Nightingale Social Care Staffing Agency Limited

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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?	**Inadequate**

Summary of findings

Overall summary

The inspection of Nightingale Social Care Staffing Agency Limited took place between 1 and 20 August 2018. We previously inspected the service on 13 December 2017 and 3 January 2018, at that time we found the registered provider was not meeting the regulations relating to safe care and treatment, staffing, fit and proper persons employed and good governance. The registered provider sent us an action plan telling us what they were going to do to make sure they were meeting the regulations. At this inspection we found sufficient improvement had been made to meet the regulation relating to safe care and treatment and fit and proper persons employed. The regulations relating to staffing and good governance had not been met.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to adults, on the day of our inspection 46 people were receiving care and support from Nightingale Social Care Staffing Agency Limited.

The service had a registered manager in place. 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.

People we spoke with told us they felt safe. Staff were clear about their responsibilities in keeping people safe and we saw relevant risk assessments were in place.

People we spoke with told us staff were often late for their calls. Staff we spoke with told us their rotas did not always allow them sufficient time to travel between calls. When we reviewed electronic call logs we found the time allowed between calls was not always sufficient.

Staff received regular face to face medicines training, but an assessment of their ability to manage people's medicines when supporting people was not always completed. The system in place to audit people's medicine records was not robust.

Staff supported people to have maximum choice and control of their lives, although we identified one person where records did not evidence that the full requirements of the Mental Capacity Act 2005 were being followed.

People told us staff were kind and caring. People were predominantly supported by people who knew them well. Staff respected people's privacy, took steps to maintain their dignity and maintained confidentiality.

Care plans recorded when people needed support with meals and drinks. We saw evidence staff left people with drinks and snacks to eat between their scheduled calls.

People had a care plan in place which was detailed and person centred. There was no system in place to

ensure care plans were reviewed at regular intervals, where changes had been made to people's call times, care plans had not been updated to reflect this.

The service provided care and support for people whose primary need was end of life care. There was no information recorded regarding the persons preferences and not all staff had received appropriate training. We have made a recommendation regarding end of life care.

People knew how to complain and we saw information was provided to people and their relatives regarding the complaints procedure.

Most of the staff we spoke with were unhappy with how the service was being run. Staff received induction and training was updated at regular intervals, although we have made a recommendation about training in end of life care. However, staff had not received regular supervision, appraisal or had based assessments of their performance completed on a regular basis. There had been no staff meetings for community staff since September 2017.

The registered manager had not addressed all the shortfalls identified at the previous two inspections. The registered manager had failed to implement a systematic and robust system of audit. An action plan had not been updated. The registered manager did not have effective systems in place to ensure they had oversight of the service they were responsible for.

This is the third time the service's overall rating has been "Requires Improvement".

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014 in regard to staffing and governance. You can see what action we told the provider to take at the back of the full version of the report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 told us staff were often late arriving for their scheduled calls.

Staffs competency to manage people's medicines was not routinely assessed.

The recruitment of staff was not always safe.

People told us they felt safe.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had not received regular supervision, appraisal or community based checks on their performance.

People were supported to eat and drink.

Consent to care and treatment had not been sought in line with legislation and guidance for one person using the service.

Is the service caring?

Good

The service was caring.

People and their families we spoke with told us the care workers were caring and kind.

Staff spoken with told us about the people they supported in a caring and professional manner.

Staff supported people to make choices. People's privacy and dignity was maintained.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People had care plans in place which were reflective of their care and support, but they had not all been updated and reviewed regularly.

People we spoke with knew how to complain.

We have made a recommendation for improvements to staff training in end of life care and end of life care planning.

Is the service well-led?

Inadequate

The service was not well led.

There were no systematic and robust auditing procedures in place.

Most staff we spoke with were dissatisfied with how the service was managed.

The service had a registered manager in post.

Nightingale Social Care Staffing Agency 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 carried out between 1 August 2018 and 21 August 2018. We gave the service short notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure they would be available. Inspection activity started on 1 August 2018 when we visited the provider's office and spoke with the registered manager and care co-ordinator. On 7 August 2018 an expert by experience spoke on the telephone with three people who used the service and nine relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this occasion had experience of both accessing and working in health and social care. Between 15 and 21 August 2018 the inspector carried out telephone interviews with nine care workers. On 20 August 2018 the inspector visited three people who used the service, in their own homes.

During the inspection we looked in detail at the care records of four people who used the service, we also looked at a further seven care records for specific information. We looked at seven staff recruitment files. We reviewed other records including medication records, risk assessments, meeting notes and audits.

Prior to the inspection we reviewed all the information we had about the service including statutory notifications and other intelligence. We also contacted the local authority commissioning and contracts department to assist us in planning the inspection. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this service.

Requires Improvement

Is the service safe?

Our findings

Our inspection in December 2017 found the registered manager was not meeting the regulations regarding safe care and treatment and fit and proper persons employed. Care files did not always include relevant risk assessments, the management of people's medicines was not robust and there was a lack of oversight regarding staff recruitment. At this inspection we found some improvements had been made but we identified some further concerns relating to regulation 17, with governance and regulation 18, staffing.

People told us they felt 'safe'. One person said, "I feel very safe with the carers." When we asked a relative if their family member was safe they responded, "Oh yes, definitely."

At our previous inspection people told us staff did not miss their calls, but they did sometimes get delayed. This remained a concern at this inspection. One person told us the carers were often late. Other relatives said, "The carers come at unpredictable times and are frequently late, they have a high turnover of staff," "Staff tell us, their biggest gripe is travel time, and they (the office) slip in extra calls. The staff start earlier than they should to get themselves ahead. The time issue is compounded over a round, the delay can only increase throughout the shift" and "The carers more or less turn up on time, generally they are just stuck in traffic. The thing that does bother me is when they change the time of the night call without telling me." However, one relative we spoke with told us staff always turned up on time.

Seven of the nine staff we spoke with told us they were not happy with their rotas and how travel time between calls was allocated. Staff told us; "(We are given) too many calls, we are cutting times at people's house to enable us to get to the next call. Sometimes minimal travel is allocated in the rota, even with no traffic, the travel time is not realistic", "We are short staffed, I am on time, but I sometimes have to cut time short to get to next call on time." A relative we spoke with said, "Staff will cut calls short, they lose money so they are not late for next call, so they can try to comply with their timings"

Two staff told us they had raised concerns with the office, but no action had been taken. They said, "I tell the office, but they don't always listen" and "They do know, I have told them, I have told (names of two office based staff)." Staff also told us they frequently did not receive the following week's rota until Sunday. One staff said, "We get them (rota) on a Sunday for the following week. It is difficult as you can't plan anything."

We reviewed a random selection of staff's duty rota and found travel time between calls was not always sufficient to allow staff to arrive on time. For example, we calculated the travel time between two calls to be 16 minutes, but staff had been allowed only ten minutes. On the same day staff had been allocated five minutes travel time between two calls, we calculated the travel time to be 15 minutes.

The service used an electronic call monitoring system (ECMS); staff scanned in and out of each call, these times were all automatically recorded on the ECMS. We reviewed the 'late call' reports for June and July 2018. A total of 76 calls were recorded as over 45 minutes late. We also noted the actual call time was at least ten minutes shorter than the allocated time for 28 of the 76 late calls listed. We spoke with the care co-ordinator about this and although we were satisfied with the rationale for some of the calls, the registered

manager told us no analysis of the ECMS had been undertaken since the new system was implemented in April 2018. Regular analysis enables weaknesses and areas where improvements need to be made, to be identified, thus improving the quality and safety of the service people receive.

These examples evidence a failure to have effective systems in place to ensure the deployment of staff is efficient and a failure to identify where quality or safety may be being compromised. This was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance.

Our previous inspection identified a breach of regulation 19, fit and proper persons employed as recruitment practices were not robust. At this inspection we reviewed seven personnel files, including two staff who had been employed since the last inspection. We saw notes of the interview process and an application form had been completed. References had been obtained and a Disclosure and Barring Service (DBS) check had been completed. DBS checks return information from the Police National Database about any convictions, cautions, warnings or reprimands a candidate may have received. A record of candidate's previous employment history was completed. We noted for one of the staff recently employed, the year in which their previous employment had begun and ended was recorded, the months were not. This information is important in ensuring any gaps in candidate's employment history is explored.
This was a continuing breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance.

Our previous two inspections have identified a breach of regulation 12, safe care and treatment as the management of medicines were not always safe. At this inspection we sufficient improvement to meet the regulation but we still identified areas where improvement was needed in relation to the assessments of staff's competence and governance of medicines.

People we spoke with did not raise any concerns regarding the staff's management of their medicines. We saw evidence staff had received regular medicines training, but a formal assessment of their competency was not always competed. Staff were unsure if they had received a medicine competency assessment. When we spoke to staff on the telephone after the inspection, one member of staff said, "Yes, when I was shadowing, someone was watching me. Then I had one last week." Two other staff told us, "I'm not aware of ever having had one" and "I think I had my competency assessed when I first started, but I haven't had one since." This staff member had been employed for over two years. Of the seven staff files we reviewed we only saw evidence that two assessments had been completed.

On the first day of this inspection the registered manager told us, "At present no competency is done prior to (staff) doing medicines." Good practice guidelines published by National Institute for Care and Healthcare Excellence (NICE); state 'Managing medicines for adults receiving social care in the community suggest social care providers should ensure staff have an annual review of their knowledge, skills and competencies'. This was brought to the attention of the registered manager at our previous inspection.

This was a continuing breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

The system to audit medicine administration records (MAR's) was neither safe, effective or robust. We reviewed a MAR which had been audited and no concerns had been identified. However, we saw three creams had been transcribed on to the MAR by a member of staff, there were no instructions as to when, where or why the creams should be applied. The registered manager had delegated the task of audit MAR's to an office based member of staff. This staff member had no practical experience of care work, managing or

administering medicines. At the time of the inspection the registered manager had not provided them with any formal training regarding medicines, record keeping or auditing.

Information should be analysed and reviewed by staff who have the appropriate skills, knowledge and competence to undertake the task and understand the significance of their findings. An accurate, complete and contemporaneous record should be kept for each person. This was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

As part of our inspection we looked at how lessons were learned when things went wrong. From our discussions with office and community based staff and review of peoples care records we were confident staff would raise concerns and relevant referrals would be made to other professional bodies. However, as identified within this report, due to the lack of effective governance systems in place we could not be assured that any potential safety concerns would be identified or that lessons learned would be shared openly with all staff.

Our previous two inspections have identified a breach of regulation 12, safe care and treatment. At this inspection we reviewed the care records for five people who required the use of a hoist, each record provided sufficient detail regarding the equipment needed including how to fit and apply it, to ensure the risk of harm to the person or staff was reduced. We spoke with a family member and one person where staff were required to use a hoist to transfer the person; they both told us staff completed this task safely.

There was a system in place in the event of a person not being located when staff arrived for a scheduled call. The registered manager told us if staff were unable to gain access to a person's home or if the person was not at home when they called, staff would report this to the office. Staff would be advised to look through the person's window and letterbox and the office staff would attempt to contact the person and/or their family to identify the location and safety of the person. This was action was corroborated when we spoke with a member of staff.

Staff were clear about their role in reporting any concerns a person was at risk of harm or abuse, to a more senior staff member. We saw evidence, where a concern had been highlighted the registered manager had taken appropriate action.

Staff were provided with personal protective equipment (PPE) for example, aprons and gloves. While we were visiting a person who used the service in their own home, we saw staff using PPE appropriately as they prepared to complete a task. This showed steps were taken to protect people and staff from the risk of infection.

Requires Improvement

Is the service effective?

Our findings

Our previous two inspections have found the registered manager was not meeting regulation 18 staffing. Staff had not received regular appraisal, management supervisions or community based assessments of their performance. This regulatory breach had not been addressed at this inspection.

An external company supplied nightingale Social Care Staffing Agency Limited policies and procedures. This ensured the documents were up to date with any changes to legislation or good practice. However, as is clearly evidenced throughout this report, the registered manager failed to ensure peoples care and support was delivered in line with current legislation, standards and evidenced based practice.

New staff completed induction training with an external provider. Each of the staff personnel files we reviewed confirmed staff had completed an induction. This was further corroborated speaking with the registered manager, and the staff who each told us this was completed prior to them delivering care to people in the community. We saw staffs training was refreshed at regular intervals and people and relatives were confident staff had the skills and knowledge to perform in their role. Although we have made a recommendation in the responsive section of this report, that the registered manager ensures staff have the knowledge and skills to support people as they approach the end of their life.

Seven of the nine staff we spoke with told us they rarely received supervision. One person told us, "I have never had one." Another member of staff said, "I had one last week but I am not sure when the previous one was, not this year." One of the staff we spoke with told us the registered manager had recently telephoned them to arrange a date for their supervision but this had subsequently been cancelled.

Staff personnel files did not evidence regular supervision was taking place. For example, there was no record of any supervision within the previous twelve months for two staff. Another staff member who had come back from a period of extended leave had not received any supervision since their return to duty in February 2018.

An audit of MAR's dated June 2018 identified seven staff who had failed to sign for some medicines. The auditor had written 'to be discussed in supervision'. Three of the staff named were staff whose files we had reviewed, there was no evidence to suggest supervision had taken place regarding this mater.

When we spoke with the registered manager they told us, over a twelve month period, staff should receive two supervisions and they were the only person at the service who completed staff's supervision.

The registered manager also told us staff should receive three to four community based observations over a twelve month period. They said these were not formally recorded. Staff told us the registered manager and the care co-ordinator sometimes worked with them, this was to cover staffing shortfalls. Only two staff told us their performance had been assessed. The other staff were not aware any assessment of their performance had been completed and were unable to recall if feedback had been given to them.

We asked the registered manager if staff received an annual performance appraisal, they said, "We don't do them." We did not see evidence of any appraisals in the files of staff who had been employed for over twelve months. On the second day of the inspection the registered manager was heard on the telephone arranging dates and times with staff for their appraisal. A document given to us by the registered manager, entitled 'CQC inspection report, action points' noted the registered manager would complete appraisals with staff annually.

We asked the registered manager if they had a system to enable them to have oversight of staff's supervisions, spot checks and community based performance assessments. They told us they did not. Following the inspection, the registered manager emailed a spreadsheet which logged staffs' supervision. Of the 22 staff listed, 10 staff had not received recent management supervision and 19 staff had not received a community based assessment of their performance.

The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. Their guidance; Home care, delivering personal care and practical support to older people living in their own homes, recommends staff should receive supervision and an observation of their practice regularly, at least every 3 months, and an appraisal at least annually. This was a continuing breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked two people who used the service if they were happy with the support they received to enable them to eat and drink. Both people told us a family member purchased their food, but staff always told them what choices were available so they could choose their preferred meal. When we visited one person in their own home, we saw staff had left them with drinks and their preferred snacks, all of which were within easy reach of the person.

Peoples care records noted the support they needed to eat and drink. For example, one care file noted the specific consistency their food needed to be to reduce the risk of choking; we saw this accurately reflected the advice given by a speech and language therapist.

People were enabled to access healthcare service as required. A relative we spoke with said, "[Name of carer] has rung me to tell me [relative] was not well. They said they had already phoned the doctor (to ask for advice)."

Each person's care plan contained details of contact information for other relevant health care professionals and support services. For example, the GP, district nurse team and the community matron. One person required a specialist mattress; we saw information was clearly recorded to enable staff to seek prompt advice in the event the mattress was not functioning correctly. Electronic call logs, updated by office based staff, evidenced where the staff team had liaised with health and social care professionals.

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. In the case of Domiciliary Care applications must be made to the Court of Protection. The service had not needed to make any applications to the Court of Protection.

The training matrix recorded staff had received training in MCA. We asked three staff about their understanding of the MCA. Their comments included, "We assume capacity; people can make (their own) decisions. People have the right to make unwise choice" and "We never assume people don't have capacity, when they don't (have capacity) we act in their best interests. We do what is best for them."

When we spoke with the registered manager although they demonstrated an understanding of the MCA, they had not ensured the requirements of the MCA were always implemented. For example, we reviewed the care package for one person whose care package had commenced in 2009. The care co-ordinator told us their medicines were stored safely to prevent the person accessing them and staff supported the person to administer their medicines. No capacity assessment had been completed regarding this decision and there was no evidence of best interest's decision making. The care co-ordinator said the person's family had power of attorney (LPA) in place, but they did not have any evidence to support this. An LPA is a legal document that lets a person appoint one or more people (known as 'attorneys') to help make decisions or to make decisions on a person's behalf.

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

Good

Is the service caring?

Our findings

Without exception, people and their families told us the care workers were caring and kind. One person said, "They are lovely." Relatives of people who used the service said, "The care my [relative] receives is fantastic, the carers are amazing", "They (care workers) are more like friends than carers, and that means a lot to me. My [relative] has dementia and I don't get to speak to many people, they're my lifeline" and "My [relative] has a really good relationship with the carers they are like friends."

We observed the interactions and communication between staff and people in the home of two of the three people we visited. It was clear people were happy to see the care workers. Staff said hello when they arrived and asked the person how they were. Communication between staff and the person was friendly and relaxed. We heard staff ask the person about the care they wanted and offered choices.

All the staff we spoke with talked about their job and the people they supported in a friendly, but professional manner. One of the staff said, "Care is done to a high standard, any problems, I would report it. It is important we look after these people." Another staff member said, "I really enjoy the job, people become like a family to us."

Staff told us they predominantly supported people who they knew well, this was also evidenced from the staff's names recorded in people's daily log books. A relative said, "They know (family member) well and (family member) knows the staff well and is happy."

The care records we looked at reflected the person's diversity. For example, care plans recorded if the person had any religious beliefs, although no information was recorded as to how that may impact upon their individual care support or treatment needs. There was also a section where preference regarding the gender of their care worker could be recorded.

Staff enabled people to make choices. One staff member described how they supported a person with limited communication to choose the clothes they wanted to wear. This included showing them a couple of outfits and verbal prompts regarding the weather and temperature.

People's privacy and dignity was maintained. One person said, "Yes, they make sure my modesty is covered." Staff gave us examples of how they maintained people's privacy and dignity, one told us "I close their curtains, shut doors and cover them with towels."

Information was kept confidential. Computers were password protected; staff told us they did not discuss people with other people they were supporting.

Requires Improvement

Is the service responsive?

Our findings

People had a care plan in place which was reflective of their care and support needs.

Each of the care plans we reviewed included a personal profile. This provided details of the person's name, address, family members involved in their support and their GP. We also saw a brief synopsis of the person's life history was included in their documentation. This enabled staff to have insight into people's past, providing topics of conversation and promoting social interaction.

A record of the care and support needed at each call was located near to the front of each of the files we reviewed. This information was person centred, detailed and reflected people's personal preferences. Care records included information about the support people needed to enable them to communicate their needs, such as using a hearing aid or wearing glasses.

There were systems in place to ensure a contemporaneous record of peoples care and support was made. An electronic record was retained by office based staff of their communication with people who used the service, their families and the staff involved in their care and support. Community based staff recorded the care and support they provided following each call into a log book kept in individual people's homes. Each entry was dated, with staff's arrival and departure time included. Log books were returned to the office monthly. We noted two peoples preferred call time, as stated in their care plan, did not match the time staff were providing their call. Although we were satisfied with the rationale provided by the care co-ordinator, there was no evidence this had been discussed or agreed with the person or their family and the care records had not been updated.

Most of the care files we looked at had been reviewed on a regular basis. Although we reviewed one person's care plan dated August 2016, both the care co-ordinator and the registered manager told us the care plan had not been updated since. They added there had been no changes to the person's needs or care package since that date. We asked the registered manager if they had a system in place to enable them to have oversight of when reviews were due, when they were completed and if there were any actions which needed to be addressed. They told us they did not. On the second day of the inspection the registered manager showed us the matrix they had implemented to enable them to log future care plan reviews.

People told us they knew how to complain. One person said, "If I needed to complain I would normally just tell the carer. It's normally just trivial stuff." The registered manager told us they had not received any complaints about the service and no one we spoke with told us they had raised a formal complaint in recent months.

Each of the care files we reviewed included details of how to raise a complaint in the event the person or their relatives were dissatisfied with any aspect of the service they received.

The registered manager showed us two cards received by the service, both dated July 2018. One noted 'Thank you to all the support you provided to [name of person] and her family', another recorded 'With the

help of Nightingale and their carers we have been able to make [family member's] life as comfortable as possible'.

Where people were receiving dedicated end of life care, care records did not evidence their individual needs and preferences. We reviewed the care plan for one person who was being supported with end of life care. Their care plan did not contain any information regarding their, or their family's needs or preferences. We asked the registered manager about this, they showed us a document 'Preferred Priorities for Care' produced by the local health authority, designed for people with end of life care needs. We asked the registered manager if this was in place for the person whose care file we had reviewed, they replied, "It would be good to put this in place."

We asked two staff about the provision of end of life care for people. One of the staff told us, "Nightingale are so good at supporting staff, they check we are okay and comfortable (supporting people with end of life care), they don't just send us in." However, a second member of staff we spoke with said, "We support each other; we don't get any support from the office (when a person dies)." We asked them if they had received any training in end of life care, they told us they had not.

The registered manager told us some staff had received end of life training during 2017 from a member of the local hospice team. We found a piece of paper in a staff meeting file which listed the names of seven staff who attended this training in October 2017. Following the inspection the registered manager submitted an electronic log which listed 11 staff who had attended training. Of the 25 staff listed as currently employed at the service, this meant only six staff had received training in end of life care.

We recommend the registered manager seeks guidance from a reputable source about taking a more pro-active approach to recording peoples end of life care and support needs and ensuring staff have the knowledge and skills to support people as they approach the end of their life.

Inadequate

Is the service well-led?

Our findings

Our previous two inspections have found the registered manager was not meeting regulation 17, good governance as the systems of governance were ineffective. This regulatory breach had not been addressed at this inspection.

The registered provider is required to have a registered manager as a condition of their registration. The registered provider is also the registered manager of this service and therefore this condition of registration was met.

Feedback received from people and relatives about the management of the organisation was mixed. One relative said, "They're a great company and really care for people." Another person did not feel there had been any improvements to the service, adding "Someone needs to get the office in order."

At our last inspection staff had been predominantly positive about the management of the organisation. At this inspection six of the nine staff we spoke with expressed negative views about their rotas, allocation of travel time, lack of supervision and support. Staff told us they did not feel they were listened to. One of the staff told us morale amongst staff was low, "The office doesn't listen."

The previous two inspections have highlighted a failure to ensure systematic and robust auditing systems were in place. As is clearly evidenced throughout this report, this concern has still not been addressed. Staff continue to operate without adequate management support and supervision. The registered manager was accepting care packages for people whose primary need was end of life care; however, not all staff had received appropriate training to equip them with the knowledge, skills and confidence to undertake this work.

Since the implementation of the ECMS in April 2018, no audits had been undertaken regarding late calls or to establish why staff were not staying for the full call time. A document given to us by the registered manager, entitled 'CQC inspection report, action points' noted 'we can run reports to analyse data and monitor quality assurance'.

The registered manager had failed to ensure they delegated the auditing of peoples MARs to a member of staff who had the knowledge and skills to perform the task effectively. At the time of the inspection the registered manager had still not implemented a system to enable them to have oversight of the service.

The registered managers showed us an action plan. The plan was dated 9 March 2018, of the seven recorded actions, four were classed as 'ongoing', two had no information recorded as to who was responsible for them or when they would be completed. There was no information recorded regarding the progress being made in addressing the identified actions.

The registered providers quality assurance policy and procedure stated the registered manager had overall responsibility in ensuring the organisation was compliant with all regulatory and contractual requirements.

The policy referred to monthly quality audits and reviews, including care and safety performance and home visit spot checks.

The registered providers Statement of Purpose had not been updated and referred to a regulatory body which was no longer in existence. The document noted the service was registered with CQC, but the registration number listed had not been updated to reflect the services' current identification number. Following the inspection, the registered provider submitted an updated copy of their Statement of Purpose.

Staff meetings were not held regularly. One of the staff told us, "I have never had a staff meeting." Another staff member said, "I have never been invited to any." We reviewed a file entitled 'staff meetings', the last recorded meeting was 28 September 2017. The registered manager told us a meeting for office based staff had been held in March 2018. They showed us a record of the discussion. Staff meetings are a valuable opportunity for office and community based staff to share information, identify areas for improvement and an opportunity for staff to share their views about the service.

We asked the registered manager how else they gained feedback from staff. On the second day of the inspection the registered manager showed us a 'share your experience' form. They told us they planned to give this to staff at future staff appraisals.

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

Surveys to people who used the service had not been issued to people since before the last inspection; therefore we did not look at them as part of this inspection.

Our previous two inspections had identified a breach of regulation as systems of governance were not sufficiently robust. At this inspection, although we found improvements had been made to staff recruitment procedures, other issues had not been addressed. This is the third consecutive inspection where the service has been in breach of the regulations relating to staffing and good governance. Future inspection will seek to evidence a sustained and consistent high level of quality has been achieved and that systems of governance are reflective, transparent and robust.

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 There were no systematic and robust auditing procedures in place.

The enforcement action we took:

We imposed a condition on the Registered Providers registration for the regulated activity 'personal care'.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received appropriate supervision or appraisal. There were no records of community based observations of performance. Staff did not receive regular, recorded assessments of their competency to administer people's medicines.

The enforcement action we took:

We imposed a condition on the registration of the organisation.