Enterprise Care Support Ltd

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Inspection report

Mitcham Parish Centre
Church Path
Mitcham
Surrey
CR4 3BN

Tel: 02086408081
Website: www.enterprisecaresupport.org.uk

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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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This service is a domiciliary care agency. It provides personal care and support to people living in their own homes in the community. At the time of our inspection 60 mainly older people who were living in the London Boroughs of Camden, Merton, Wandsworth and Lambeth, as well as the County of Surrey, received a home care service from this agency. People had a wide range of health care needs and conditions such as dementia, mental ill health, learning disabilities, physical disabilities and sensory impairments. The agency also specialised in providing a home care service, although not exclusively, to people who spoke a range of Asian languages.

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

When we completed our previous comprehensive inspection of the service on 1 November 2016 we found concerns relating to the provider not appropriately maintaining medicines administration record (MAR) charts and not displaying their most recent Care Quality Commission (CQC) performance assessment (known as performance rating). At this time these topic areas were included under the key questions of safe and well-led. We reviewed and refined our assessment framework and published the new assessment framework in October 2017. Under the new framework these topic areas remain included under the key questions of safe and well-led.

We carried out a follow-up focused inspection on 27 April 2017 to check the provider had improved their arrangements for displaying their previous CQC report and rating in order to comply with their legal requirements. At the time of our focused inspection we found the provider had resolved the aforementioned issue and now met the regulations and fundamental standards. This meant people now had a much fuller picture of the service prior to requesting care from them. However, we continued to rate them 'requires improvement' overall because we needed to see the service could consistently maintain this improvement over time.

At this comprehensive inspection we found the provider continued to conspicuously display their most recent CQC report and rating both at their offices and on their website. However, we have continued to rate

the service 'requires improvement' overall and for the two key questions is the service 'safe' and 'well-led?' This is because we found two new issues in relation to medicines record keeping and management oversight. This will be the third consecutive time the service has been rated 'requires improvement'.

More specifically, during this inspection we found the provider was still not following best practice guidelines for the recording of the administration of medicines. This meant it was unclear if people had received their medicines and if they had, who had administered them.

Furthermore, although we saw the provider had established some good governance systems to assess and monitor the quality and safety of the care and support people received; we found these measures were not always operated effectively. For example, as described above we identified large numbers of omissions on MAR charts where care workers had failed to sign for medicines they had administered. This meant the provider had either failed to pick this issue up as part of their quality monitoring audits and spot checks on care worker practices during scheduled visits, or if they had identified this trend, failed to take appropriate and timely action to resolve this on-going problem. This indicates the provider was not always sufficiently monitoring or improving all aspects of the service so that people experienced good quality, safe care.

These failings represent two new breaches of the Health and Social Care (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

We also received some mixed comments from community professionals we contacted about care workers being late or missing scheduled visits. Specifically, they were concerned about second care workers that were needed to safely use mobile hoists were often running late or missing visits all together. The provider told us they were in the process of introducing a new centralised electronic system that would allow the care coordinators to closely monitor staff punctuality and length of their stay. This would help the provider plan care worker's scheduled visits more effectively.

The negative points described above notwithstanding people felt safe using the service and with their regular care workers. There were robust procedures in place to safeguard people from harm and abuse. Care workers were familiar with how to recognise and report abuse. The provider had assessments and management plans in place to minimise possible risks to people, which included infection control and safe food handling measures. Staff recruitment procedures continued to prevent people from being cared for by unsuitable care workers.

Care workers received appropriate training and support to ensure they had the right knowledge and skills to effectively meet people's needs. Managers and care workers adhered to the Mental Capacity Act 2005 code of practice. People were supported to eat healthily, where the agency was responsible for this. Care workers also took account of people's food and drink preferences when they prepared meals. People received the support they needed to stay healthy and to access healthcare services.

People and their relatives told us they were happy with the care and support provided by their regular carer workers. Care workers treated people with dignity and respect. They ensured people's privacy was maintained particularly when being supported with their personal care needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People received personalised support that was responsive to their individual needs. People were involved in planning the care and support they received. Each person had an up to date support plan. People felt comfortable raising any issues they had about the provider. The service had arrangements in place to deal

with people's concerns and complaints appropriately.

The provider had an open and transparent culture. They routinely gathered feedback from people using the service, their relatives and staff. This feedback alongside the provider's own audits and quality checks was used to continually assess, monitor and improve the quality of the service they provided. Care workers felt supported by the registered manager/owner and senior staff.

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. Medicine charts were not appropriately maintained and this lack of accountability as to the process that was being followed by care workers handling medicines meant we could not be sure people's prescribed medicines were being managed safely.

There were enough competent staff available who could be appropriately matched with people using the service to ensure their needs were met, although we received some mixed comments from community professionals about staff not always turning up for their scheduled visits.

There were robust procedures in place to safeguard people from harm and abuse. Staff were familiar with how to recognise and report abuse.

The provider had assessments and management plans in place to minimise possible risks to people, this included infection control and food handling measures.

Staff recruitment procedures continued to prevent people from being cared for by unsuitable staff.

Is the service effective?

Good

The service was effective.

Staff continued to receive appropriate training and support to ensure they had the knowledge and skills needed to perform their roles effectively.

Staff were aware of their responsibilities in relation to the MCA.

People were supported to eat healthily. Staff also took account of people's food and drink preferences when they prepared meals.

People were supported to stay healthy and well. If staff had any concerns about a person's health appropriate support was sought.

Is the service caring?

Good

The service was caring.

People said staff were kind, caring and respectful.

Staff were thoughtful and considerate when delivering care to people. They ensured people's right to privacy and to be treated with dignity was maintained, particularly when receiving personal care.

People were supported to do as much as they could and wanted to do for themselves to retain control and independence over their lives.

Is the service responsive?

Good

The service was responsive.

Care plans reflected people's choices and preferences for how care was provided. These were reviewed regularly by the registered manager.

People knew how to make a complaint if they were dissatisfied with the service they received. The provider had arrangements in place to deal with people's concerns and complaints in an appropriate way.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led. Although systems were in place to monitor and review the quality of service delivery; these governance systems were not always effectively operated because they had failed to identify a number of concerns we had found during this inspection.

The provider routinely gathered feedback from people using the service, their relatives and care workers. This feedback alongside the provider's own audits and quality checks was used to continually assess, monitor and improve the quality of the service they provided.

Enterprise Care Support Limited

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.

The inspection was undertaken by one inspector on 15 and 16 November 2017 and was announced. We gave the provider 48 hours' notice of the inspection because managers are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that the registered manager/owner would be available to speak with us on the day of our inspection.

Before the inspection we reviewed the information we held about the provider and the location. This included previous inspection reports and notifications the provider is required by law to send us about events that happen within the service. We also used information the provider sent us in November 2017 in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

On the first day of the inspection we visited the agency's offices and their day centre located in the same building. Throughout our inspection we spoke with a range of people about this service either in person, by telephone or email. This included four people using the service, two relatives, four adult social care commissioners/professionals, the registered manager, the deputy manager and six care workers.

We also spent time looking at records. We checked care documents in relation to six people who received care and support and eight staff files. We also reviewed records that related to the overall management and

quality of the service provided. This included 30 medicines administration sheets, various quality assurance audits, the complaints log, and accidents and incident reports.

Requires Improvement

Our findings

When we completed our previous comprehensive inspection of this service on 1 November 2016 we found concerns relating to care workers not always following best practice guidelines for the recording of medicines they had administered. This meant it was unclear if people had received their medicines and if they had, who had administered them.

At this inspection we found no improvements had been made to the way care workers kept medicines records, although people confirmed they continued to receive their medicines on time. However, we still found large numbers of omissions on MAR charts where care workers had failed on numerous occasions to sign for medicines they had assisted or prompted people to take. None of the MAR charts we looked at represented a clear record of medicines administered contrary to the provider's medicines recording policy and procedures. This lack of accountability as to the process that was being followed by care workers handling medicines meant we could not be sure peoples prescribed medicines were being managed safely.

This represents a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were enough staff to support people. People told us the agency always informed them who their care worker/s would be and what time to expect them.

However, although people using the service and their relatives told us they had no major concerns about care workers being late or missing scheduled visits, two out of four community professionals we contacted said there was an issue with care workers missing scheduled visits and these absences not always being covered by the agency in a timely manner. Specifically, double up care workers that were needed to safely use mobile hoists to transfer people sometimes ran late or missed their scheduled visit altogether. A community professional gave us several examples of instances when care workers had asked relatives to help them use a mobile hoist to transfer their family member when a second care worker had failed to turn up for their scheduled visit. Comments we received from community professionals included, "Unfortunately I receive regular complaints of care workers not turning up on time or together in cases when 2 care workers are required" and "Carers sometimes arrive early, late or not at all, resulting in tasks being missed or rushed. This is a real problem when two carers are needed to be on site at the same time to transfer people using a mobile hoist".

We discussed the issue of time keeping with the registered manager who acknowledged this was an ongoing

problem. They told us in response to ongoing concerns raised they planned to install a centralised electronic system which would enable supervisors to track the exact start and finish times of care workers scheduled visits. The registered manager told us the new staff monitoring system would be fully operational within the next six months. In the interim the registered manager also told us they would instruct the services two supervisors to remind care workers about the importance of punctuality on visits during individual and group meetings, which the supervisors would closely monitor. Progress made by the service to achieve these stated aims will be assessed at their next inspection.

People were protected by the prevention and control of infection. People told us care workers always had enough disposable gloves to provide their personal care. We saw the provider had an infection control policy which had recently been reviewed. Care workers told us they had received up to date infection control training and confirmed the agency gave them ample supplies of Personal Protective Equipment (PPE) such as disposable gloves, shoe covers and aprons. Training records confirmed that all staff had completed training on infection control.

Care workers followed correct food hygiene procedures, where the service was responsible for this. People told us care workers who handled and stored food on their behalf did so in a hygienic and safe way. For example, two people said their regular care workers always washed fruit before offering it to them. We also saw good practice guidance for care workers about basic food hygiene was available in the employee handbook, which was given to all new staff.

However, care workers who were sometimes responsible for handling food confirmed they had not completed any food hygiene training. This meant there might be lapses in good food hygiene practice. We discussed this training shortfall with the registered manager who acknowledged the issue and told us they had made firm plans for all staff to receive basic food hygiene training within the next six months.

People and their relatives told us they felt safe receiving a home care service from this provider. One person said, "I feel safe with my regular carers". The provider had robust systems in place to identify report and act on signs or allegations of abuse. Staff had received up to date safeguarding adults at risk training and were familiar with the different signs of abuse and neglect, and the appropriate action they should take immediately to report its occurrence. We looked at documentation where there had been safeguarding concerns about people and saw the provider had taken appropriate action, which they followed up to ensure people remained safe and to prevent reoccurrence of similar concerns.

The service respected equality and diversity. The provider had up to date equality and diversity policies and procedures in place which made it clear how they expected care workers to uphold people's rights and ensure their diverse needs were respected. Care workers demonstrated a good understanding of how to protect people from discrimination and harassment. The registered manager told us all care workers were in the process of completing equality and diversity training. This was confirmed by care workers we spoke with.

Measures were in place to reduce identified risks to people's health, safety and welfare. Senior supervisors assessed risks to people due to their specific health care needs, which were continuously reviewed. We saw risk management plans were available for staff to follow and keep people safe. For example, we saw moving and handling risk assessments included risk management plans associated with falls prevention, the safe use of mobility hoists and people's home environment, which included fire safety. Staff demonstrated a good understanding of risks to people they supported. Where care workers were expected to use equipment to support people in their own homes, such as mobile hoists, we saw the provider ensured this was regularly

serviced and maintained.

The provider's recruitment processes helped protect people from the risk of employing unsuitable staff. Recruitment procedures were in place that enabled the provider to check the suitability and fitness of staff they employed to support people living in their own home. Care workers told us the provider completed these checks before they were allowed to work unsupervised with people using the service.

Good

Our findings

The service ensured staff had the right skills and knowledge to deliver effective home care to people they supported. People told us their regular care workers were competent. Typical comments we received included, "Our regular carers are really good at their jobs and always follow my [family members] care plan" and "No complaints about our carers…They clearly know what they're doing".

New care workers received a thorough induction to achieve the competencies required by the Care Certificate. The Care Certificate is a set of identified minimum standards that health and social care workers must achieve so they have the same introductory skills and knowledge. New care workers also shadowed experienced care workers on a number of scheduled visits until they were confident to provide support independently. This was confirmed by two relatively new care workers we spoke with. One worker told us, "My induction was very thorough".

Care workers demonstrated a good understanding of their roles and responsibilities. An electronic monitoring system had been introduced by the provider to ensure staff stayed up to date with their training. Records indicated staff had recently completed training in dementia awareness, moving and handling, the safe management of medicines, fire safety, first aid, health and safety and record keeping. In addition, new care workers received an employee handbook which provided them with guidance about the agency's expectations regarding their information about behaviour and dress code at work. Care workers told us they often used the handbook as a quick reference guide.

Care workers spoke positively about the training they had received and most said they had access to all the training they needed to perform their jobs well. One care worker said, "I've done a lot of training lately to update my existing skills including safeguarding adults, moving and handling and infection control", while another told us, "My training has been excellent so far".

Care workers had sufficient opportunities to review and develop their working practices. Records indicated care workers attended individual supervision meetings with their supervisor and had group meetings with their fellow co-workers at least once a quarter. In addition, a care worker's overall work performance was appraised annually and senior supervisors carried out direct observations of care workers on duty during scheduled visits approximately every eight weeks. Several members of staff told us they felt they got all the support they needed from the registered manager and their supervisor.

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 make 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. Any application to do so for people living in their own homes must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. All staff had received training on the MCA. Records showed people's capacity to make decisions about their support was considered during assessments of their care needs by the agency. There was involvement with people's representatives and health and social care professionals, where people lacked capacity to make specific decisions about their care to ensure these were made in people's best interests.

Care plans included guidance for care workers on consent and the person's capacity to make decisions. The provider reminded care workers to explain the care and support they provided and offer choices to people routinely. We saw people using the service, or their representatives, signed care plans to indicate they agreed to the support provided. Care workers told us they asked people for their consent before delivering care or treatment and respected people's decision if they refused support.

People were encouraged to eat and drink sufficient amounts to meet their needs, where the service was responsible for this. The level of support people required with this varied and was based on people's specific health care needs and preferences. Care workers monitored the food and drink intake of people who had been assessed as being at risk of malnutrition or dehydration to ensure these individuals continued to eat and drink adequate amounts. Where there were concerns about this, appropriate steps were taken to ensure people were effectively supported.

People were supported to stay healthy and well. Care workers maintained records in relation to people's health and well-being following each scheduled visit. This information was recorded in an individual's care plan. This meant others involved in people's care and support had access to information about their health and wellbeing. When care workers had concerns about an individual's health and wellbeing we noted they notified their line manager so that appropriate support and assistance could be sought from the relevant health care professionals. A care worker told us they had contacted a GP on behalf of someone they regularly supported after they saw their health had significantly deteriorated during a recent scheduled visit.

Good

Our findings

When we completed our previous comprehensive inspection of this service on 1 November 2016 we found concerns relating to the provider not always ensuring care workers with the right knowledge, skills and experience were appropriately matched to people they supported. Specifically, the agency had failed to meet some people's communication or cultural needs by not matching care workers they already employed with people who they spoke the same language as or shared the same culture and/or faith, for example.

At this inspection we saw improvements had been made to the providers matching process. People told us they could state if they preferred to be supported by a member of staff of the same gender or whose cultural background closely matched their own. During our inspection we met a person that could not speak English who the registered manager confirmed had been assigned care workers who spoke their first language. The registered manager also told us at the bequest of relatives they had recently matched a person using the service with care workers who practised the same religion.

People were involved in making decisions about the home care service they received from this agency. Care plans we looked at included information about people's specific communication needs and what support they required from staff to ensure they were involved in planning their care. For example, it was clear in one care plan we looked at that care workers who regularly supported a person with a hearing impairment needed to speak slowly and use plain and simple language to ensure this individual could always understand what was being explained to them. Their care plan also reminded care workers to offer daily choices and allow the person time to indicate their preferences.

People told us they were happy with the standard of care and support they received from this agency. People typically described the care workers who regularly supported them as "kind" and "considerate." One person said, "My carers are always nice to me and my family. I can't fault them". Another person told us, "I'm very happy with the overall standard of care we get from Enterprise, especially my regular carers." We received equally complimentary comments about care workers from all the community professionals we contacted. Typical feedback included, "Enterprise do manage some complex packages of care very well" and "They [the agency] do some good work with my clients." We also saw the agency had received 10 written compliments in the last 12 months from people who had been satisfied with the care and support provided by this agency.

Staff treated people with respect and dignity. People told us their care workers always respected their privacy. Relatives said when being supported with more personal aspects of their care, staff were discreet

and respectful of their family member and maintained their dignity at all times. Care workers spoke about people they supported in a respectful way and were able to give us some good examples of how they had upheld their privacy and dignity. For example, several care workers told us they always knocked on people's front doors or rang door bells to let them know they were about to enter their home and ensured doors were kept closed when they were supporting people with their personal care.

The service had a confidentiality policy and procedure that helped protect people's privacy. Confidentiality training was mandatory as part of new staff's induction and guidance on the provider's confidentiality policy was included in the employee handbook.

People told us they received continuity of care from their regular care workers who were familiar with their needs, daily routines and preferences. A person's relative told us, "My [family member] receives consistently good care from a dedicated group of carers who regularly visit us." Care workers told us where ever it was possible senior staff tried to coordinate their visits so they regularly provided care and support to the same group of people. This helped ensure people experienced continuity in their care from staff who were familiar with their needs and preferences. Care workers were able to tell us about the people they supported, including their care and support needs, significant people in their lives and their likes and dislikes.

The service supported people to be as independent as possible. Several people gave us examples of how their regular care workers helped them maintain their independent living skills by supporting them to continue managing their medicines, walking to the local shops and preparing some of their meals. Care plans reflected this approach and included detailed information about what each person could do for themselves and what help they needed with tasks they couldn't undertake independently, which included washing and dressing, preparing meals and managing their own medicines.

Good

Our findings

People received personalised care which was responsive to their needs. People told us the registered manager had visited them at home to complete a care needs assessment before any home care support had been provided to them by this agency. People also said they had been given a copy of their care plan. Care plans were personalised and centred on people's needs, abilities and choices. They also included detailed information about how people preferred staff to deliver their personal care and who was important to them, such as close family members and friends.

Care plans were reviewed quarterly, or much sooner if there had been changes to people's needs or choices. Where changes were identified, people's plans were updated promptly and information about this was shared with all staff. This meant staff had access to the latest information about how people should be supported.

The service helped people who were willing and capable to access their local community in order to minimise risks associated with individuals becoming socially isolated at home. As part of our inspection we visited the provider's day centre which was located in the same building and used by a number of people who also received a home care service from this agency. One person told us, "My carers always bring me to the day centre. I really enjoy coming here to meet up with my friends". Care workers we spoke with told us they felt the day centre was a great place for people who might not get out of the house much or who lived alone to come together in the local community and socialise with their fellow peers and staff. This helped mitigate the risk of individuals becoming socially isolated.

The provider's complaints procedure set out how people's concerns and complaints would be dealt with. People said they knew how to make a complaint about the service if needed. We saw a process was in place for the registered manager to log and investigate any complaints received, which included recording any actions taken to resolve any issued that had been raised. Several people gave us examples of appropriate action the agency had taken to replace care workers they did not feel they got along with particularly well. Records indicated these complainants were satisfied with the prompt way the agency had dealt with their concerns.

The registered manager told us that no one currently using the service required support with end of life care. There was a section in people's care records that people could complete if they wanted to record their wishes during illness or death.

Requires Improvement

Our findings

When we completed our previous comprehensive inspection of this service on 1 November 2016 we found concerns relating to the provider not displaying their CQC rating from their previous report. This meant people seeking a home care service may not have been in receipt of all the information they required to make an informed decision about whether or not this agency was right for them.

During this inspection we saw a copy of the most recent CQC rating clearly displayed on a notice board in the office and their website, with a link their most recent report.

The provider had established some good governance systems to monitor and review the quality of care they delivered. We saw regular audits and spot checks had been carried out by the registered manager and senior staff. These were used to monitor care workers time keeping and their moving and handling, food hygiene and record keeping practices on scheduled visits, care planning and risk assessing arrangements, staff attendance of training and individual supervision meetings, and how the service dealt with complaints, accidents and other incidents. We saw the provider had recently introduced an electronic monitoring system which automatically flagged up when care worker training or supervisions were overdue.

However, we also found these governance systems were not always operated effectively. For the second consecutive comprehensive inspection we identified large numbers of omissions on MAR charts where care workers had failed to sign for medicines they had assisted or prompted people to take. This meant the provider had either failed to pick this issue up as part of their quality monitoring audits and spot checks on care worker practices during scheduled visits, or if they had identified this trend, failed to take appropriate and timely action to resolve this on-going problem. This indicates the provider was not always sufficiently monitoring or improving all aspects of the service so that people experienced good quality, safe care.

This issue represents a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This breach notwithstanding we saw the service had a clear leadership structure in place. The service had a registered manager in post who also owned the business. They were supported by a deputy manager and two senior supervisors who oversaw staff training, quality assurance and the overall operation of the agency.

The registered manager demonstrated a good understanding of their role and responsibilities particularly

with regard to legal obligations to meet CQC registration requirements and for submitting statutory notifications of incidents and events involving people using the service.

The provider promoted an open and inclusive culture which welcomed and took into account the views and suggestions of people using the service and their relatives. One person told us, "If I have a problem I would call the office… I find the staff there easy to talk to". The provider used a range of methods to gather people's views which included face-to-face meetings with senior staff who visited people at home every eight weeks as part of the provider's quality monitoring arrangements, quarterly care plan reviews and annual satisfaction surveys. People who had participated in the provider's latest satisfaction survey which had been carried out within the last 12 months said the service they received from agency was "good".

The provider valued and listened to the views of staff. Staff spoke favourably about the way manager's and senior staff ran the agency. Staff had regular opportunities to contribute their ideas and suggestions to the management of the agency through regular individual and group meetings. Records of this contact showed discussions regularly took place which kept staff up to date about people's care and support and developments at the agency.

The registered manager worked closely with various local authorities and community health and social care professionals to review joint working arrangements and to share best practice. For example, the registered manager told us they were in regular contact with people's social workers and district nurses and frequently discussed peoples changing needs and/or circumstances with the relevant professional bodies.

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 17 HSCA RA Regulations 2014 Good governance The registered person did not operate effective systems to assess, monitor and improve the quality and safety of the home care service people using the agency received. Regulation 17(2) (a). Systems and processes had not been established or operated effectively to enable the registered person to maintain accurate and complete records of all medicines administered by staff on behalf of people using the service. Regulation 17(2) (c).