

Rings Homecare Service Ltd

# Greater Manchester

## Inspection report

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Date of inspection visit:  
09 March 2023  
13 March 2023

Date of publication:  
26 April 2023

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Greater Manchester, known by people using the service as Rings Homecare, is a domiciliary care service based in Bolton, Greater Manchester. The service is registered to provide care and support to children, younger and older adults living in their own homes.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects 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. At the time of inspection, 42 people received personal care and were included in the inspection.

### People's experience of using this service and what we found

We found improvements were required with medicines management, record keeping and the audit and governance process. Record keeping and documentation relating to people's medicines was not always completed fully, accurately or in line with the provider's policy. The provider's audit process had not identified the issues we noted on inspection.

People and relatives we spoke with, told us the service provided safe care. Staff had completed training in safeguarding and knew how to report concerns. Care staff completed their visits on time and remained for the full length of the call. New staff had been recruited safely, with all necessary safety checks completed. Risks to people had been assessed, with information in care plans on how these would be minimised as much as possible.

People and relatives told us they were happy with the service, and most would recommend the company to others. People's views had been sought through telephone reviews with either themselves or their next of kin. Everyone we spoke with told us communication with and from the service was good. Staff's views were also sought through regular meetings and surveys.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 4 October 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

### Why we inspected

We carried out a focused inspection of this service in August 2022. Breaches of legal requirement were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, person centred care and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-Led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection (published January 2020) to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

We have found evidence the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Greater Manchester on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to medicines management and the audit and governance process at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Greater Manchester

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by an inspector, a pharmacist specialist inspector, a medicines inspector and an Expert by Experience who conducted telephone calls with people using the service and their 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.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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 notice of the inspection. This was to ensure the registered manager was available to support the inspection and allow the provider time to start asking people using the service and their relatives if they would be prepared to speak to us about their experiences. Inspection activity started on the 7 March 2023 and ended on 17 March 2023, by which time we had sought the views of people, relatives and staff and reviewed all additional information sent following the visit. We conducted office visits on the 9 and 13 March 2023.

### What we did before the inspection

We reviewed information we had received about the service since it was registered. This included notifications sent to us by the home. Notifications are changes, events, or incidents the provider is legally obliged to send to us without delay. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

### During the inspection

We spoke with 6 people using the service and 6 family members about the experiences of the care provided. We visited 2 people in their homes to speak to them and/or their relatives and look at medicines. We spoke with the registered manager, 2 quality assurance officers and 2 care staff in person and sought the views of 1 care staff via a telephone call and 10 care staff via emailed questionnaires, 7 of whom responded.

We reviewed a range of records. This included 5 people's care records and 9 people's medication records. We looked at 6 staff files in relation to recruitment, training, and support. A variety of records relating to the management of the service were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We also reviewed various policies and procedures and medicine records, as well as seeking staff feedback.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At the last inspection the provider had failed to ensure medicines were being managed safely. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, we identified continued issues regarding documentation and record keeping around medicines, and as such, the provider was now found to be in breach of regulation 17.

- Medicines were not managed safely. When people's medicine needs had changed this was not consistently reflected in their written support plan. This increased the risk of mistakes, for example, if there was a change in the regular care staff team.
- Changes to people's medicines needs were not always managed in line with the provider's medicines policy. For example, one person's medicine record had not been clearly amended to show a change in the strength of tablets supplied. A second record showed duplicate entries for administration of the same medicine over two days. Changes to a third person's medicines had not been clearly linked back to the prescriber making the change, resulting in some doses of one medicine being missed.
- Procedures for ensuring the area where medication patches were applied was rotated, to reduce the risk of irritation, were not consistently followed. This had also been an issue at the previous inspection in August 2022.

Record keeping relating to medicines management was not robust. This demonstrates a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had made limited improvements to medicines handling since our last inspection. The medicines administration records were more clearly completed and procedures for periodically checking which medicines a person should be taking had improved.
- The staff we spoke with knew people well and explained for example, how they made sure 'when required' painkillers were given correctly. We also had positive feedback from a family member about how they shared support with their relatives' medicines needs with care staff.

### Staffing and recruitment

At the last inspection the completion of people's care visits was not always in line with the agreed times as stated on their assessment and care plan. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's care visits had been completed at the agreed times, with staff remaining for the full length of the call, unless given permission to leave early once all tasks had been completed. Call monitoring data provided by the service confirmed this.
- The majority of people and relatives also told us care visits were completed timely. Comments included, "I mostly have the same carers who comes on time and stay the full half hour. I have never had a missed call," "They [care staff] are usually on time and will let me know if they will be late" and "They [care staff] are sometimes a bit late but that is not an issue with us, they let us know anyway. They always stay the full time and complete all tasks."
- Staff were recruited safely. Pre-employment checks were completed to ensure applicants were of suitable character to work with vulnerable people. This included completing checks with the Disclosure and Barring Service, seeking references from previous employers and ensuring staff were legally permitted to work in the United Kingdom.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us the service and its staff provided safe care. Comments included, "My husband is very happy with the service and feels safe in their care," "My dad is happy with the carers and feels safe. They arrive on time and follow the care plan" and "I feel safe when my carers support me. They are well trained and efficient."
- Staff had received training in safeguarding which was refreshed annually. A practical refresher session had recently taken place during a staff meeting, to ensure staff knew how to identify and report any safeguarding concerns.
- The service had an up-to-date safeguarding policy and the registered manager was aware of the local authorities reporting guidance. A log was in place to document any referrals and action taken.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Care files contained a range of risk assessments, which explained the risks to people and how they would be managed. These included assessments relating to health and safety, falls, manual handling, and medicines.
- Accident and incident forms were completed as required and stored on file. These documents covered what occurred, action taken and outcomes. An electronic log was kept which summarised each accident or incident, and detailed any lessons learned and actions taken to try and prevent a reoccurrence.

Preventing and controlling infection

- The provider had up to date infection control policies in place. Staff were required to read the policies and sign to confirm had done so.
- People told us staff wore the necessary PPE when providing care.
- Staff's adherence to infection control and PPE guidelines were monitored through regular spot checks and completion of infection control audits. The service also had an infection control champion, whose role was to ensure best practice was maintained.

# 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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

At the last inspection the provider had failed to ensure systems and processes to monitor the safety and quality of service provision, identify issues and ensure actions and regulatory requirements were addressed timely, were robust or fully embedded. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Regular medicines audits were completed but these had not been effective in identifying the issues found on our inspection. We have identified issues with aspects of medicines management at the last 3 inspections, this shows improvements over time have either not been made or not sustained.
- A new audit process had been implemented, with a range of checks being completed on a weekly or monthly basis. We suggested the registered manager reviewed the audit schedule, to ensure the areas where ongoing issues had been identified, such as medicines management and record keeping were assessed regularly and in sufficient detail.
- The provider agreed at the last two inspections to ensure de-registration forms were submitted for a previous manager, who was still registered with CQC as managing the service despite no longer doing so. At the time of this inspection, these forms had still not been submitted.

Systems and processes to monitor the safety and quality of service provision, identify issues and ensure actions and regulatory requirements were addressed timely, were not robust. This is a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The provider completed frequent spot checks of the care staff to ensure they were providing care and support in line with people's assessed needs. Annual competency assessments were also completed in areas such as manual handling and infection control, to ensure staff retained the necessary skills to support people safely and effectively.

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

characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People's opinions about the care and support provided were sought through regular telephone reviews with either them or their next of kin. We noted over 40 had been completed to date in 2023, with feedback received being largely positive.
- People and relatives' feedback during the inspection was also complementary. Comments included, "I think the service is well managed, I would recommend the service" and "It's a good company. I have been contacted by phone and asked questions about the service which have been positive."
- Regular staff meetings were held, with the same meeting being held at various times, to allow more staff to attend. Staff views were also gathered through regular surveys, with 3 having been completed since October 2022.

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

- The registered manager was aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.
- One person told us, "I have contacted the office when I complained about a carer, they were responsive to this." A relative stated, "Management are investigating some issues involving my [relative]. We are awaiting their findings."

Working in partnership with others

- We noted some examples of the service working in partnership with stakeholders and other professionals, such as the local authority, social workers, and district nurses, in support of people using the service. A quality monitoring officer from the local authority told us they had been meeting regularly with the service and registered manager to provide support with making improvements, which they had noted in regard to recruitment, staff training, call monitoring and the handling of complaints.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes to monitor the safety and quality of service provision, identify issues and ensure actions and regulatory requirements were addressed timely, were not 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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Record keeping relating to medicines management was not robust. When people's medicine needs had changed this was not consistently reflected in their written support plan. Changes to people's medicines needs were not always managed in line with the provider's medicines policy. Procedures for ensuring the area where medication patches were applied was rotated, to reduce the risk of irritation, were not consistently followed.</p>

### **The enforcement action we took:**

We issued a warning notice.