involved in decisions about their care and support, and had signed to give consent for their support. However, not all the people we spoke with were aware they had a care plan. One person said, "I haven't seen my care plan file, there have been no meetings" and another told us, "I haven't seen a care plan." One person was not sure what a care plan was but said, "I am not sure about a care plan but my carer writes in a book." One relative told us, "Yes he has a care plan and a review meeting takes place every three to six months."

People were supported by caring and respectful staff. Care workers recorded the support they provided for people in a daily log. We saw that the language used was respectful and caring. Some of the comments recorded included, "Reassured [person] throughout and chatted about various things. [person] much more cheerful on leaving", "[Person] is fine, we had a lovely chat, all ok." We saw evidence that a conversation had taken place where a person who used the service had expressed to their care worker that they did not like to be alone. The care worker had discussed the possibility of them attending a day centre.

People's files contained a signed "dignity promise" which included statements such as, "I will call you by the name you prefer", "I will do all I can to keep you safe" and "I will treat you with dignity, respect, courtesy and consideration."

People told us they had regular care workers and had built a relationship with them. Care workers talked of valuing people, respecting their rights to make decisions about the care they received and respecting people's diverse needs. One care worker said, "I love my job and caring for people", and "we are here for our clients."

Care workers confirmed that the care plans contained relevant and sufficient information to know what the care needs were for each person and how to meet them. The service carried out regular monitoring visits, reviews and telephone calls. They indicated that people were happy with the service and the support they received.

Good

# Is the service responsive?

## Our findings

There were processes in place for people and relatives to feedback their views of the service. The manager told us they did not send questionnaires out to people but carried out regular telephone monitoring to obtain feedback about how people were being cared for, if their care needs were being met and if the care workers were reliable and punctual. They also carried out unnanounced spot checks and quality monitoring visits. We viewed a sample of these which confirmed they were regular and indicated that people using the service were very happy with the service and the care and support they received.

Care plans we looked at were clear and contained instructions for care workers to follow to ensure people's needs were met. They were developed from the information gathered from the general needs assessments. They were based on people's identified needs, the support needed from the care workers and the expected outcomes. Most people told us they had received a visit from the care coordinator or the manager and had taken part in the planning of their care. However, others were unable to remember if they had or not. One person told us, "I do remember meeting [manager], we had a chat" and another said, "We had a meeting a few months ago, and yes I was asked my views." One relative said they had been involved in the planning of their family member's care. They said, "Yes my [family member] took part in the care planning, and I was involved too."

Support plans were person-centred and took into consideration people's choices and what they were able to do for themselves.This included, "What is working well", "What is not working well" and "What is important to me" and "What outcomes I would like to achieve when receiving support." Support plans were split into sections which included medical background, dietary requirements, religious and cultural needs, physical ability and social needs, support required, agreed length of visits and detailed instructions for care workers to follow at every visit, such as "Assist me with the clothes of my choice", "Please assist me with a strip wash" and "Please ensure I have enough fluids for the day."

People's needs were assessed and the support and care provided was agreed prior to the start of the visits. The initial assessments were carried out by the local authority. Records indicated and people and their relatives confirmed that they were involved in these assessments. Information related to mobility, medicines, care needs and personal preferences was recorded so that comprehensive information was available.

People described a variety of support they received from the service. Those asked thought that the care and support they received was focussed on their individual needs. One person told us, "My carer makes me my breakfast, cereal, tea and a glass of water. She does all the jobs, every time." One relative said, "My [family member] is happy with her carer. She does all the jobs well and gives her the support she needs."

All the people we spoke with told us they had a daytime contact number of the office and an out of hours number which they would use if they had concerns or worries. People told us they had not needed to use the office number. However one relative told us, "There are not many people in the office, the phone goes to voicemail." People who used the service were given a guide which contained all the relevant information

about the service.

We saw evidence of review meetings in the care records we looked at. The manager told us they carried out six monthly reviews unless a person's needs had changed, in which case they would bring a review forward. This included someone who had spent some time in hospital and required additional support. This meant that the service was responsive to people's needs and took appropriate steps to meet those needs.

We looked at a sample of daily care records of support and found that these had been completed at every visit and described a range of tasks undertaken, including information regarding people's wellbeing, social interactions, or anything relevant to the day. We saw that records were written in a person-centred way showing respect and care for the person receiving support.

The service had a complaints policy and procedure in place. This information was supplied to all people using the service. People and relatives we spoke with told us they were aware of the complaints policy. One person told us, "I have not had to make a complaint, I don't need to", another said, "I have never had to complain about anything." One relative said, "My [family member] knows she can make a complaint but she has not wished to. If she was unhappy, she would tell me and I would complain for her, but all is ok."

The manager kept a log of all complaints received. This included the date and details of the complaint, and whether it was upheld, not upheld and partially upheld. We saw that complaints were acknowledged by letter immediately and were thoroughly investigated and appropriately responded to. We viewed details of a complaint from a person who used the service who was unhappy with the care received at weekends. Records showed that the manager undertook a thorough investigation and put in place an action plan, which included taking appropriate action with the carers and ensuring the person using the service had a regular carer allocated to them with immediate effect. Comments from the person indicated they were satisfied with the outcome. The manager told us that following a complaint from another person who used the service, they ensured that they visited the person every week to ensure they were happy and did not have any other concerns. Records we looked at confirmed this and showed that the person was very happy with the visits. This indicated that the manager took people's concerns seriously and put appropriate measures in place to address these.

Good

# Is the service well-led?

## Our findings

Most people we spoke with told us they knew who the manager was and some had met them. One person told us, "The manager is [manager's name]. I have met her. She is very friendly and approachable" and another said, "Yes I know the manager, she is very nice and friendly." However one person told us they did not know who the manager was and said, "No, I don't know who is the manager, I have never met them." One relative said, "No, my [family member] does not know the manager, but maybe she has met them." Most people said they had contact with the field care coordinator and met with them regularly.

Most people thought the service was well-led. Some of their comments included, "Yes I think the service is good and well managed", "I am very happy with the service", "There is nothing I would change, it is very good" and "The manager is very good and I am happy with the service."

We saw memos to staff informing them when a staff meeting was organised, however, the manager told us that staff did not usually attend because the office was too far from their area of work. The staff we spoke with told us the manager kept them informed and they knew they could speak with them anytime they wanted. One care worker said, "Communication is really good with the office. We get informed of everything regarding our job. We get our rotas and we know what we are doing." However, the lack of meetings meant that subjects such as training, safeguarding, incidents and accidents or any other relevant topics could not be discussed as a group and there was a risk that staff would not feel suitably supported.

The manager told us they carried out regular telephone monitoring with people to obtain their feedback about the attitude of the care workers, their punctuality, honesty and professionalism, and whether they were treated with respect. We checked records of all the recent monitoring forms and saw that they were rated as excellent or very good. Some people confirmed that they had been asked their views of the quality of the service that was provided. They told us they received telephone calls to check how they were and if they had any concerns. One person told us, "I filled out a survey a few months ago." Some relatives confirmed that their family members had been asked their views of the service. One told us, "They asked for her views months ago, they came to our house."

The field care coordinator was involved in audits taking place in people's homes. They included medicines audits, spot checks about the quality of care people received, environmental checks and health and safety checks. We viewed a sample of audits which indicated they were thorough and regular.

The manager had been in post for two years and was supported by a care coordinator, a field care coordinator and an administrator. They shared the office space with another branch of the company and told us they often supported and helped each other. The office staff told us that the registered manager was approachable and supportive. One office staff member told us, "The manager is very good, she listens to you, any issues I flag up are dealt with. She is very supportive, and so are the other members of the team. I cannot fault them, they are superb!"

The manager was studying for a nationally recognised qualification at level 5 in Health and Social Care and

told us they were hoping to complete this shortly. They told us they had attended provider forums in the past and various care conferences and kept themselves abreast of developments within the social care sector by accessing relevant websites such as that of the Care Quality Commission (CQC).

Staff told us they felt supported by the management team and found them supportive and professional. One care worker told us, "My manager has been fantastic. Great communication skills. She has been able to help and support me with problems or concerns at work with my job or service users. She has ensured all training and information is kept up to date, overall, she is a great asset to the company. The office staff are fantastic. Rotas are always on time, and they are friendly and approachable."

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 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Medicines were not being properly and safely managed.<br><br>Regulation 12 (2) (g) |