

Rings Homecare Service Ltd

Lancashire

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Lancashire is a registered domiciliary care agency and supported living service; providing personal care to adults in their own homes and supported living settings. Lancashire provides care to people who misuse drugs and alcohol, people living with physical disabilities, sensory impairments, eating disorders, dementia, learning disabilities and autistic spectrum disorders and people who require mental health support. At the time of the inspection nobody was receiving support in any supported living settings, and one person was receiving domiciliary care.

The Care Quality Commission (CQC) only inspects services where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service

At the time of the inspection one person was receiving a low level package of care from one dedicated member of staff. The provider ensured staffing contingency plans were in place, which had been agreed and discussed with the person receiving care. Pre-employment recruitment checks had been carried out, ensuring applicants were suitably vetted and able to work in the adult social care field.

Quality assurance and governance measures were in place. Systems and processes helped to ensure the quality and safety of care being delivered was being assessed, monitored and improved upon. A dedicated quality assurance officer had been recruited to ensure oversight was effectively maintained

Assessment and review of risks were in place. Care plans and risk assessments contained relevant and up to date information in relation to the support that needed to be provided, the person receiving care was fully involved in the decisions that had been agreed.

At the time of the inspection medicine support was not being provided. However, the provider ensured that medicine training had been delivered to staff, there was an up to date medication administration policy, and competency check and error incident documentation was in place for when it was needed.

Infection prevention and control (IPC) policies were in place. The staff member providing personal care was engaged in a twice weekly COVID-19 testing regime, PPE was provided and both the staff member and person receiving care had a COVID-19 risk assessment in place.

The person receiving care from Lancashire was supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Safeguarding measures and reporting procedures were in place. An up to date safeguarding policy contained relevant information about the importance of protecting people from harm and abuse,

safeguarding training was provided and a safeguarding incident log helped to ensure such incidents were reviewed and investigated accordingly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

This service was registered with The Care Quality Commission on 01 June 2020, this was the first inspection of this newly registered service.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our well-led findings below.

Good ●

Lancashire

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

This service is also registered to provide care and support to people living in 'supported living' settings; so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. Nobody was receiving this level of support at the time of the inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period of notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 02 August 2022 and ended on 04 August 2022. We visited the office location on 02 August 2022.

What we did before the inspection

We reviewed information we received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all the information to plan our inspection.

During the inspection

We spoke with one person over the telephone and one relative about their experiences of care being provided. We spoke with the registered manager and two members of staff.

We reviewed a range of records. This included one person's care records, one staff personnel file in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

Safe - this means we looked for evidence that people were protected from abuse and avoidable harm.

This was the first inspection for this newly registered service. This key question has been good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Safe staffing arrangements and recruitment measures were in place.
- The person receiving care and their relative confirmed that the package of care was delivered at the times that had been agreed.
- Electronic call monitoring system ensured that support visits were taking place at the time and duration that had been agreed.
- Safe recruitment procedures were in place. Pre-employment checks were conducted, suitable references were sought, and checks were carried out with the Disclosure and Barring Service (DBS).

Assessing risk, safety monitoring and management

- Risk assessments, safety monitoring and management measures were in place.
- Risks were established from the outset and regular reviews were held to ensure the most safe and effective level of care was provided.
- Internal environmental risk assessments were also completed. We noted that an external risk assessment needed to be in place for additional risk management purposes.

Using medicines safely

- Medicine administration procedures and arrangements were in place.
- Medication administration support wasn't being provided at the time of the inspection. However, care staff had received the necessary medicines training.
- There was an up to date medication administration policy in place that staff could consult as and when needed, medication incident report forms and competency checks were also in place.

Preventing and controlling infection

- We were assured that there were effective IPC measures in place.
- Accessible PPE was provided and there were up to date IPC policy in place which contained relevant COVID-19 information and PPE policy.
- Care staff were expected to complete twice weekly COVID-19 lateral flow tests and there was a good level of oversight in relation to testing compliance.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Safeguarding systems and incident reporting procedures had been embedded.
- Safeguarding training was provided, and staff had access to the relevant safeguarding and whistleblowing policies.

- Incident and safeguarding reporting procedures were in place. The registered manager ensured there was a tracking system in place to review and respond to all incidents accordingly.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This was the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The registered manager was familiar with the principles of the MCA (2005) and legislation and guidance which needs to be followed.
- At the time of the inspection there were no restrictions in place to deprive the person receiving care of their liberty.
- Consent to care and treatment was clearly documented in the care record we reviewed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Needs and choices were assessed and care and support was delivered in line with standards, guidance and the law.
- Feedback confirmed that the care and support was delivered around the needs and preferences of the person receiving care. Person told us, "I'm really happy with the care being provided."
- The care records we reviewed detailed how the person wished to be cared for and what level of support staff needed to provide. For instance, 'One hour per week, I would like an additional hour [for carer] to spend with me. I would like to let carer know what I would like to do with time on the day.'

Staff support: induction, training, skills and experience

- Care staff were supported, appropriately inducted and received the necessary training to enhance their skills and experience.
- One member of staff told us, "I really like working here, induction was good, they're really supportive."
- Person receiving care confirmed, "I feel safe receiving care, [staff] support with all care I need." One relative also told us, "[Carer] is very good, [carer] looks after [relative] really well."
- A training matrix confirmed that care staff received all the relevant training to support their role.

Competency assessments, routine supervisions and appraisals were completed and scheduled for the remainder of the year.

Supporting people to eat and drink enough to maintain a balanced diet

- Diet information was recorded, and the required level of support was provided.
- Nutrition and hydration support were established and when needed, measures were put in place to ensure any risks were effectively managed.
- Relative told us, "Carer helps with cooking, [carer] is very helpful."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Consistent, timely and effective care was provided; the provider had access to other healthcare services as and when needed.
- Person receiving care and their relative confirmed that the provision of care was "very good."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This was the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care

Ensuring people are well treated and supported; respecting equality and diversity

- Positive feedback confirmed that the person receiving support was well treated and cared for. Equality and diversity needs were also respected.
- Kind and considerate relationships had developed between staff and person receiving care.
- Staff were familiar with the support that needed to be provided; care records confirmed that the person's needs and preferences were discussed and supported during each support visit.

Respecting and promoting people's privacy, dignity and independence

- Care and support was centred around delivering respectful, dignified care that helped to promote independence and empowerment.
- The person receiving care confirmed that kind, dignified and respectful care was provided.
- People's confidential and sensitive information was protected; there was an up to date data protection policy in place.

Supporting people to express their views and be involved in making decisions about their care

- Views and suggestions of others were captured.
- The provider had different measures in place to seek feedback and respond to any suggestions made. For instance, monitoring calls and reviews were routinely scheduled and surveys were circulated.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This was the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication support needs were assessed and AIS was complied with.
- A communication assessment highlighted the level of support people needed and the support that staff needed to provide. For instance, staff were provided with details around any impairments, aids that were used and if a translator was required.
- Easy read material was provided upon request and the provider had ensured that translatable material had been created to support a person's first language.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Personalised care was agreed; choice and control was encouraged as a measure of meeting person's needs and preferences.
- Care records contained, 'one-page profiles', detailed routines and care tasks, person-centred support plans, spiritual / religious support needs as well as aims and objectives that needs to be achieved.
- Care records confirmed that the person receiving care and their relative had been involved in the package of care that had been agreed. Records included, '[I want to] continue to live as independently as possible within my own home with assistance from my carer and my [relative].'

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Social isolation was managed, companionship was provided and hobbies and interests were supported.
- Staff were familiar with the persons daily routines, what was important to them and helped to support with their choices and preferences.
- Care records contained information such as, 'I may want to go for a small walk, I may want some help with my religious activities.'

Improving care quality in response to complaints or concerns

- The provider had an up to date complaint, suggestion and compliments policy and procedure in place.
- A complaints tracker was in place. This helped to monitor and maintain oversight of all complaints submitted and any lessons that needed to be learnt.

- The person receiving care and their relative confirmed that they could raise any issues as and when they presented. Person said, "Any problems would be raised and responded to."

End of life care and support

- End of life care was not being provided at the time of the inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This was the first inspection for this service newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Roles and regulatory responsibilities had been clearly defined. Quality performance measures and risk management measures had been embedded and the provision of care was continuously assessed.
- People's support needs were effectively assessed, risks were routinely reviewed and competency checks and performance monitoring measures were in place.
- The quality and safety of care was assessed, service delivery was discussed and follow up actions were identified when improvements were needed.
- There was a dedicated quality assurance officer who helped to maintain effective oversight of service provision. The officer confirmed, "Organisation is well managed and there are good auditing systems in place."
- Incident reporting procedures and complaint processes were in place; incidents and complaints were tracked and themes/ trends could be effectively identified to help improve care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- A positive, person-centred culture had been created; open, inclusive and empowering relationships helped to achieve good outcomes.
- One staff member told us, "It's a really good team, we all work together, we always emphasise about person-centred care, about delivering what the [person] need and wants."
- One relative told us, "I have no concerns, [relative] is always saying how good [carer] is and I know [relative] feels safe. [Relative] is getting right level of care."
- The provider worked in partnership with other services and agencies as a measure of providing the most effective level of care to people receiving support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged with others to capture their feedback about the quality and safety of care being provided.
- Staff and 'client' surveys were circulated, and care reviews and telephone reviews regularly took place. Relative told us, "Manager calls to ask us if we are happy with the care being provided."
- One staff member confirmed, "I feel fully supported in my role, there's good staff morale and good team

work."

- Team meetings were regularly conducted. Staff had the opportunity to raise any concerns, make suggestions and provide feedback about the quality and safety of care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Duty of candour and legal responsibilities were complied with.
- The provider was aware of their regulatory responsibilities and the importance of submitting notifiable incidents to both CQC and local authority when needed.
- A good level of communication and a positive working relationship had developed between the provider and the person receiving care.