Integrity Home Care Ltd

Integrity Home Care Limited

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected this service on 28 April 2016. The inspection was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the location offices when we visited.

Integrity Home Care Limited is registered as a domiciliary care service providing support and personal care to people in their own homes. The location office is situated in the old town area of Bridlington, in the East Riding of Yorkshire. At the time of our inspection there were six people using the service.

At our last inspection of the service on 20 January 2015 we identified a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection we asked the registered provider to take action to address this breach of the legal requirements. This inspection was planned to check whether these improvements had been made and that the registered provider was now meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

During the inspection we found that our concerns had not been addressed and the service was not well-led. Records were not always well-maintained and risk assessments contained insufficient information and detail.

The quality assurance systems had not identified or resolved issues with poor record keeping.

This was a continued breach of Regulation 17 (1) (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the registered provider to take in relation to this breach at the back of the full version of the report.

Medication administration records (MARs) used to document prescribed medicine given to people using the service were not completed correctly. Audits of MARs had not addressed these issues or concerns. The registered provider did not document medication competency checks to ensure and evidence that care workers had the appropriate skills and knowledge.

This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

The registered manager accepted certificates of training completed with previous employers and did not complete competency checks with new care workers to verify that this training had equipped care workers

with the necessary skill and knowledge to enable them to effectively carry out their role. We have made a recommendation about this in the body of our report.

There were systems in place to ensure that care workers were able to identify and respond to safeguarding concerns.

Sufficient care workers were employed to meet people's needs.

People were supported to make decisions and care workers had training in the Mental Capacity Act 2005. However, people's consent to care and treatment was not consistently recorded in their care plans.

People using the service were supported to eat and drink enough and access healthcare services where necessary.

We received positive feedback from people using the service about the kind and caring attitude of care workers. People had established caring relationships with the care workers supporting them as there was good continuity of care.

People using the service told us their privacy and dignity were respected.

People using the service were complimentary about the responsive care and support provided by care workers.

People told us they were able to make complaints or raise concerns if needed and felt that the registered manager was approachable and open to feedback.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager registered with the Care Quality Commission (CQC). 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.

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.

There were systems in place to ensure that care workers were able to identify and appropriately respond to safeguarding concerns.

Risk assessments did not consistently contain sufficient detail or relevant information. However, care workers we spoke with were knowledgeable about people's needs and the support required to maintain people's safety.

There were sufficient care workers to meet people's needs.

Care workers were trained to administer medications, but medication administration records were not always completed correctly.

Is the service effective?

Requires Improvement

The service was not always effective.

There was an induction and training programme for new care workers. However, the registered provider did not complete sufficient checks to ensure that care workers were competent in their roles before starting work.

People told us that care and support was provided with their consent, however, this was not always recorded in people's care plans.

People were supported to eat and drink enough and access healthcare services where necessary.

Is the service caring?

Good

The service was caring.

We received positive feedback from people using the service about the kind and caring nature of the care workers that supported them.

There were systems in place to support care workers and people using the service develop to meaningful, caring relationships.

People using the service told us they were treated with dignity and respect and supported to have choice and control over the care and support provided.

Is the service responsive?

Good

The service was responsive.

We received positive feedback from people using the service about the responsive person centred support provided by care workers.

There was a system in place to manage and respond to complaints; people using the service told us they felt confident raising issues or concerns where necessary.

Is the service well-led?

Inadequate

The service was not well-led.

Concerns identified at our last inspection of the service had not been fully addressed. Records were not well maintained. Care plans and risk assessments did not consistently reflect the care and support being provided.

We received positive feedback from people using the service and care workers about the management of the service and the registered manager.

However, the registered manager needed to develop a robust quality assurance process to identify and address areas of concerns.

Integrity Home Care 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 registered provider was 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.

We inspected this service on 28 April 2016. The inspection was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in location offices when we visited. The inspection was completed by one adult social care inspector.

Before our visit, we looked at information we held about the service, which included information submitted in the Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also asked the local authority's safeguarding and commissioning teams if they had any relevant information about the service. They told us they did not have any information or concerns about Integrity Home Care Limited at the time of our inspection.

As part of the inspection we visited or telephoned five people using the service. We spoke with the registered manager, the assistant service manager and four care workers. We looked at three people's care records, three care worker's recruitment and training files and a selection of records used to monitor the quality of the service.

Requires Improvement

Is the service safe?

Our findings

The registered provider had an up to date medication administration policy and procedure in place and training records showed that care workers received training on how to safely administer medication. The senior carer told us that they observed new care workers administering medicines and we were shown a new checklist that was being introduced to record this process; however, at the time of our inspection there was no evidence that medication competency checks had been completed. We spoke with the registered manager about the importance of documenting medication competency checks as a means of ensuring and evidencing that training had equipped care workers with the necessary skills to safely administer medicines.

At the time of our inspection, only one person using the service required support to take prescribed medicines and this was documented in their care plan. We reviewed Medication Administration Records (MARs) used by care workers to record medication they had given to this person. We found a number of gaps in these records where care workers had not signed to record that they had given the medicines as prescribed. If MARs are not accurate and kept up to date medication errors could occur, placing people at risk of harm. We also noted that handwritten information on MARs about the medication and the dosage required had not been countersigned by a second care worker. It is considered good practice for a second care worker to countersign handwritten records on MARs to reduce the risk of a transcribing error. Audits were completed of MARs returned to the office, however, we found that these checks had not identified and addressed the concerns we found.

Although we found no evidence to suggest on-going concerns with medication errors, we were concerned that MARs were not being appropriately used to record medicines given to people using the service and the registered provider was not taking sufficient steps to monitor and ensure that medicine was administered safely and in line with best practice.

This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider had an up-to-date safeguarding adult's policy in place and provided training to care workers on how to identify and respond to safeguarding concerns. Our discussions with care workers showed us that they understood their roles and responsibilities with regards to dealing with safeguarding concerns. Care workers we spoke with described the signs and symptoms of abuse and told us they would report concerns to their senior or the registered manager if necessary. One care worker told us "Once you get to know the service users you get to know when something is wrong. I go to the same people a lot so I know when someone is unhappy."

The registered manager confirmed that there had been no safeguarding concerns about the care and support provided by Integrity Homecare Limited since our last inspection. Despite this, the registered manager appropriately described how they would use the local authority safeguarding procedures to identify and raise a safeguarding alert where necessary. This showed us that care workers and the registered manager had the necessary knowledge and skills to make sure they could respond appropriately if

safeguarding concerns did arise in the future.

We looked at three people's care files and saw that people's needs were assessed, risks identified and risk assessments put in place. Risk assessments identified risks to the individual and then documented 'Management of risk' including details about what support was required to keep people using the service safe. However, we found that risk assessments were insufficiently detailed and did not consistently provide an appropriate level of information to guide care workers on how to meet that person's needs. For example, we saw that a risk assessment recorded that a person using the service was at high risk of falls. The risk assessment did not contain details about factors that might affect the level of risk, such as the person's health needs, eyesight or environmental factors and only brief details about how this risk should be managed '[Name] will need assistance from the carer when mobilising. [Name] has a walking frame and wheeled commode to assist when mobilising.'

Despite this, people using the service told us they felt safe with the care and support provided by care workers from Integrity Home Care Limited. We asked care workers how they kept people using the service safe. One care worker said "We have regular training...we have policies and procedures to keep people and us safe and we make people aware of risks." Other care workers we spoke with talked knowledgeably about the support they provided to people to manage risks. We concluded that our concerns about risk assessments were an issue with poor recording and have addressed this in the well-led domain.

There had been no accidents or injuries since our last inspection of the service. We spoke with the registered manager about the systems in place for reporting and recording accidents and incidents; they showed us an accident and incident book they had and body maps which they would use to record details about any injuries sustained. The registered manager understood that the Care Quality Commission may need to be notified if certain accidents or incidents occurred.

The registered provider did not have a documented business continuity plan available at the time of our inspection, but we were sent a copy of this following our visit. A business continuity plan records the arrangements in place should an emergency situation such as flooding or fire at the locations offices, or the outbreak of an infectious disease or bad weather affect care workers ability to provide care and support.

We reviewed three care worker recruitment files and saw that references were obtained and Disclosure and Barring Service (DBS) checks completed for all new starters. DBS checks return information about spent and unspent criminal convictions, cautions, reprimands and final warnings. DBS checks help employers make informed decisions about whether it is safe for a person to be working with vulnerable client groups. By completing these checks, we could see that steps were being taken to ensure that only care workers considered suitable to work with vulnerable people had been employed. However, we identified that recruitment files did not evidence why references had not been obtained from previous employers and did not consistently record the date when references had been received. As such, we could not be certain that references were obtained before new care workers commenced their employment.

People using the service and care workers we spoke with did not raise concerns about staffing levels. We were told that care workers were reliable and that care and support was generally provided at the right times. We reviewed rotas which contained details of all the visits completed by care workers to people using the service. We saw that each visit was allocated to a named care worker and we saw that there were sufficient gaps between visits to allow for travel time. People using the service told us "They are very good, they are always punctual" and "They [care workers] arrive on time generally....they ring me up if they are going to be late."

The registered manager told us that care workers recorded the time they arrived at people's properties and the times they left. We were told that care workers rang the office or the senior carer in the event of sickness/absences or if they were running late and that people using the service had contact details they could ring, including out of hours, if a care worker did not turn up as planned. We were shown the system in place to ensure shifts were covered in the event of planned or unplanned absences and could see that this was being effectively used to ensure people's care and support was delivered at the planned times.

Requires Improvement

Is the service effective?

Our findings

People using the service did not raise concerns about the skills and experience of the care workers that supported them, with comments including "Most of them do their job and are very good at it."

We reviewed the registered provider's training and induction programme. The registered manager explained that training they considered to be mandatory included moving and handling, first aid, fire safety, food hygiene, infection control, health and safety, medication and safeguarding. The registered manager and assistant manager told us that they had completed a train the trainer course to enable them to deliver all the mandatory training required and we were shown training resources that had been purchased, which included information videos, supported exercises and written tests.

The registered manager said that all new care workers had met each person using the service as part of their induction. The registered manager told us that new care workers shadowed the senior carer to gain experience and confidence in their role. We asked one care worker about their induction, they said "I couldn't have learnt more in such a short space of time, they are always there to give you a helping hand."

New care workers completed some or all of the registered provider's mandatory training as part of their induction. However, where for example a care worker had completed moving and handling training with their previous employer, the registered manager explained that they accepted copies of their training certificates and did not require them to complete Integrity Home Care's in-house moving and handling training.

Whilst completing the registered provider's in-house training is not a regulatory requirement, we spoke with the registered manager about the importance of ensuring and evidencing that care workers were safe and competent in their roles. The registered manager told us that they did not complete or document any competency checks where certificates had been accepted from previous employers. Competency checks typically involve a test or observations of care worker's practice to ensure that they are working safely and in line with guidance on best practice. We were concerned that the registered manager could not verify the content or quality of training completed with previous employers and, by not completing competency checks, could not be certain that care workers had the necessary level of skill and knowledge in these circumstances.

We recommend that the registered provider finds out more about training for staff, based on current best practice, in relation to ensuring and demonstrating staff competency.

The registered manager showed us a training plan they had developed recording the training care workers had completed and the date when this training needed to be updated. This showed us that all care workers were up to date with their training, but did not reflect which training was completed with Integrity Home Care Limited and which training was completed with previous employers.

Alongside mandatory training we saw that care workers also completed training on other topics including

managing challenging behaviour, dementia care, mental capacity act and equality and diversity. A care worker told us "They are always on you to do training."

We spoke with the registered manager about care worker's supervisions. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. The registered manager told us that care workers had supervision every three months. The registered manager showed us a supervision calendar recording dates supervisions were completed and dates when supervisions were due to be completed for all care workers. We cross checked these dates with records of supervisions held in care worker's files and found it to be accurate. Records of supervision showed that care workers discussed performance, timekeeping, annual leave, achievements, any practice issues and training needs. Care workers we spoke with told us they felt supported in their roles, with one care worker commenting "The support is really good, if I have any problems or concerns they [the registered manager and assistant service manager] sort it straight away."

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. For people living in their own home, this would be authorised via an application to the Court of Protection. We checked whether the service was working within the principles of the MCA.

The registered manager told us that people using the service had mental capacity to make decisions. Despite this, we saw that nine care workers had completed training on the MCA. We also saw that the registered provider had a policy and procedure in place to guide care workers on the impact of the MCA on their caring role and this included necessary paperwork should care workers need to complete and document a mental capacity assessment or best interest decision.

Care workers we spoke with showed a basic understanding of the MCA and told us how they supported people to make decisions. People we spoke with told us they were involved in planning their care and support and that this was provided with their consent. However, we found that only one of the care plans we looked at contained a consent form evidencing that the person using the service had signed to agree the care and support to be provided. We spoke with the registered manager about recording that people had consented to the care and support provided in the care plans.

Care workers supported people using the service to prepare meals and drinks. Where this was necessary, the level of support required was documented in people's care files. People using the service gave us positive feedback about the support provided to ensure people ate and drank enough, with comments including "I have good food." People we spoke with told us that care workers prepared food that they liked and respected their choices. Where there were concerns about people's food and fluid intake, we saw that food and fluid charts were in place for care workers to monitor this. These records showed that people were encouraged and supported to eat and drink regularly; however, we spoke with the registered manager about the importance of recording the amount eaten and recording a daily fluid total to ensure that if the person had not drunk enough on a particular day, this would be identified.

Care plans contained information about people's health needs and contact details for their GP or district

nurse. Where people required assistance to access hospital or other healthcare appointments this was recorded in people's care plans with instructions to carers on arranging transport and escorting the person. This showed us that there were systems in place to support people wherever possible to maintain good health and have access to healthcare services.

Good

Is the service caring?

Our findings

People using the service were positive about the kind and caring attitude of the care workers that supported them. Comments included, "I am so happy, because I have had carers before who it is just a job for them; it's not like that with Integrity", "They are caring, we all get on" and "You wouldn't find anyone more caring if you tried."

People we spoke with told us it was important that they knew their care workers and that their care workers knew them. We observed that Integrity Home Care Limited employed a small care team. We reviewed rotas and saw that each visit was allocated to a specific care worker and the rota organised to minimise the number of different people visiting and supporting each person using the service. This meant each person using the service had a small number of care workers who visited them on a regular basis as part of a weekly routine.

People using the service told us they knew the care workers who visited them and that new care workers were introduced. Comments from people using the service included "I more or less know who they are sending" and "I can't complain...the longer they come the more you get to know them." Another person we spoke with told us "They thing I like about them is they don't send different people every day of the week. They stick to one or two people." We could see that continuity of care was an important factor in enabling care workers and people using the service to develop positive caring relationships.

We asked care workers how they got to know people using the service. Comments included "When I first started I looked in the care plans, they tell you a lot of information about the person" and "I read the support plan to find out more or less everything about them." Care workers went on to explain how they then talked with people using the service to find out more and get to know them. We reviewed people's care plans and saw that they contained information to support care workers to get to know people using the service. Our conversations with care workers showed us that they knew and understood people's needs and what was important to them.

People using the service told us that they were involved in decisions about their care and support and encouraged to express their wishes and views. Feedback included, "They do anything I ask and are very friendly" and "They treat me with respect and ask me what I want doing." Other people we spoke with said "[The care workers] do everything they are asked to."

We saw that information was available in the 'service user handbook' about advocacy services. An advocate is someone who supports people, particularly those who are most vulnerable in society, to ensure that their voice is heard on issues that are important to them.

People using the service said that the care workers treated them with dignity and respect when providing care and support. Care workers we spoke with appropriately described how they supported people to maintain their privacy and dignity. Comments included "I make sure the door is shut and people are covered up [when providing personal care]" and "I make sure the blinds are closed and ask [Name] if we can do this

or that." This showed that care workers understood the importance of treating people with respect and maintaining their dignity.

We did not identify anyone using the service that had any particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation and we saw no evidence to suggest that anyone that used the service was discriminated against.

Good

Is the service responsive?

Our findings

People's needs were assessed and care plans put in place detailing what support was required to meet those needs. Care plans contained basic information about people's history and current support needs. However, we found that people's care plans contained limited person centred information about how those needs should be met. We found that care plans contained generic statements such as 'Two carers at each call to give full support with all personal care', but noted that there was limited information about people's preferences with regards to how this support should be provided. We saw that care plans did not contain person centred information regarding other areas of people's needs, for example, recording that care workers were required to support a person to prepare their meals, but not containing person centred information about their food likes/dislikes or preferences with regards to this.

We saw evidence that care plans were reviewed and updated; one person using the service told us "They come by on a regular basis to make sure all the paperwork is up to date." However, we were concerned that care plans did not consistently reflect people's current needs or the level of support care workers told us they were providing. One person using the service had a cough assist machine and care workers we spoke with described how they provided support for the person to use this safely. However, we found that this information was not recorded in the person's care plan. We found other examples where care plans did not contain sufficient detail or reflect the support care workers told us they were providing.

Care workers we spoke with told us they met people using the service as part of their induction and shadowed the senior carer and observed how best to meet people's needs. Care workers explained that they were able to provide responsive person centred care based on their familiarity with the people they were supporting and that continuity of care enabled them to get to know people using the service.

Whilst we were concerned about the lack of person centred information recorded in people's care plans, feedback from people using the service was positive with people commenting that care workers were knowledgeable, attentive and responsive to their needs. Care workers we spoke with were able to describe the person centred support they provided to people using the service. As such, we concluded that people using the service were receiving responsive person care; however, this was not being consistently and appropriately recorded. We have addressed this issue with poor recording in the well-led domain.

We saw that a copy of people's care files was stored securely in the location office and a copy was kept in the person's home for care workers to look at and record information about the care and support provided during each visit. We reviewed these daily records and found that they contained information about the care and support provided at each visit and any important information that needed to be recorded for the next care worker visiting. This ensured that information was effectively communicated and ensured that care workers had up to date information to enable them to provide responsive care to meet people's changing needs.

People using the service told us that they felt able to raise issues or concerns if they needed to. The registered provider had a policy in place detailing how they managed and responded to complaints and we

saw that details of the complaints policy was contained in a 'Service user handbook', which was given to new people using the service.

The registered manager showed us that they had received one complaint since our last inspection of the service. Records relating to this complaint evidenced that more information had been gathered and a response provided in a timely manner. This showed us that the registered manager was responsive to concerns and acted appropriately to resolve the issue.

The registered manager showed us that care workers had also received two cards complimenting the care and support they provided, feedback in these cards included "You are all very special ladies who do a fab job and go out of your way to make people happy." The assistant manager told us they had also received a number of emails complimenting the service provided and we spoke with them about keeping a compliments log to record and share positive feedback with care workers.

Inadequate

Is the service well-led?

Our findings

At our last inspection of the service on 20 January 2015 we found that records of care worker's induction, supervision, training and care worker's competency checks had not always been completed. We found that risk assessments were not detailed enough to ensure care workers and people were protected from the risk of harm. There were no formal audits of the service available. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that not all of our concerns had been addressed. We found that whilst records of care worker's induction and supervision had improved, competency checks were still not being appropriately completed and recorded and care plans and risk assessments were still not detailed enough and did not contain relevant information about the care and support provided. We were concerned that these issues had not been addressed in the 15 months since our last inspection of the service.

We found that records were not always well-maintained and did not evidence a robust approach to risk management. We found that care worker recruitment files did not consistently record when references had been received so we could not be certain that these checks had been completed before new care workers commenced their employment. We found that recruitment records did not evidence why references had not been obtained from previous employers, although the registered manager explained that alternative references were often requested if they did not receive a response from named references. We found that competency checks were not completed to evidence, for example, that training completed with previous employers had equipped new care workers with the necessary skills to safely carry out their roles and on-going medication competency checks were not documented. Medication administration records (MARs) contained gaps where care workers had not maintained appropriate records of medicines given to people using the service.

We found that care plans and risk assessments contained generic statements about the support required, but limited person centred information about how those needs would be met and did not reflect people's personal preferences with regards to the support they wished to receive.

Risk assessments did not include important details about how best to support people. For example, one person using the service had swallowing difficulties and we saw that medical attention had recently been sought due to a choking episode, indicating that this was a high level of risk. This person's care plan and risk assessment did not include important details about how care workers told us they kept this person safe – ensuring the person sat up when eating, cutting up food into manageable sizes and being aware of certain foods or drowsiness as factors that increased the risks. This was evidence of poor recording.

We saw that quality assurance audits were completed on medication administration records and a full care file audit had been completed in December 2015 and March 2016, however, this did not identify any issues or concerns. We were concerned that audits were not identifying the problems with record keeping documented throughout this inspection report.

We concluded that the concerns identified at our last inspection of the service had not been fully addressed. The continued evidence of issues and concerns documented throughout this report raises concerns about the registered provider's ability to act on known risks and to drive improvements within the service.

This was a continued breach of Regulation 17 (1) (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This location is required to have a registered manager as a condition of registration. There was a registered manager in post at the time of our inspection. The registered manager was supported by the assistant service manager and a senior carer.

We asked people using the service if they thought it was well-led. Feedback we received was positive with comments including "[Name] in the office is very good - seems to be very efficient at their job" and "They are lovely lasses, they do their job well and are all nice ladies. I think they are a good firm."

Care workers we spoke with were positive about the support they received in their role and told us that there was an emergency mobile number that could be used to contact a senior or the registered manager for advice and guidance, including out of office hours, if there were any issues or concerns.

We asked the registered manager how they kept up-to-date with changes in legislation and guidance on best practice. They told us they received email updates when policies and procedures were changed and these included guidance on best practice. The registered manager told us they also received and communicated information through managers meetings and these were shared with care workers at team meetings.

The registered manager had managers meetings with the registered provider. We saw minutes for meetings held in January and February 2016 and saw issues affecting the service provided and suggested improvements were discussed. We saw that the registered manager held regular team meetings with care workers to share information. We reviewed minutes for team meetings held in December 2015, February 2016 and April 2016. Topics discussed included new people using the service, changes in people's needs, the medication policy and procedure, changes to the rotas, safeguarding policies, confidentiality and annual leave. This showed us that the registered manager was actively involved exploring options to improve the quality of the care and support provided and to sharing information with care workers.

The registered manager told us that they completed a quality assurance survey every six months which involved sending a questionnaire to people using the service, family and health or social care professionals. We saw that three questionnaires had been returned from the survey completed in December 2015 and feedback was positive with comments including "Your homecare service is excellent."

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 The registered manager did not ensure the proper and safe management of medicines. Regulation 12 (2) (g).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider failed to establish and operate systems or processes to effectively assess, monitor and improve the quality and safety of the services and to mitigate risks. The registered provider failed to maintain an accurate, complete and contemporaneous record in respect of each service user. Regulation 17 (1) (2) (a) (b) (c).

The enforcement action we took:

Warning Notice