

MiHomecare Limited

MiHomecare - Havant

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 13 and 14 March 2017. The inspection was announced.

MiHomecare-Havant provides personal care services to older people, adults with disabilities and adults living with dementia in their own homes. At the time of our inspection there were 151 people receiving care and support from the service. The service had reduced the number of people they were providing care for as a result of the concerns identified at the last inspection on 11 and 12 April 2016. There were 63 care staff, two field care supervisors, two co-ordinators who planned people's care, one part time administration assistant, a quality and performance manager and a registered manager.

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.

Reliance on agency staff to maintain staffing levels was still a concern; however improvements had been made with missed visits and late calls. People felt they received safe care but felt the security of their homes were being put at risk due to the lack of continuity of care workers particularly at the weekends.

Risks associated with people's care were managed but documents did not always contain sufficient information on how to support people with equipment and this information was not always included in their care plans.

Permanent staff had the skills and knowledge to care for people and meet their needs. However, agency staff were provided with the appropriate training but they had not had their competencies assessed. Staff received a regular supervision but had not received an appraisal at the time of the inspection.

People's care records did not always contain sufficient detail, however people told us they felt staff met their needs and did not have any concerns that they were receiving incorrect care.

People did not always feel the management team were professional. However people had seen an improvement in the management of the service since the current registered manager joined the service.

Staff demonstrated a good understanding of safeguarding processes and were able to identify potential signs and symptoms of possible abuse and they knew how to report these concerns

Safe recruitment and medicines practices were followed.

Staff were kind and caring and people were fully involved in and consented to their care. Staff had a good knowledge of the Mental Capacity Act 2005.

People were supported to eat and drink sufficiently and had regular support to access Healthcare professionals when needed.

People's privacy and dignity was respected. Compliments had been received and complaints were dealt with appropriately. Staff were supported to question practice and felt supported. Staff were recognised when they had worked hard and made a difference to people.

Audits were in place to assess the overall quality and safety of the service which were analysed to continually improve service delivery. Safeguarding concerns were appropriately investigated.

The services rating from their last inspection in April 2016 had been displayed conspicuously.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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 ●

The service was not always safe.

People received safe care but felt the security of their homes may be put at risk due to lack of continuity of staffing.

Staffing levels were still insufficient at times but people's care needs were met and missed and late visits had reduced.

Risks to people were managed but the use of equipment was not always sufficiently detailed and was not always included in their care plans.

Staff had a good understanding of how to identify and report potential abuse.

Safe recruitment and medicines practices were followed.

Is the service effective?

Requires Improvement ●

The service was not always effective

Permanent staff received the required supervision and training and had their competencies checked. Agency staff did not have their competencies checked which sometimes resulted in less effective care.

Staff had not received an appraisal.

People consented to their care and staff had a good knowledge of the Mental Capacity Act 2005.

People were supported to eat and drink sufficiently and had regular support to access health care professionals when needed.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring, respected peoples independence,

privacy and dignity and supported people to make decisions and choices about their care.

Compliments had been received into the service.

Is the service responsive?

The service was not always responsive.

Although people's care records did not always contain sufficient detail; people felt the service met their needs.

Complaints were dealt with appropriately.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Care records did not always contain sufficient detail about how people liked to receive their care and the identified risks to people.

People were not always happy with the management of the service but felt this had improved. Care records were not always sufficiently detailed.

Safeguarding concerns were dealt with and staff felt supported to question practice. Staff felt supported by the management team and were recognised for their commitment.

Audits were in place to measure and monitor the overall quality and safety of the service.

Requires Improvement ●

MiHomecare - Havant

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 13 and 14 March 2017 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 the registered manager would be available.

The inspection team consisted of two inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed safeguarding records and other information of concern received about the service. We checked if notifications had been sent to us by the service. A notification is information about important events which the provider is required to tell us about by law. We spoke with the Local Authority safeguarding and commissioning teams. This inspection was brought forward as a result of receiving some concerning information about the service.

Before the inspection we asked the provider to complete and send a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. The provider sent us this information.

During the inspection we spoke with 26 people who used the service and eight relatives. We also spoke with 16 care staff, one field care supervisor, two co-ordinators who planned people's care, the quality and performance manager and the registered manager.

We reviewed a range of records about people's care and how the service was managed. We looked at plans of care for seven people which included specific records relating to people's mental capacity, health, choices, medicines and risk assessments. We looked at daily reports of care, incident and safeguarding logs, compliments, complaints, service quality feedback forms, audits and minutes of meetings. We looked at the

training plan for 63 care staff, recruitment records for four staff members, spot check and supervision records for six staff members.

We asked the provider to send us information after the visit. This information was received.

Is the service safe?

Our findings

People said they felt safe when they received care from regular care staff. Relatives confirmed this. We received comments such as, "I feel safe." "Yes, I'm safe with them." "I hear and see the care and have no concerns." I've no concerns for [my relatives] safety, I'd say if I heard or saw anything that we worried about." However people said they felt less safe with the security of their home when they received care from agency care staff and when receiving care from a high volume of different care staff. One said, "Another agency carer left my door unlocked." Another person said, "In the last 41 days I have had 21 different carers". Because of the details of the key safe having to be shared with so many carers this person did not feel safe having so many different people coming to their home. A third person told us they did not feel safe because "you never know who is coming and who you're letting into your house". They confirmed they always received a visit but they said "You never know who it's going to be".

At our last inspection in March 2016 we found the provider to be in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider failed to deploy sufficient numbers of staff to meet people's needs and keep them safe. As a result people experienced missed and late visits especially at the weekends. We asked the provider to send us an action plan informing us what action they would take to meet this Regulation. The provider sent us an action plan in June 2016 and an updated action plan in September 2016 informing us they would be compliant with this Regulation by September 2016.

Prior to this inspection we also received information of concern showing there were still concerns with insufficient staffing levels. At this inspection we identified further improvements that were needed, although the actions taken by the provider were sufficient to meet the minimum requirements of this regulation.

The registered manager and quality and performance manager confirmed they were still experiencing difficulties with maintaining sufficient staffing levels due to high staff sickness levels and were required to use agency staff, more so at the weekends. The registered manager stated they were trying to use the same agency workers to ensure better continuity for people and was regularly recruiting for care staff. Records confirmed this.

People and their relatives confirmed regular care workers visited most of the time to provide their care. One relative told us how their family member had been receiving care from the service for seven years and during this time one particular carer had visited the person regularly. Another relative said, "The regular carer is excellent. [They have] been with us for four years." Documents viewed evidenced a level of continuity between the care worker and person during the week and at weekends.

Documents viewed showed missed visits and late visits had improved since the last inspection. Records also showed care visits were completed a little earlier than planned on occasions. People confirmed that although visits were sometimes a little earlier or later than planned this did not impact on them or their level of care. Although some staff felt there were still insufficient staffing levels particularly at the weekend, they confirmed they had seen an improvement with missed and late visits and confirmed they visited the same

people where possible.

At our last inspection in March 2016 we found the provider to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because information highlighted on the risk assessments were not always accurate or included in people's care plans. We asked the provider to send us an action plan informing us what action they would take to meet this Regulation. The provider sent us an action plan in June 2016 and an updated action plan in September 2016 informing us they were compliant with this Regulation by July 2016.

At this inspection we identified further improvements that were needed, although the actions taken by the provider were sufficient to meet the minimum requirements of this regulation.

Risk assessments were in place which identified risks associated with people's environment, risks to their skin integrity and highlighted if manual handling equipment was required. However, the information highlighted on the risk assessments were not always completed fully or included in people's care plans. For example, one person's manual handling risk assessment identified they were at risk of falls and had poor mobility, therefore required the use of a walking frame. This information was not added to their care plan. This person's falls risk assessment also identified they had difficulty with transferring and was visually impaired, however this information was not included in their care plan. This person's manual handling care plan was blank and did not make any reference the person required a walking aid or how the person was to be supported with transfers. The falls risk assessment document included the process which should be followed if a person had been identified as a risk. It stated, "If the answer is yes to one or more of the above falls, risk mitigation must be incorporated into the service users support plan and risk summary." This meant staff had not followed this process.

People did not express any concerns about their level of care provided and felt staff knew them well and how to use their equipment safely. One said, "Yes, they know all about my [piece of equipment], I'd say if they didn't do it properly." One relative said, "They make sure the stair lift is in the right position and watch [family member] come down. Then they look while [family member] walks across the room to [their] armchair."

Staff demonstrated a good understanding of identifying and reporting any concerns or risks to the office and were aware of the risks relating to the people they provided care to. For example, one said, "If they had been hurt, mistreated, had an accident, if there's hazards in their home, e.g. loose wires, trip hazards, I'd contact the office or senior staff, or GP." This meant although people's care plans did not always include information on the risks to people staff were aware of the risk to people and knew how to care for people safely.

People were supported with their medicines safely. People confirmed they did not have any concerns with the support they received with their medicines. Staff had received medicines training and knew what to do when they were supporting people with their medicines and knew how to keep them safe. One said, "I have had training in August 2016. We use blister packs and I check against the side of the packets, support person and sign the Medicines Administration Record (MAR). If there are any problems or missing tablets I would call the office."

People were protected against the risks of potential abuse. Staff knew how to keep people safe from harm and could recognise signs and symptoms of potential abuse which included recognising unexplained bruising and marks or a change in behaviour. Staff said they would report any concerns to the registered manager and were confident to inform other appropriate professionals if they felt the registered manager did not deal with the concerns appropriately.

Safe recruitment practices were followed. Recruitment folders contained the appropriate documentation to ensure staff were suitable to work with people. All staff had received Disclosure and Barring Service checks (DBS) and references, employment history had been provided and gaps in employment had been explored. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Recruitment folders were present for agency workers which demonstrated the appropriate recruitment checks were followed for these staff.

Is the service effective?

Our findings

People said they received care from regular staff who had the skills and knowledge to carry out their role effectively. However people did not have the confidence that agency workers were as skilled and knowledgeable as their regular care staff. One said, "Those regular carers are used to my [piece of equipment] the agency ones are not so good with fitting it." One relative said, "There was one agency carer who didn't know how to open and empty the commode. [They] were trying to lift up the whole commode to empty it."

Documents demonstrated agency staff had received the required training however there were no systems in place to monitor their competencies. The registered manager said they would look into this.

At our last inspection in March 2016 we found the provider to be in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because staff did not always receive a supervision or appraisal in line with the provider's policy. Staff were not always given the skills and knowledge required to carry out their role effectively. Training consisted of computer based learning and staff did not always feel this was adequate. We asked the provider to send us an action plan informing us what action they would take to meet this Regulation. The provider sent us an action plan in June 2016 and an updated action plan in September 2016 informing us they would be compliant with this Regulation by September 2016.

At this inspection we found the provider had met this regulation. Staff had received updated training and spot checks which checked staff competencies and knowledge. A spot check is a test made at random without warning.

Staff received a regular supervision which identified areas where staff were performing well and areas in which staff required additional training. One staff member's supervision identified a concern with their manual handling technique, which had placed a person at risk of harm. Action had been taken for this staff member to receive refresher training in manual handling and records evidenced this staff member had received this updated training. The registered manager confirmed the person was no longer at risk due to the action taken. Appraisals were due to commence the week of the inspection.

The quality and performance manager told us computer based training had been "greatly reduced." The registered manager confirmed all training is classroom based which is followed up with a computer based test to check staff's level of understanding following the training provided. The provider employed a training manager who was based at the location. The training manager carried out and monitored staff training by way of a spreadsheet. The spreadsheet confirmed all staff had received the required training.

Staff received an induction programme when starting work for the service which included shadowing experienced staff members. Staff records contained induction certificates which detailed the training given as part of the induction programme. Staff completed the Care Certificate as part of their induction programme. The Care Certificate is an identified set of standards that health and social care staff adhere to

in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

At our last inspection in March 2016 we found the provider to be in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people who required support with meals and drinks did not always receive this support due to missed visits. We asked the provider to send us an action plan informing us what action they would take to meet this Regulation. The provider sent us an action plan in June 2016 and an updated action plan in September 2016 informing us they would be compliant with this Regulation by September 2016.

At this inspection we found the provider had met this regulation. People received the appropriate support with their meals and drinks and their nutrition and hydration were not put at risk due to late or missed visits. People who required support with nutrition or hydration did not express any concerns. People did not require specialised support with food and fluids; however processes were in place if this was required. People's care plans highlighted the support they required with food or drink.

At our last inspection staff and the interim manager did not demonstrate a good understanding of the Mental Capacity Act 2005 (MCA or The Act). We made a recommendation for the interim manager to review the Act and its relevant codes of practice and test staff competency following training on the Act.

The Act 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. We checked whether the service was working within the principles of the Act.

At this inspection we found the interim manager no longer worked for the service. The registered manager and quality and performance manager demonstrated a good understanding of the Act and staff explained how the Act related to the people they cared for. One said, "MCA is where people make decisions and choices, best interest meetings if they can't make decisions." Another gave an example of how they supported a person who had a cognitive impairment which may have affected their decision making. They said, "I ask what they would like to do, show them pictures and help them to choose what they want to do." The training spreadsheet confirmed staff had completed training on the Act.

People confirmed they consented to their care and records confirmed this. People had consented to their care plans by providing a signature. Staff confirmed they would always seek the person's permission before providing care and always gave them a choice of how they would like their care to be given. Mental capacity assessments were in place and completed as part of the assessment process for people who were deemed to lack capacity. For one person we saw a mental capacity assessment had been completed. This person's mental capacity assessment documented that due to a health condition the person had a mental impairment; financial decisions were to be made by their relative who held a lasting power of attorney. Decisions relating to the person's care for washing, feeding, dressing and medicines were made as part of a best interests meeting and a care plan was developed with the support of the relative, person and other professionals. The assessment documented that this person could give verbal consent to some decisions if information was provided in a different way.

For those people who required support to access healthcare services care staff would contact the office or relative and advise of any concerns and whether a health care professional would need to be contacted.

Care staff said they monitored people's health and wellbeing when they were supporting them with their personal care. One relative said, "[Care Worker] rang me this morning to say [family members] ankles are swollen and [they have] a slight rash" We received positive feedback from a healthcare professional who said, "Mihomecare are very supportive for urgent hospital discharges, professional and I have had no complaints about their service to date. Good communication between myself, the manager and staff of the Havant branch."

Is the service caring?

Our findings

People were positive about the care and support received from staff. We received comments such as, "I get a nice greeting when they come in." "They are very, very helpful." "These girls are fantastic." "I've got a terrific one, she's absolutely brilliant." "She is so caring. Nothing is too much trouble." Relatives confirmed care staff were kind and caring. One said, "They are all very respectful. It's not an easy job! But they are always kind."

People confirmed care staff and office staff spoke to them with respect. One said, "I don't speak to the office staff very often, but when I do they have been fine." Another said, "I have rung the office a couple of times, they are always polite and helpful." A relative said, "Yes [very respectful], I've observed the way carers speak to my [family member]." We observed the office staff speaking with people and their relatives in a polite, courteous and respectful manner.

At our last inspection in March 2016 we found the provider to be in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because care plans did not reflect people's needs and preferences. We asked the provider to send us an action plan informing us what action they would take to meet this Regulation. The provider sent us an action plan in June 2016 and an updated action plan in September 2016 informing us they would be compliant with this Regulation by September 2016.

At this inspection we found that although people's care plans did not always detail their choices, preferences and what they were able to do for themselves, people received care that respected their independence, choice and preference. People confirmed the support they received helped them to be as independent as possible and they were involved in the decisions about their care. Care staff confirmed they always asked the person how they would like their care and demonstrated a good example of how to maintain people's independence whilst supporting them.

People confirmed they were supported to make choices about their care and did not express any concerns with how care staff provided their care. One person said, "I take the lead on what I need." Another said, "I said what I wanted and needed." A third person said, "They only do what they have to. I can manage everything else." This meant although care plans did not provide care staff with the information on how to support people in line with their choices and preferences, people received care that met their needs and respected their choices, independence and preferences. We have addressed the records issue in the well-led section of this report.

People's privacy and dignity was respected and promoted. One relative told us they felt their family member's dignity had been preserved because they did not have to provide the care for them. Staff gave us good examples of how they respected people's privacy and dignity when supporting them with personal care. One said, "Don't strip them down, cover one half, cover people in wheelchairs." Another said, "Ask if they'd like to wash parts of their body."

Compliments about the service had been received from people and their relatives in the form of thank you cards. A compliment had been received on 13 February 2017 thanking the service for their "care and

support."

Is the service responsive?

Our findings

People confirmed care staff met their needs. They confirmed they had a care plan in place and were involved in the assessments, care planning and reviews of their needs. Relatives confirmed this. People told us continuity of care was important to them as having regular care workers helped them to feel confident about the care being provided to them. However, due to insufficient staffing levels and the use of agency workers at the weekends people did not always receive the same care worker.

The registered manager confirmed they were looking at staff rotas and reducing the number of different agency workers they used to ensure better continuity for people. We looked at staffing rotas and saw an improvement had been made with the continuity of care workers for people.

At our last inspection in March 2016 we found the provider to be in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people had care plans in place that were task specific and did not contain sufficient detail to inform staff and give them prior knowledge of the most up to date and accurate support people required. We asked the provider to send us an action plan informing us what action they would take to meet this Regulation. The provider sent us an action plan in June 2016 and an updated action plan in September 2016 informing us they would be compliant with this Regulation by September 2016.

At this inspection we found the information had improved in some people's care plans; however most people's care plans still lacked sufficient information to inform staff and give them prior knowledge of the most up to date and accurate support people required. For example, one person's care plan said, "I would like the care workers to assist me in the following way please." Following on from this statement was a bullet pointed list of tasks which the person required support with, such as, "put kettle on, bring a bowl of water, bring in the stand aid and help me out of bed, give me a body wash." This person's care plan did not include information on what they were able to do for themselves. Another person's care plan stated, "Support me to transfer to the commode." However there was no information detailing how staff should support the person or no information on whether equipment should be used.

Although people's care records did not always contain sufficient detail; people told us they felt staff met their needs and did not have any concerns about the care they received. People confirmed the service was responsive to their changing needs. One person told us how their care had been increased as a result of a review from the service. Another said, "Someone came out to talk to us recently. Now upped my care to include weekends."

Staff confirmed care plans were in place and they had seen an improvement in the details of some care plans. One staff member told us they always read the care plan and then checked with the person to identify how they would like their support. Care staff confirmed they would contact the office immediately if there were any significant changes and they were confident these changes would be made.

We spoke with the registered manager and quality and performance manager who acknowledged that

although a lot of work had been done to update care plans and to ensure assessments reflected what care people needed; there was still work to be done to ensure care records included all the information necessary to inform staff care practice. This meant the providers action plan had not been fully met; however people received care which was responsive to their needs. We have addressed the records issue in the well-led section of this report.

Complaints had been received into the service, documented, investigated and responded to in a timely manner. We saw 25 complaints had been received since the last inspection. The complaints received varied regarding concerns about missed visits, times of visits, late calls and poor care. All complaints had been dealt with in line with the provider's policy.

Most people told us they did not have any complaints. People confirmed they knew what to do if they had any complaints and concerns about the service. One person told us they had made a complaint because the care worker was late. They said, "I rang once because they were late in the evening. I was hungry and worried that I'd have to sleep in my clothes. They came 10 minutes later." People who had made a complaint felt their concerns were listened to and actioned.

Is the service well-led?

Our findings

We received mixed feedback on the management of the service. Some people did not have any positive comments on the management of the service. People did not know the names of the management team or that there was a manager available. People who knew the management team felt they were not always professional. One said, "When I go into Havant I see them all stood outside the office smoking. It's not very professional." People felt the management were not very good and felt they had a problem recruiting because staff retention was not good. However we did receive some positive feedback about the current registered manager. One person said, "The new manager introduced [themselves] to me when [they] came." Another said, "It's very well run."

Records kept with regards to people who were in receipt of personal care were not always complete, accurate, contain information on the risks to people and did not always include people's preferences and choices.

A failure to maintain complete and contemporaneous records in respect of people is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

At our last inspection in March 2016 we found the provider to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider failed to submit their Provider Information Return (PIR) when requested. At this inspection the provider had submitted their PIR to us in January 2017.

The current registered manager had been in post since December 2016. The interim manager who was present at the last inspection was no longer working for the service. Prior to December 2016 in the absence of a registered manager the service was being managed by the quality and performance manager. Due to the changes in management since the last inspection in April 2016 the quality and performance manager submitted an additional action plan to the Commission identifying areas which required improving. At this inspection we found some improvements had been made with service delivery, however people were unhappy with the numbers of different care workers who visited them and care records did not always provide sufficient information or detail about the risks associated with people's care or how they were to be supported. The registered manager said they would deal with these areas of concern as a priority.

Safeguarding concerns had been raised to the service and they had been dealt with and investigated by the registered manager. Records showed that letters of apology had been sent to the people affected by the safeguarding allegation and regular contact had been made with the local authority safeguarding teams throughout the investigations. Records showed where staff were being investigated for potential abuse the appropriate action had been taken to keep people safe whilst the investigation was being completed. We had received all notifications regarding the safeguarding concerns made.

Staff felt supported, had attended team meetings and felt the management team were open, honest and available. One staff member said, "I think they're lovely, doing everything they can." Another staff member

told us they felt the new manager was, "doing well." Staff confirmed they had seen an improvement in the service recently and one said the service, "Is improving." One staff member told us how they had been nominated for a star award for hard work and dedication. The star award is an internal scheme which recognises and rewards staff for their commitment to the service.

Staff were supported to question practice, were confident that if they raised any concerns they would be dealt with by management and they demonstrated an understanding of what to do if they felt their concerns were not being listened to by management. The registered manager, quality and performance manager and staff demonstrated a good understanding of when the Commission needed to be notified.

There were a number of audits in place which monitored the quality of the service being provided. There were systems in place to analyse, identify and learn from incidents, accidents, complaints and safeguarding referrals. These audits included the lessons which could be learnt in order to mitigate any further incidents, accidents, complaints and safeguarding concerns. Surveys had also been completed by the service to ask people's opinion of the service. People confirmed they had received surveys. At the time of the inspection these results had been collated and an action plan had been put together detailing what the service needed to do to continue to improve their service.

The provider had displayed their previous inspection rating on their website and in the front window of the location.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to maintain a complete and contemporaneous record in respect of each service user. Regulation 17 2 (c)