

Angels @ Home C.I.C.

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

Angels @ Home is a domiciliary care agency, which provides personal care to people in their own home, who require support in order to maintain their independence. The office is located in Sentinel House, Eccles, which provides adequate parking facilities. At the time of our inspection, there were 38 people using the service. The majority of people who used the service had their care funded by the local authority.

This announced inspection took place on Wednesday 06 September 2017. We gave the provider 48 hours' notice because we needed to ensure someone would be in the office to facilitate our inspection.

At our inspection in February 2017, we found seven breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to person centred care, safe care and treatment, safeguarding, complaints, good governance, staffing and fit and proper person's deployed. The service was rated as 'Inadequate' overall and for the key questions: 'safe' and 'well-led'. We rated 'effective', 'caring' and 'responsive' as 'requires improvement'. This meant the service was placed in to special measures.

Following the February 2017 inspection, we issued a Notice of Decision (NoD) which imposed additional conditions for the regulated activity personal care at Angels @ Home which required the provider to seek CQC authorisation to increase or commence new packages of care. The provider has done this alongside the local authority and has appropriately planned how new packages will be staged proceeding forward to ensure that the quality of care delivered to people is not compromised.

The provider was also required to appoint a new registered manager to oversee the regulated activity. 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.

Following receipt of the NoD, the provider had recruited a manager who registered with the Care Quality Commission (CQC) but they subsequently left in July 2017. At the time of this inspection, another manager had been recruited and they confirmed that they had commenced the application process to register with CQC.

At this inspection, we found the provider had taken all the required action and had addressed all the breaches identified at our February 2017 inspection.

The people we spoke with told us they felt safe. Relatives also confirmed they felt their family members were safe with the staff going into their family member's home.

At our last inspection appropriate recruitment checks had not been undertaken prior to staff working in

isolation with people in their own homes. At this inspection, we found recruitment checks had been promptly undertaken following our February 2017 visit for those staff without the required safeguards in place. We checked seven recruitment files for staff appointed following our last inspection which confirmed robust recruitment procedures were now being followed prior to staff being appointed to work at the service.

At the previous inspection we found medicines had not been handled safely and staff supporting people with medicines had not been sufficiently trained to do so. At this inspection we found medicines were handled safely. The medicines documentation had been redesigned and now supported the accurate recording of medicines to enable staff to ensure sufficient time was maintained between doses. 'Prescribed when needed' (PRN) protocols were now in place in addition to medicines risk assessments. All staff supporting people's medicines had received the required training to do so.

Safeguarding policies and procedures were in place and the staff spoken with demonstrated a good understanding of safeguarding concerns and the process to follow if they suspected abuse. We saw safeguarding concerns had been identified and appropriately reported to the local authority and CQC.

The provider had appropriate assessments in place which were reflective of people's needs and provided guidance for staff on the measures needed to reduce risks. There was an effective system in place to manage accidents and incidents, and to reduce the likelihood of re-occurrence.

The provider had policies and procedures in place to respond to emergencies and there was an on-call procedure in place to support staff.

Since our previous inspection, staff had received a comprehensive training programme and were working towards the care certificate with an identified timeframe for completion. Staff had received monthly supervision following our February 2017 inspection to support staff through the required service changes.

The provider and staff knew the requirements of the Mental Capacity Act 2005 and acted in accordance with this legislation.

People told us that the staff respected their privacy and dignity and promoted their independence where possible.

People confirmed they were supported by the same staff and the provider had introduced an electronic system that enabled them to monitor the continuity of staff visits when scheduling the rotas.

People or their relatives where appropriate, were involved in the initial assessment and we saw care reviews had been undertaken. However, we found care plans were not person-centred and did not identify people's individual goals. The care plans were prescriptive detailing how care was to be delivered and did not incorporate individualized, measurable and achievable goals based on people's preferences and wishes. The provider did indicate they would be changing the care plans during our inspection and sent us a new care planning document following our visit. In recognition of the provider's prompt response to address this, we have made a recommendation about person-centred care planning.

The provider had a complaints process in place and we saw complaints had been logged and responded to. However, we received mixed feedback from people spoken to in regards to their confidence in the complaints system and whether a satisfactory resolution had been brought to their complaint.

The provider sought the views of people who used the service through reviews and quality questionnaires, to help drive improvements. Regular team meetings were conducted and the minutes of meetings circulated to ensure staff were kept up to date with developments at the service.

The provider had introduced effective systems to assess and monitor the quality of services people received and had addressed all our previous concerns. The provider was continuing to monitor progress and make improvements where required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Recruitment practice had been addressed and required checks undertaken before staff commenced working with people in isolation in people's own homes.

Medicines were managed safely and documentation had been strengthened to support staff with medicine management.

Safeguarding procedures were in place, staff had received training and demonstrated a good understanding of safeguarding matters.

Is the service effective?

Good ●

The service was effective

Staff received a thorough induction and completed the care certificate where necessary.

Staff had a comprehensive training programme in place, received regular supervision and had an annual appraisal of their work.

People's consent was obtained prior to care being provided and people told us staff continued to obtain their consent prior to undertaking care tasks.

Is the service caring?

Good ●

The service was caring.

People were supported by a familiar staff team and the provider monitored this through an electronic system that generated a continuity score.

People's dignity was maintained and their independence promoted.

People told us the staff were caring and their interactions with staff were positive.

Is the service responsive?

The service was not consistently responsive

Care plans were task focused and did not contain sufficient personalised information to demonstrate people's views and preferences were embedded in to the care provided.

People's care was reviewed and staff completed a homecare report to record what support and care had been provided to each person during their visit.

The provider now had a system in place to manage and respond to complaints and we saw complaints had been documented since our last inspection.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led

We found the provider was now meeting the requirements of the regulation and had introduced systems to assess, monitor and improve the quality and safety of the services provided.

The provider held staff meetings which helped share learning and ensure that staff had an opportunity to raise issues of concern and influence change.

We could not improve the rating for 'well-led' at this time, because to do so required evidence of consistent good practice over time.

Requires Improvement ●

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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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 06 September 2017 and was announced. The provider was given 48 hours' notice because the location provides a small domiciliary care service and we needed to be sure someone would be in the office to facilitate the inspection.

The inspection team consisted of one adult social care Inspector 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.

In advance of our inspection we contacted external stakeholders based at Salford City Council to see if they had any information to share with us about the service. They informed us that they had seen significant improvements at the service since our last inspection and they were confident the provider had addressed all the concerns we had previously raised.

As part of our inspection planning we reviewed all the information we held about the service. This included previous inspection reports and any notifications sent to us by the provider including safeguarding incidents or serious injuries.

We had not asked the provider to complete 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 improvements they plan to make. This was because the inspection was undertaken to ascertain that all our previous concerns had been addressed.

During our inspection we went to the provider's head office and spoke with the provider, manager, care coordinator and sought feedback by telephone from four staff. We also spoke with eight people and five relatives of people receiving support by phone.

We looked at various documentation including five care files for people receiving support and seven staff personnel files. We looked at staff recruitment information, supervision notes, training, induction process, staff rota's, visit schedules, policies and procedures and five medication administration records (MAR).

Is the service safe?

Our findings

We asked people if they felt safe receiving support from Angels @ Home or whether they'd had any safety concerns whilst receiving support from the agency. People's comments included; "I do feel safe; certainly." "Yes, they are very good." A relative said; "[Person] is safe with the agency but they could do with more hours care. That's not down to the staff though."

At our last inspection in February 2017, we found the provider had not followed their own recruitment policy and staff were working with vulnerable people, unsupervised in their own homes prior to appropriate recruitment checks being completed. We saw a staff member had been working for three months prior to a Disclosure and Barring Service (DBS) check being made and another four staff members were working with a DBS from a previous workplace and the provider had not made further checks to ensure people were of suitable character to work in isolation with vulnerable people.

At this inspection, we found the provider had promptly addressed our concern following our last inspection and made DBS checks for all the required staff. We looked at seven people's recruitment files that had been recruited since our last inspection to determine that robust recruitment practices had been embedded in to the service. Each file we looked at contained application forms, DBS checks, proof of identity and evidence of references being sought from previous employers prior to new staff commencing in post. The manager also audited recruitment and maintained a file to evidence this. This meant people would only receive care from staff that were suitable for their roles.

At our last inspection, staff had not received appropriate medicines training and we found the records about the administration of medicines were poor. This had been addressed and all staff had received medicines training. The documentation had also been revised and strengthened. We saw each person had a home care report book which contained a MAR, variable dose medication administration record, medication review document and a supplementary medication information sheet which detailed common side effects, 'prescribed when needed' (PRN) protocols, body map and discomfort scales.

We found information in people's care plans had been updated to include guidance for staff about who was responsible for ordering and collecting medicines and how the person preferred to take their medicines. We found the MAR had been strengthened and an additional column added to enable staff to accurately record the time medicines had been administered. We looked at five MAR's and found they demonstrated that sufficient time gaps had been maintained between medicines. We found there were no omissions of staff signatures which demonstrated people had received their medicines as prescribed. The provider audited the MAR's monthly to ensure any issues were identified in a timely way and actions implemented to address the shortfall.

We saw that when people had PRN medicines prescribed, information was recorded in the report book to guide staff as to when these medicines would be required and the maximum dose within a specified timeframe that could be administered and for what condition.

The provider had a policy and procedure in place for safeguarding vulnerable adults from abuse. The provider, manager and staff understood the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse had occurred. This included reporting their concerns to the manager and the local authority safeguarding team. The management had made timely safeguarding notifications to CQC. Staff we spoke with told us, and records confirmed that they had completed safeguarding training. They were aware of the provider's whistle-blowing procedure and said they would use it if they needed to. Staff told us; "Just making sure the client is well looked after. Any concerns of the client, pass straight to the office." "Protecting the person I am caring for, e.g. health, funding and wellbeing, making sure they are fine and safe, confidentiality with clients as we sometimes look after their finances."

We asked people whether they had any safeguarding concerns. For example; whether any money had ever gone missing, if the care staff spoke to them kindly or whether they were frightened of anybody. All the people spoken with confirmed they had no issues and had never had cause for concern regarding the care staff that supported them. One relative did raise a historical issue but this had been some years ago and had been looked in to and addressed at that time. The provider had already implemented safeguards to address this at the time as a precaution to ensure the person and staff's safety.

Following our last inspection, the provider had upgraded the IT system to enable visits to be monitored. The system required the staff to use their own phone or the phone of the person who was receiving support to dial a free phone number and log that they had arrived for the visit. If the visit was not logged then an alert was received by the office within half an hour of the missed visit time to notify the provider and manager that the staff had not arrived at the scheduled time to provide care. The system was also linked to the out of hour's on-call. This meant the provider was no longer reliant on people being able to notify the office of this occurrence themselves.

All the people we spoke with as part of the inspection told us missed calls weren't a problem with Angels @ Home. People's comments included; "My carer is always on time and stays for the right amount of time. I have never had a missed call and I feel very safe with her." "They are smashing, always on time, never missed a visit." "No, they turn up alright." "I had one missed visit right at the start but that's a good while ago and was a mix up with the rota. It's not happened again."

The provider had risk assessments in place for people using the service which identified the risk and they had strengthened the guidance documented to support staff to mitigate the risk for specific issues such as; moving & handling, personal care, personal safety, risk assessment, dietary requirements, skin integrity, mobility. An environment risk assessment had also been completed which covered; lighting, path, space, flooring, electrical, risk of fire, whether person smokes, pets.

The provider had also implemented additional control measures to mitigate risks. The provider had developed stay safe packs which were issued to care staff and contained bus routes, dietary advice, adverse weather warnings, and car break down numbers, lone working information and emergency contact details. The provider also told us they provide winter warmer packs for people using the service annually which contained a blanket, hot drink sachets, cups, scarfs and socks. We were told this had been received favourably by people who used the service and it was the provider's intention to provide these packs again this winter.

The provider had a system to manage accidents and incidents to reduce the risk of them happening again. Staff completed accidents and incidents records. These included details of the action staff took to respond and minimise future risks, and who they notified, such as a relative or healthcare professional. For example, when staff had attended a person that had scalded themselves, they had dialled an ambulance and

followed the operator's advice to respond to the situation. The staff had informed the office staff to notify the person's relatives. Accidents and incidents were discussed at team meetings to share learning.

Is the service effective?

Our findings

We asked people and their relatives if they thought staff were well trained and had the right skills to meet their needs. We received mixed responses regarding this. Positive comments included; "I think they go for training regularly, lifting and handling and things." "Yes, they are very well trained." "On the whole they seem well-trained, they know how to use the hoist to put [person] on the commode." "Yes I think they are very well-trained, where necessary they will give all the help that is necessary." "Although we have only had them for a short time they seem very well trained and very professional."

Other comments received were; "One or two of the carers are well-trained, others have not got half a brain cell between them and I wouldn't trust them to look after my cats. They all do know how to use the hoist though." "Some of the girls are well-trained others not so good, a bit rough around the edges and don't treat you as well as some." "The carer I have now is well-trained, others I've had in the past were not so good, very slap happy and did the least they could get away with."

At our February 2017 inspection, we identified that new staff were not provided with induction training before working at the service. At this inspection we found the provider had addressed this and an induction programme had been implemented with identified timeframes for completion. There was a requirement to have completed a part of the induction prior to commencement of duty which included policies, safety and security of information, terms of employment and contractual information. The remainder of the induction involved completion of training, complaints and care plans which had a timeframe of six weeks for completion.

We were told that all staff regardless of their previous training and qualifications were also undertaking the Care Certificate. The Care Certificate, developed by Skills for Care and Skills for Health is a set of minimum standards that social care and health workers should apply to their daily working life and must be covered as part of the induction training of new care workers. This helps to prepare staff, particularly those new to care work, in carrying out their role and responsibilities effectively. The staff had until January 2018 to have completed all 15 of the minimum standards. We saw staff were well underway to achieving this deadline and had completed a number of the standards which were filed in their staff personnel file.

All the staff spoken with confirmed the emphasis on training had significantly improved since our last inspection. Staff confirmed the training matrix was a true reflection of training undertaken which identified staff had completed training in; dementia, health and safety, moving and handling, mental capacity, safeguarding, food hygiene, first aid, infection control, continence, challenging behaviour, COSHH, medication, fire safety, confidentiality, person centred care, death, dying and bereavement, equality and diversity. A number of staff involved in risk assessments had also completed the relevant risk assessment training.

We saw further training was scheduled and 15 staff had enrolled on a level two, 12 week end of life (EoL) programme. Following completion of this training, the provider told us they would encourage staff to complete the level two, 12 week programme in challenging behaviour.

We saw the training provided comprised of staff watching social care dvd's and also completing practical hands on training. The staff completed a learner workbook and competency questionnaire following completion of social care training to ensure they could demonstrate that they had the required understanding and competence to fulfil their role effectively. We looked at seven workbooks which confirmed staff competency in the subject area.

We saw supervisions had been completed more frequently than the supervision policy identified. The provider explained that this had occurred following our last inspection to provide staff with increased support throughout the period of change that had been required. We also saw staff had completed an annual appraisal with the provider when they had been in employment at the agency for over a year.

Each person that received support from the service had a homecare report book. Staff made an entry in the book at each visit and recorded in the report book any specific incidents or changes in a person's circumstances or health. This ensured effective communication was maintained between staff providing care.

At the time of the inspection, staff were not providing support to anybody that was nutritionally compromised or requiring specialist diets. However, we saw that the provider had considered this when compiling the homecare report book and we saw meal records had been included in the book so that staff had the required documentation for completion if this was an identified need in the future. Staff did support people with meals if this was part of their support plan and told us they provided meals in line with people's choice and preference.

The provider told us family members dealt with appointments and general healthcare needs, but staff would respond and seek medical attention if an emergency situation arose. This was confirmed when looking through accident and incident records. We saw that a staff member had contacted emergency services when the person they had visited disclosed they had dropped scalding water on themselves when making supper. The staff member saw the person had sustained a large burn and contacted emergency services. They followed the operator's advice and wrapped the burn in cling film, reported the incident to the office and awaited the ambulance with the person.

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. Where people live in their own homes, applications to deprive them of their liberty must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

We saw that whether people had capacity to consent to their care was captured on the initial assessment. If people had a power of attorney (POA) or an advocate, this was captured in people's care plans.

All the staff spoken with were aware of their responsibilities under the MCA. They knew how people communicated their wishes and how they showed they consented to their support. From our discussions with people and a review of people's care records we saw that people were consulted with and, if able, consented to their care and support.

We asked people whether staff ascertained their consent before providing care. People and relatives told us;

"I do a lot for myself but they do assist me when I'm in the bath and they do ask permission to help." "I'm not sure if my consent is sought but we're in a routine now so things just seem to happen." "[Person] is still very independent and likes to wash herself but if they are helping they do ask her consent."

Is the service caring?

Our findings

People spoke positively of the care staff and told us they valued the relationships that had developed with the regular staff that supported them. People told us they found the staff were caring. Comments from people included; "They are very kind and caring." "Yes, they are good girls." "The girls that I've had so far have been very caring and kind, they suit me" and "Yes, they are caring."

The electronic system rostering system had been upgraded following our last inspection and provided a consistency score which enabled the provider to monitor that people were receiving support from a familiar staff team. We found once people had been with the service for a few weeks, rotas were established and staff were deployed consistently to support people. This ensured familiarity with the person receiving support and contributed to the formulation of good relationships and working practices. The provider, manager and care coordinator also undertook visits and reviews to maintain oversight and contact with people who used the service to ensure the care being delivered was to a good standard.

Staff told us they gave people as much opportunity as possible to continue doing things for themselves so they didn't lose their skills. People told us staff offered them choice in relation to their care, with staff encouraging them to retain as much independence as possible. One person said, "I think the help that they give me makes it possible for me to be as independent as I can. I do most things for myself but they help with the things I can't manage." A second person said, "Oh yes, brilliant, they encourage me. I tell them what the physio taught me to do." A third person said, "Yes, they encourage you but they don't press you if you can't do a thing." A fourth person said, "Yes, they try to make me more independent. For example they will ask me if I want to have a go at making my own breakfast." A fifth person said, "I couldn't manage without them, they are angels. I want to stay as independent as I can and they encourage me to be independent. They always ask me - can you do this, or do you want to do that. It's a real help."

We asked people who used the service and their relatives if they felt the staff treated them with dignity and respect when undertaking care tasks. A person said, "Yes, they use a 'privacy blanket' to make sure I'm covered." A second person said, "I have a regular girl and I am very happy with her. I think she treats me with great respect; I can't fault her." A third person said, "The staff do respect my privacy and dignity but I did have to ask them not to swear as I felt that was unacceptable." Relatives told us; "I think they do uphold her privacy when helping with washing and things like that." "They do treat her with respect and they close the door when washing her. I think they do treat her in a dignified way I just wish they would be a bit gentler."

We looked to see how the provider promoted equality, recognised diversity, and protected people's human rights. The provider was aware of the inter faith network and had developed a directory of 2017 religious festivals and why they were important to each culture. This was available at the office for staff to explore and was considered as part of the assessment process.

We saw there were appropriate policies referring to areas such as; equality and diversity, confidentiality, privacy and dignity. We saw records were kept securely at the office to help ensure confidentiality was maintained.

A pink folder containing the service user guide was given to people upon commencing with the service. This included the service's statement of purpose, explanation of care delivery, financial information and complaints procedure.

Is the service responsive?

Our findings

We asked people and their relatives if they had been involved in an initial assessment prior to the commencement of the service. People and their relatives told us; "I was involved in the original setting up of the care plan and I think it meets their needs very well." "Yes, it's here."

We saw people had an assessment of their needs by the local authority to support the referral to the service. However, the provider also completed their own initial assessment to determine that the agency was able to meet the person's support needs.

We saw the initial assessment captured limited background information such as details about people's marriage, children, work/employment and hobbies/interests. The provider acknowledged that the information captured needed to be of greater depth and underpin the development of the care plans. Following the inspection, the provider sent us information to confirm that they were underway with this work and had re-designed the care plan documentation. Such information is of particular importance to enable staff to initially engage with people to support the development of relationships. It is also important to enable the provider to embed these details in to the care planning process to ensure that care is provided in line with people's wishes and preferences.

We looked at five care plans for people using the service. We saw copies were kept at the head office and when we spoke to people they confirmed that there was also a care file containing care plan's at their home. The care plans we looked at were not person centred and were prescriptive and task led. They focused on what had to be done and didn't account for people's individual needs and promoting people's independence. The care plans were not goal orientated and just detailed the interventions required. We discussed this with the provider who told us they had identified this and it was their intention to start addressing this and amend the care plans in order to make them more person centred.

Following the inspection the provider sent us a blank care planning document that they intended to implement. We will follow this up at our next inspection.

We recommend that the registered manager seek advice and guidance from a reputable source, about person-centred care planning.

We saw reviews were completed at regular intervals and a review document completed which detailed whether the person was happy with the care and support received. People and their relatives confirmed that their opinion regarding the quality of care was requested regularly. We saw that this was also the case for newly commenced packages.

At this inspection we found the provider's approach to complaints handling had improved. We saw a complaints file had been developed and there was a complaints log that detailed recent complaints received. However, we still found there were mixed reactions from people in regards to their confidence in the providers handling of complaints. Positive comments received included; "I know how to make a

complaint and I have done months ago but I'm happy now." Negative comments included; "I used to complain if I thought something was wrong but I gave up because the manager doesn't accept that there is anything wrong with their staff. She just doesn't want to know and it was a waste of time and I just got irritated. So no, you could say my complaints were not dealt with satisfactorily." I think as far as the manager is concerned she doesn't want to deal with complaints.

We also noted that the service had received a number of compliments thanking them for their care and support.

Is the service well-led?

Our findings

At our last inspection, we expressed concerns that the sole director for the service was also the registered manager which meant there was no other responsible person who was accountable in relation to the carrying on of the regulated activity. We had concerns about the day to day management and oversight of the service. Following our February 2017 inspection, we issued a 'notice of decision' (NoD) which required the provider to seek agreement from CQC prior to commencing any new packages of care. The provider was also required to appoint a registered manager.

The provider adhered to the notice and recruited a manager who registered with the Commission but they subsequently left in July 2017. At the time of this inspection, another manager had been recruited and they confirmed that they had commenced the application process to register with CQC.

Following our last inspection and the inadequate rating in this domain, the provider sent a newsletter to people receiving support from the agency to inform them of the rating and to provide assurance that they were underway with addressing the inspection concerns. In the interest of transparency, the provider has also informed new people to the agency of the inspection rating. We confirmed this had occurred when speaking with people who had commenced with Angels @ Home since our last inspection.

We asked for a variety of records and documents to be made available during our inspection. We found that record keeping had significantly improved. The provider demonstrated that they had oversight of the regulated activity and we saw that significant progress had been made and the provider was no longer in breach of the regulations identified at the previous inspection. While we were satisfied that previously identified breaches in the regulations were now being met, for a domain to be rated as good we need to see consistent good practice over time, therefore we will continue to monitor the service and return to review these areas again at the next inspection.

During our last inspection we found that the provider had not implemented systems to assess, monitor and improve the quality and safety of services provided in the carrying out of the regulated activity. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to good governance.

During this inspection we found that the provider was able to demonstrate that they were meeting the requirements of the regulations. The provider had implemented a system of 'spot checks', which provided the opportunity to monitor the quality of service provision and seek the views and concerns raised by people who used the service. Audits had been implemented since our last inspection and included; recruitment, training, supervision, care plans and medicines.

Documentation had been incorporated in to a homecare report book which was returned to the office at the end of the month and was audited to ensure there were no omissions of signatures or discrepancies. This included: daily logs, meal records, MAR charts, skin integrity and financial transaction records.

The provider had implemented a quarterly staff survey to monitor staff morale and ascertain feedback from staff regarding what was working and what was not. The provider told us that it had been required to assess staff morale following the last inspection. Employee of the month had also been re-introduced and was awarded based on staff's attendance, training, attitude, going the extra mile, time keeping and team working. The successful employee received a voucher or wine and chocolates in recognition of this award.

Team meetings and senior meetings were conducted monthly and an agenda was sent to staff prior to the meeting and provided staff an opportunity to identify their own agenda items for discussion. Staff who were unable to attend the meeting were still able to put forward any other business for discussion. Following the meeting, all staff received the minutes of the meeting to ensure effective communication of areas of discussion.

The provider had up to date policies and procedures which were obtained through a compliance system and the provider received notifications to inform of policy changes. The provider disseminated this to staff through a memo and all hard copies were available at the office for staff to refer to.

The provider was aware of notification requirements and the manager had informed CQC of significant events in a timely way.

We saw the last inspection ratings were displayed on Angels @ Home website and people had been informed of our last inspection rating.