

Rings Homecare Service Ltd

Greater Manchester

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

About the service:

Greater Manchester is a domiciliary care service based in Bolton and provides care and support to people living in their own homes and is operated by Rings Homecare Service Ltd. At the time of the inspection there were 15 people using the service.

People's experience of using this service:

People told us they felt safe using the service and staff displayed good knowledge about how to protect people from the risk of harm. People told us they received their medicines as prescribed. Staff were recruited safely, with appropriate checks carried out when their employment commenced.

There were enough staff to care for people safely, with staff and people using the service telling us current staffing arrangements were sufficient. Staff said their rotas were well managed, with sufficient travel time between each care visit.

People received the support they needed to eat and drink. Staff told us they were happy with the level of training, support and supervision available to develop them in their roles.

People were supported to have maximum choice and control of their lives 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.

People said they felt treated with dignity and respect and staff promoted their independence as required. Complaints were handled appropriately, and a number of compliments had been received by the service. Spot checks and competency assessments of staff carrying out their work were completed.

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 CQC in December 2018 and this was the first inspection we had undertaken.

Why we inspected:

This was a routine comprehensive inspection and in line with our timescales for newly registered services.

Follow up:

We will continue to monitor information and intelligence we receive about the service to ensure good quality care is provided to people. We will return to re-inspect in line with our inspection timescales for Good rated services, however if any information of concern is received, we may inspect sooner.

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 ●

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Greater Manchester is a 'domiciliary care service'. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We carried out this inspection on 19 December 2019.

The inspection was announced on 17 December 2019 to ensure the inspection could be facilitated by the registered manager at the office premises.

What we did:

Prior to the inspection we reviewed information and evidence we already held about this service, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the service. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay.

We also viewed the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well and improvements they plan to make. This

information helps support our inspections.

We contacted Bolton local authority for feedback about the service in advance of our inspection.

During the inspection we spoke with the registered manager, nominated individual, three care staff, four people who used the service and two relatives. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Documentation reviewed included four care plans, four staff personnel files, four medicine administration records (MAR) and other records about the management of the service to help inform our inspection judgements.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

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

Staffing and recruitment; Using medicines safely:

- There were enough staff to care for and support people who used the service. Staff said their rotas were well managed, organised and had sufficient time for travel between each care visit. People said staff usually arrived on time for each care visit and stayed the correct length of time. One person said, "They are always on time and I don't ever recall them being late."
- Staff were recruited safely, and we found all relevant checks had been carried out prior to them commencing their employment.
- People told us they received their medicines safely. We looked at four medication administration records which were all completed accurately with no missing signatures. Staff had received medication training and had their competency assessed by management to ensure medicines were given safely.
- One of the directors of the service was a qualified pharmacist and led on staff training sessions that took place. Staff told us they found this beneficial in ensuring people received their medicines safely.

Assessing risk, safety monitoring and management; Preventing and controlling infection:

- Each person using the service had risk assessments in place covering areas such as both the internal and external home environment, fire safety, infection control and moving and handling. Where any risks were identified, there were details about how to keep people safe.
- People were protected from the risks of the spread of infections. Staff confirmed equipment such as gloves and aprons were available in sufficient quantities and people confirmed these were always worn when personal care was being provided. One person said, "I have noticed they always have gloves on."

Systems and processes to safeguard people from the risk of abuse:

- People and their relatives told us they felt the service was safe.
- Staff confirmed they had received training in safeguarding and were able to describe the different types of abuse that could occur and how to report concerns. One person said, "I have a feeling of safety and reassurance. I couldn't cope without them."
- A safeguarding policy and procedure was in place and provided information about how to escalate concerns.

Learning lessons when things go wrong:

- Systems were in place for when things went wrong. Accidents and incidents were monitored closely, with details recorded about actions taken to prevent re-occurrences.

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 is 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 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the deprivation of liberty safeguards (DoLS) cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- Staff had completed training regarding MCA.
- People who used the service had contracts in place where they had signed to say they were happy to receive care and support from the service.
- Best interest meetings and capacity assessments were completed as required where people lacked the capacity to make their own choices and decisions. These were usually done when requested from the local authority and involved the person's social worker.

Staff support: induction, training, skills and experience:

- An induction programme was provided when staff first commenced employment to ensure they had a thorough understanding of what was required within their role.
- A training matrix was used which showed the different courses staff had completed. Staff spoke positively of the training provided and said enough was available to support them in their roles.
- Staff supervisions were carried out and gave staff the opportunity to discuss their work and receive feedback about their performance. Appraisals were scheduled during 2020 when the service will have been operational for over 12 months.

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

- The care and support people needed to receive from staff had been captured as part of the initial

assessment process and was recorded within care plans.

- When a package of care commenced, staff carried out an assessment of each person to ensure they were able to meet their needs.
- People told us they were involved in this process and were able to contribute towards the support they received and express their views.

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

- Staff provided people with the support they needed to eat and drink. This usually involved staff assisting people with food and drink preparation, or leaving them something to eat for later in the day.
- People's care plans provided details about their nutritional needs and the support staff were required to provide.

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

- People who used the service told us staff had at times, assisted them to healthcare appointments, if they were unable to attend on their own.

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 is 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:

- People who used the service spoke positively about the standard of care provided. One person said, "Very good. Very nice and they treat me well." Another person said, "It's good. They have been very helpful and are very good with me." A third person added, "I am more than happy and would have started using them a long time ago if I had known. I have found a good one (care provider) with this company."
- Feedback from family members and relatives was also positive. One relative said to us, "They are very good compared with previous companies we have used. They are reliable and flexible." Another relative said, "Everything is fine for now. It is very re-assuring for me and I don't need to worry."
- Both people who used the service and relatives described the staff as being kind and caring towards them. One person said, "My carer goes above and beyond for me and will always goes that extra step to get me what I need." A relative added, "The staff are friendly and caring towards my sister."

Respecting and promoting people's privacy, dignity, independence and equality and diversity:

- People who used the service and relatives told us staff always treated them with dignity and respect. One person said, "Yes they certainly do. They treat me very well."
- Staff were aware of how to promote people's independence and we saw people's care plans took into account things people were able to do for themselves without staff support. One person who used the service said, "The staff let me be as independent as I can be."
- People's equality, diversity and human rights needs were fully taken into account and detailed in their care plan. This included their daily routines and things staff needed to be aware of.

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

- People who used the service said they felt involved in the support they received. People also told us they had been involved in the process when their care package first commenced.
- Due to the fact the service had not yet been operational for 12 months, annual feedback questionnaires had not yet been sent. These had been created however and were ready to be sent during 2020.
- Reviews of people's care took place and these ensured people had the opportunity to make any changes to the care they received and make a contribution.

Is the service responsive?

Our findings

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

This is 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.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; 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:

- Each person who used the service had their own care plan in place which covered areas such as personal hygiene, nutrition, mobility and continence care. These provided information for staff about the care and support people needed.
- Person centred information was captured and provided details about people's likes, dislikes, their personal background and social needs.
- People took part in activities that interested them and met their needs. Some people managed their social activities themselves, while other people had social support as part of their package of care. This included support to access local gyms, markets and football matches.
- People were encouraged to maintain relationships where possible. People's relatives were involved in the care and support people received as necessary.

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.

- Support plans contained information about people's communication needs such sight, hearing and people's abilities to read and write.
- Information could be provided in different formats if required such as large print and braille. Interpreter services were also available.

Improving care quality in response to complaints or concerns:

- A central log of complaints was maintained, along with details about how each one had been responded to. Where any complaints had been made, we saw written responses had been provided by the service.
- People knew how to provide feedback about the care they received, although people told us they had never had reason to make a formal complaint.
- A complaints policy and procedure was available, explaining the process that would be followed.
- A number of compliments had also been received, where people had expressed their satisfaction with the service provided.

End of life care and support:

- Due to Greater Manchester being a domiciliary care service, end of life care and support was not provided directly. However, the process involved staff working closely alongside other relevant healthcare professionals as necessary to provide the care and support if people required.
- Nobody was in receipt of end of life care 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 is the first inspection for this 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.

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

- All the staff we spoke with told us they liked working for the service. Staff said there was good teamwork and that staff worked well together.
- We received positive feedback about management and leadership in the service. Staff said they felt well supported and could approach management with any concerns.

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

- Spot checks and observations were undertaken of staff delivering care at people's houses. This included areas such as medication and moving and handling. Audits were also done of care plans and medication.
- As this was the first comprehensive inspection of the service, previous inspection ratings could not be displayed. However, we explained during the inspection feedback about ensuring these were clearly displayed when the final report had been published.
- Managers within the service were aware of the importance of sending notifications to CQC, which is a legal requirement. However, we were told no adverse incidents had occurred in the 12 months the service had been operational.
- Confidential information was stored securely and we saw documents such as care plans and staff recruitment files were stored in the main office which was always locked.

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

- Staff meetings took place in the service which gave an opportunity to discuss work and improve the service people received. Staff said these took place regularly and they felt able to discuss any areas of concern and improvements.
- A range of policies were available, as well as a service user guide and staff handbook. An active website was also in use. This ensured people who used the service and staff had access to important information about procedures within the service.

Working in partnership with others:

- The service had developed a number of links within the local community and worked in partnership with

different organisations to improve the support people required. This included local care homes, businesses and charities.