

Reign Supreme Care Services Ltd

Leicester

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 30 August 2017 and was announced.

Reign Supreme Care Services Limited is registered to provide personal care and support for people living within their own homes. At the time of our inspection there were three people using the service, of which two people had been using the service for a period of two weeks or less. People's care was provided by the registered manager and two members of care staff. People's packages of care varied dependent upon their needs.

This was the first inspection of the service since it was registered 6 June 2016.

Reign Supreme Care Services Limited had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's safety and welfare was compromised as staff recruitment practices were not robust. Pre-employment checks were not consistently carried out. This meant staff were providing care and support to people, before their suitability had been confirmed.

People's safety and welfare was risk assessed and guidelines to reduce potential risk to people were documented within their records. This included instructions and guidance as to the use of equipment to reduce the likelihood of risk and potential harm.

Staff underwent a period of induction, which included their being introduced to people whose care and support they would provide. This meant staff had an understanding of their role and responsibilities in providing care and were able to deliver care as detailed within people's care plans. Staff were not involved in supporting people with their medicines, any support required was provided by family members.

Staff understood the importance of seeking people's consent prior to providing care and support. Staff liaised with health care professionals where necessary and kept in contact with people's family members where they had concerns about people's health. People received support with the preparation of meals where needed to ensure people's nutritional needs were met.

People's records, including their care plans had been developed with the involvement of themselves or their family members and provided information for staff about the person. A person spoke positively about the attitude and care of staff and received care.

People's views about the service were sought by the registered manager and staff told us they had confidence in the management of the service. The registered manager was not fully aware of the topics of

training covered as part of staff induction. The registered manager had identified within the PIR planned improvements for the next 12 months as part of the services expansion.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People were put at risk as safe recruitment systems were not followed, which meant the registered manager could not be confident that staff were suitable to work with people who used the service.

People were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

The registered manager was unclear as to the training topics staff covered as part of their induction.

The registered manager and staff understood their role in promoting people's independence and offering choice when delivering care and support.

People were provided with support, where required, to meet their dietary requirements.

People were supported by staff who liaised with family members and health care professionals to promote their health and welfare.

Is the service caring?

Good ●

The service was caring.

People were supported by a consistent member of staff, which included the registered manager, who they had developed positive professional relationships with.

People or their family representatives were involved in the

development and reviewing of care plans.

Is the service responsive?

Good ●

The service was responsive.

People or their family representatives were involved in the assessment process, which was carried out by the registered manager. Staff knew how to support people and took account of people's individual preferences in the delivery of care.

People were provided with information about making a complaint or raising a concern. No complaints had been made.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

We identified shortfalls in some areas of management. The registered manager had not ensured staff recruitment procedures were safe and effective.

The registered manager was aware that as the service expanded additional resources and personnel would be required. The registered manager was significantly involved in the delivery of people's care and support. A person using the service expressed their satisfaction in the service they received.

The registered manager had recently purchased a system to support them in the monitoring the quality of the service.

Leicester

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 August 2017 and was announced.

The provider was given 2 working days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office to meet with us.

The inspection was carried out by one inspector.

Before the inspection we 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. The provider returned the completed PIR.

We looked at the information held about the provider and the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We used this information to help us plan this inspection.

We sought people experiences and views by telephone. We spoke with one person who used the service. We contacted family members of two people who used the service to ascertain their views. We provided our contact details, however no contact was received.

We spoke with the registered manager and two members of staff who provided people's care and support.

During the inspection visit we looked at the care records of the three people who used the service. These records included care plans, risk assessments and daily records. We also looked at recruitment and training records for two members of staff. We looked at the provider's systems for monitoring quality, complaints and concerns and a range of policies and procedures.

Is the service safe?

Our findings

People using the service were put at risk as staff recruitment practices did not protect people from being cared for by unsuitable people. Staff recruitment records for the two members of staff were incomplete. They did not include all the pre-employment checks and information required. We found one application form had not been signed or dated; documents to assure the registered manager of staff's identity were not consistently in place. Staff records did not include two references and did not consistently reflect the reference details provided within their application form.

One member of staff did not have an enhanced Disclosure and Barring Service (DBS) check within their records. (A DBS is carried out on an individual to find out if they have a criminal record which may impact on the safety of those using the service). The registered manager informed us they had seen the member of staff's DBS, however it had been subsequently lost and a replacement had been requested. The registered manager acknowledged the recruitment practice for staff had not been thorough.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A person using the service told us that they were safe and why. "They [registered manager] assessed my needs, and therefore I have confidence that my needs can be met safely." There were sufficient staff to meet the needs of people.

Staff told us their induction period had included training on safeguarding people from abuse, whistleblowing and safe moving and handling practices, which included guidance on the use of equipment such as a hoist. Staff were knowledgeable about their role and responsibilities with regards to safeguarding. They told us they would raise any concerns with the registered manager. Staff were aware of the role of external agencies they could also contact to raise concerns. A member of staff said, "If I had any concerns I would speak with [registered manager] or inform CQC." (Care Quality Commission).

The registered manager was proactive when potential risks had been identified. For example, they were instrumental in organising an occupational therapist to undertake an assessment of a person with regards to safe moving and handling practices within their home. As a result of the assessment different equipment was identified and put into place. The person's care plan was revised to include the equipment and implemented by staff.

Assessments had been undertaken to assess potential risks to people who used the service. For example, if people had difficulty with mobilising around their home and required equipment, then risk assessments looked at whether there was sufficient space for those using the service and staff to use the equipment safely. People's care plans provided information as to what equipment was to be used, for example a walking frame to assist in the moving of people safely.

Assessments were carried out on people's homes to promote their safety and that of staff. For example

potential trip hazards were identified, and measures taken to improve people's safety by moving potential obstacles out of people's way so that they could move around their home safely.

Staff told us how they promoted people's safety when they provided support and care. "I always use protective personal equipment, such as gloves and I make sure any equipment I use I do so as I was trained, for example the hoist." Staff told us information about promoting people's safety was detailed within people's care plans, which they followed.

There was an emergency business continuity plan in place; that would enable the provider to continue to meet people's needs in the event of an unplanned event, such as an interruption to gas or electricity supply or adverse weather. The plan detailed the commitment by the provider to liaise with other services, to ensure staff were available to provide people's care and support.

People who used the service were supported by family members to manage their medicine, which meant staff had no involvement in people's medicine. The registered manager had a contract with an external company who provided tailored policies and procedures, which included a policy and procedure for the management of medicines.

Is the service effective?

Our findings

Staff attended a one day course as part of their induction; this was provided by an external company. A certificate of attendance listed the topics covered. The topics listed did not include safeguarding people from abuse or safe moving and handling practices of people when delivering care and support. This meant the registered manager could not be confident that staff could effectively meet people's needs.

Staff records provided no evidence that staff had received training on the safe management, including storage and administration of medicines as part of their induction, this was confirmed by staff. One member of staff had received training prior to working at Reign Supreme Care Services Limited on the safe handling of medicines. Qualifications certificates were kept in the staff members records.

The registered manager said they would take action by reviewing the training subjects included as part of staff's induction, to ensure staff had the appropriate knowledge and training should people require support with their medicines.

Staff were supervised by the registered manager. The registered manager had assessed the competency of both the staff employed as to their ability to provide effective care to a person consistent with their care plan. Staff supervision also included an opportunity for them to review and talk about the role within the organisation, and to review their progress. We found where the registered manager had identified areas for improvement, on-going monitoring was in place to ensure improvements were made. For example, a member of staff had made improvements to how they communicated with people using the service, which was documented within their records.

A staff record included details of qualifications and training attained in care, which they had achieved prior to working for Reign Supreme Care Services Limited. These included national vocational qualifications in care and specific topics, which meant they had attained a level of competence to support and care for people.

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 and applications must be made to the Court of Protection. At the time of the inspection people using the service had the capacity to consent and agree to their care.

People using the service had signed documentation giving their consent to regulatory authorities having access to their records. Information was given to people when they started using the service, which included information as to how their information was stored and used.

Staff were aware of the MCA and informed us that people who received support were able to make decisions about their care. They told us, "It's about promoting people's rights to make decisions and choices and recognising that people have the capacity to do so."

People's assessments identified that family members in the main provided support with food and drink and staff involvement was minimal. Care plans provided staff with information as to people's preferences in the preparation of breakfast and snacks, where this was required.

People's records contained the contact details for health care professionals, staff liaised with health care professionals if required, however in most instances people were supported by family members. People's records contained information about their health and provided staff with information to assist them in providing the appropriate care. For example information as to how a person's health affected their day to day life and the support staff needed to provide to support them.

Is the service caring?

Our findings

People were supported by a consistent group or individual member of staff which included the registered manager. This promoted the development of caring relationships, with people using the service and their family members. This was supported by the comments we received from a person. "[The registered manager] is more of a friend. We talk about others things; we're of a similar age group. It all helps."

People's care plans were signed either by themselves or their family member. A person confirmed they had been fully involved in the development of their care plan. People's care plans provided information to enable staff to provide a personalised service and to promote their privacy and dignity. For example, a care plan contained information as to where a person's clothes were kept and the colour of towel they preferred to use. A member of staff told us. "It's important to respect people's privacy by being sensitive when providing personal care."

Care plans provided information as to how people communicated and the role of staff in ensuring they communicated well. This included ensuring staff spoke clearly to people and in some instances used modern technology to communicate using the written word. We asked a person for their views about the service, they told us. "I'm very happy at the moment, I have no concerns. If it remains at it is I will continue to use the service." They went onto say. "They [registered manager] sometimes goes that extra mile, by staying for an extra 10 minutes on occasions."

Staff were knowledgeable about the people they cared for and were able to tell us about the care they provided. Staff were aware of their role in maintaining and promoting people's independence. Staff members told us how they ensured people were involved in their care, by always asking them what it was they required.

The provider had in place an agreement which required people using the service to sign giving their consent that information held by the registered manager about their care could be shared with regulatory authorities, which included the CQC.

Is the service responsive?

Our findings

Assessments of people needs were carried out by the registered manager and used to develop care plans, which were person centred. 'Person centred' is a way of working which focuses the actions of staff on the outcomes and well-being of the person receiving the service. Care plans detailed how staff made sure people were appropriately cared for and we looked at how this was documented. For example, a person's package of care had been changed so that staff arrived at the person's home earlier. The person said this meant they were able to leave for work at an earlier time, they said a quicker journey time meant their physical health was not affected as much and therefore improved their well-being.

The care plans had been signed by the registered manager and the person receiving care or their family member. A person using the service spoke to us of their involvement with their assessment and care plan. "[Registered manager] visited me at home and asked me what my needs were. They asked me about my illness and how it affected me. When they were satisfied they could meet my needs I was able to say whether I wanted to receive a service or not. I made decisions about the care I needed, it's comforting to know that my needs are met."

Staff spoke positively of the support provided by the registered manager through supervision and 'spot checks', where their competence to provide personal care and support was monitored. A member of staff told us. "[registered manager] has carried out spot checks. They've checked that I have arrived on time and that I'm wearing my uniform. They also ensure I deliver the person's personal care and support correctly." They went on to say. "The feedback following 'spot checks' is both constructive and helpful. It's good to know you're doing a good job."

Staff were knowledgeable about the person who had been receiving care for some time and were getting to know those who had recently started using the service. Staff told us how they cared for people and how their support included promoting people's independence. Staff told us how they ensured people were involved in their care, by always asking them what it was they required. A member of staff told us, "I actively encourage people to make decisions, for example what they want to wear. It's important to recognise people's independence and encourage them in all things."

The provider had a complaints policy and procedure. One person told us they had been made aware of how to make a complaint. Information about making a complaint or raising a concern was included in the information provided to each person when they commenced using the service. We found the provider had not received any complaints; this was consistent with the information detailed within the PIR.

Is the service well-led?

Our findings

Aspects of the management of the service required improvement to ensure that processes for staff recruitment and induction were safe and effectively protected people from being cared for by unsuitable staff. The registered manager was not able to speak with confidence about the training staff undertook as part of their induction. This meant they could not be confident as to the ability of staff to provide good quality care and make plans for the continued development of staff through training.

The registered manager provided care and support to the people who used the service, which meant they had direct feedback about the quality of care being provided. The registered manager was aware that as the business expanded there would be a need to further develop the system to monitor the quality of the service. The PIR stated this would include the introduction of a call monitoring system to monitor the times of visits to people's homes, to ensure staff arrived and that they were on time. The PIR identified specific roles would be advertised as the service took on additional packages of care and staff, to ensure there were sufficient resources available.

The PIR reflected improvements the registered manager planned to introduce over the next 12 months to improve the quality of the service being provided, which focused on specific areas. For example, with regards to staff the registered manager had highlighted the continued support of staff through supervision and staff meetings. Further areas of improvement included consultation with people using the service and their relatives, to encourage feedback about the quality of the service.

Staff spoke positively about the support they received from the registered manager, they told us they were always available to answer any queries they had. Staff also told us they enjoyed their work and could not identify any areas for improvement and that their focus was on providing good quality care.

Staff received support through on-going supervision and were assessed on their competence to perform their work. The registered manager had accessed training about 'The Care Certificate'. (This is a set of standards for staff that upon completion should provide staff with the necessary skills, knowledge and behaviours to provide good quality care and support), the registered manager told us they hoped to introduce this as new staff were recruited.

We sought the views of social care commissioners who had assessed and in some instances referred people to Reign Supreme Care Services Limited. A commissioner spoke positively of the approach of the registered manager in that they were pro-active in their approach to meeting the person's needs. They informed us they had found it difficult to contact the registered manager as they were often not in the office. As part of the planning of the inspection we too had difficulty in contacting the registered manager. The registered manager informed us that at present they provided some of the care and support to people, however they were contactable by mobile telephone. Their plan was to increase the staffing hours of the office as the service expanded.

The registered manager informed us they had a company car which was used to ensure staff arrived to

support people on time, when staff did not have access to their own form of transport. They stated within the PIR that the number of company cars was planned to increase as the business grew.

The registered manager told us they were currently working towards attaining a Diploma in leadership and management and that this; along with their membership of UKHCA (United Kingdom Homecare Association) meant they were able to keep up to date with good practice, which had the potential to improve and develop the service.

The registered manager's policies and procedures were being replaced. The registered manager had recently entered into a contract with an external company who provided a quality compliance system; they told us they had access to policies and procedures, which were up to date, reflecting any changes in guidance.

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	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment procedures were not operated effectively.</p> <p>Information about staff members as set out in Schedule 3 of the regulations had not always been confirmed before they were employed.</p> <p>Proof of identity including a recent photograph. A copy of a criminal record certificate issued under section 113A (DBS) Satisfactory evidence of conduct in previous employment (references) A full employment history, together with a satisfactory written explanation of any gaps in employment.</p>