

# 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?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service:

The office of the service is in central Leicester.

The service provides personal care to people living in their own homes who need support in living their lives.

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

People's experience of using this service:

Risk assessments were not comprehensively in place to protect people from risks to their health and welfare.

Staff recruitment checks were not fully in place to protect people from receiving personal care from unsuitable staff.

Relatives of people receiving a service told us they thought the service provided safe personal care.

Staff had been trained in safeguarding (protecting people from abuse). A staff member understood their responsibilities to safeguard people and to contact relevant agencies if needed.

The registered manager was aware that certain incidents, if they occurred, needed to be reported to us, as legally required.

Staff had largely received training to ensure they had skills and knowledge to meet people's needs, and further training was to be provided on people's health conditions.

The staff member understood their responsibilities under the Mental Capacity Act 2005 (MCA) to allow, as much as possible, people to have effective choices about how they lived their lives. Staff were aware to ask people's consent when they provided personal care. Capacity assessments had not been in place to determine how best to support people who did not have capacity to decide aspects of their lifestyles.

Relatives told us that staff were caring, kind and friendly. They said they and their family members had been involved in making decisions about how and what personal care was needed to meet any identified needs.

Care plans were personalised with important information about people's likes and dislikes and personal history. This helped to ensure that people's needs were fully met.

Relatives were confident that any concerns they had would be properly followed up. They were satisfied with how the service was run. A staff member said they had been fully supported in their work by the

registered manager.

Some audits to measure the quality of the service had been undertaken but others had not identified whether people were provided with a safe service.

Staff worked in partnership with relatives so that people got the support they required from other agencies.

Questionnaires had been supplied to people for their views of the service though not to staff, external professionals and relatives.

Rating at last inspection:

The service could not be rated at the last inspection as the service did not supply enough personal care to people. Our last report was published for the inspection of October 2018.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor the service to ensure that people received safe, high quality care. Further inspections will be planned for future dates.

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

## 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 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 not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Leicester

## 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:

One inspector conducted the inspection over one day.

#### Service and service type:

Leicester is a domiciliary care service providing personal care in people's own homes. CQC regulates both the care provided, and this was looked at during this inspection.

The service had a manager registered with the Care Quality Commission, who was also the provider. They are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was announced. This was because we wanted to make sure that the registered manager was present during the inspection to assist us.

#### What we did :

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We contacted the local authority who commission services from the provider and they provided us with feedback. We used all this information to plan our inspection. During the inspection, we spoke with a staff member and the relatives of two people, as people themselves had communication issues. We reviewed a range of records. This included accident and incident records, two people's care records and medicine records. We also looked at two staff recruitment files.

We asked the registered manager to email further information to us, so that we could see how the provider monitored the service to drive improvements. We reviewed this information as part of the inspection

process.

# Is the service safe?

## Our findings

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

Requires improvement; 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.

Assessing risk, safety monitoring and management.

- Staff had assessed risks to people. Information was in place of what action should be taken to reduce these risks, though some risk assessments were not detailed. The registered manager followed up this issue by sending us more detailed risk assessments.
- Checks to people's safety were not always recorded in their care notes. For example, a risk assessment stated a person's catheter needed to be checked on each call. This had not always been recorded as being carried out.
- Fire checks were carried out, though people did not have individual personal evacuation plans for the quickest and safest way to leave their homes in the event of fire. A health and safety assessment noted there was no smoke alarm in a person's home but there was no evidence that this had been discussed with the person or their representative. The registered manager said these issues would be followed up.
- Staff had been trained about what to do in the event of fire.
- The staff member had a good understanding of people's needs and preferences.

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

- Relatives said that their family members felt safe. One relative said, "Yes, my husband is perfectly safe with staff."
- The staff member knew how to recognise signs of abuse and to act, including referring any incidents to a relevant outside agency.
- Staff had safeguarding training. The training was completed by new staff during induction and then refreshed at regular intervals.

Staffing and recruitment

- People were supported by staff who were suitable to work in the home. Prospective staff members suitability was checked before they started work. The Disclosure and Barring Service (DBS) allows providers to check the criminal history of anyone applying for a job in a care setting. However, the employment history for two staff was not included in their records. The registered manager said this had not been carried out as these staff were agency staff. However, they recognised this was required information and said it would be sought to see whether there were any gaps in their employment history.
- Relatives said that there were enough staff to help their family members to receive the right personal care to meet their needs. One relative said, "Yes, my husband needs two staff to help him and they always turn up."

Using medicines safely

- Staff did not have to supply people with their medicine as relatives confirmed they carried this out.

- The provider had a detailed policy and procedure for the receipt, storage, administration and disposal of medicines so that medicines could be supplied safely to people.
- Staff had received training in the administration of medicines should this be needed in the future. A medicine audit was in place to check in future that medicine had been supplied to people.

#### Preventing and controlling infection

- A relative confirmed that staff wore protective equipment when assisting their family member with personal care.
- Staff had been supplied with training on infection control. This helped prevent people from getting infections.
- The staff member was aware of the need to use relevant equipment when supplying personal cares, and to wash their hands after completing a task.

#### Learning lessons when things go wrong

- The registered manager said that they were aware of the need to learn if situations went wrong. There was now contingency planning in place to ensure people received timely calls if staff encountered traffic delays.



# Is the service effective?

## Our findings

Effective – Staff working with other agencies to provide consistent, effective, timely care

Good: People's outcomes were good, and relatives feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff providing consistent, effective, timely care within and across organisations

- People's needs had been assessed to ensure they received the right support.
- Care and support plans were personalised and had been reviewed to ensure staff provided care that met their needs.
- Staff received training in equality and diversity and understood people as individuals.

Staff support: induction, training, skills and experience

- Relatives told us that staff had been trained and knew how to support their family members. A relative said, "Staff seem very well trained to me."
- People were supported by staff who had received ongoing relevant training. The registered manager was planning to supply additional training on people's health conditions, such as diabetes and dementia.
- On joining the service, staff received an induction and training in relevant issues such as how to assist people to move safely, and how to safeguard people.
- The registered manager said that if future staff were inexperienced they would be asked to complete the Care Certificate. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.
- Staff were given opportunities to review their individual work and development needs in supervision sessions.

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

- Family members supplied food to people.
- Where occasionally staff supplied food and drinks, they had information to ensure that the food they supplied was safe for people to eat and drink.
- A staff member was aware of people's dietary requirements.
- People had food from their cultural backgrounds.

Supporting people to live healthier lives, access healthcare services and support

- Relatives said that they were informed by staff if their family member was ill, so they could obtain professional help. One relative said, "Staff alert me to any health issues."
- Records showed people's health and wellbeing was supported.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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

decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had received training in MCA and DoLS.

- Mental capacity assessments had not been completed to determine people's capacity to independently make important decisions. The registered manager completed this and sent this to us after the inspection visit.
- We checked whether the service was working within the principles of the MCA. A staff member had awareness of this legislation, and stated the person always had choices about how they wanted the care to be provided. This meant staff had knowledge on how to provide effective care within the legal framework.
- We saw information in care plans to direct staff to communicate with people and gain their consent about the care they were providing. The staff member told us that they asked people their permission before they supplied care. A relative confirmed that staff explained what they were doing and asked for their family member's consent when providing personal care.

# Is the service caring?

## Our findings

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

Good: 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

- Relatives said their family members were happy with the support provided and that staff were friendly and caring. One relative said, "Yes, staff are really good. They take the time to talk to my husband and seem really interested in what he has to say. They also take the time to listen to me, this which I appreciate."
- A relative confirmed that this their family member's culture was respected.
- Information in care plans included respect for cultural practices.
- The service user handbook, provided by the service, stated that staff should treat people equally whatever their backgrounds or sexuality.

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

- Relatives told us that they had been involved in planning for the care of their family member.
- There was evidence in the past reviews that people and their representatives had been consulted about how they wanted their care to be provided. However, current reviews did not record this. The registered manager said this would be included, and supplied this information after the inspection visit to confirm this had been actioned.

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

- A relative told us that staff ensured that people were offered choices, such as for clothing.
- Relatives said that staff supported their family members to be independent. A staff member said that a person could use a flannel to wash themselves, and they encouraged the person to do this.
- Relatives told us their family members privacy and dignity was respected. For example, staff knocked and sought permission before going into their room.
- Staff were trained to respect people's confidentiality.

## Is the service responsive?

### Our findings

Responsive – this means that services met people's needs.

Good: People's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns:

- Relatives said that they had no complaints about the service. One relative said that they could say anything to staff and there was always a good response. If they ever had a complaint, they were confident the registered manager would act to deal with any issues.
- No written complaints from people or their representatives had been received since the last inspection.
- There was a complaint policy and procedure in place if the need arose. The procedure did not include all relevant information such as how to contact the complaints authority and the local government ombudsman. The registered manager stated that the procedure would be amended, and we received this after the inspection visit.

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

- Relatives said that their family members always received staff support when they needed help. A relative said, "They [staff] always provide good care and are able to cover everything that [family member] needs."
- Care plans had information about people's backgrounds and their likes and dislikes. This assisted staff with providing care that met people's individual needs.
- The staff member was aware of people's likes and dislikes.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- One person using the service had communication needs. Staff were able to communicate with them through an iPad, signing and pointing at things. Relatives confirmed staff were effective in being able to communicate with their family members.

End of life care and support

- The registered manager said that care plans would contain people's wishes and preferences when they wished to discuss this.
- Staff had been trained in end-of-life care.

# Is the service well-led?

## Our findings

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

Requires improvement; Service management and leadership was not comprehensively consistent, as risks had not been comprehensively dealt with.

Continuous learning and improving care:

- At the last inspection in October 2018, not all systems had been audited. At this inspection we saw improvements had been made. There were audits for care plans. However, audits to monitor the service and drive improvement were not in place for issues such as the robustness of staff recruitment and people's risk assessments, and whether calls had been timely. The registered manager said more audits would be carried out.
- The registered manager carried out spot checks on staff to assess whether they were providing a good quality service. We saw action had been taken when issues of performance had been identified.
- The staff member felt supported in their role and told us the registered manager promoted a high standard of care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered manager was aware of the need to send us notifications of important events so that we could check that appropriate action had been taken.
- The previous rating indication was displayed in line with our requirements.
- People's care was regularly reviewed to ensure it met their individual needs and preferences.
- Staff were clear on who they would report any concerns to and told us they would feel safe in doing this.
- The service had an appropriate statement of purpose. This clearly set out the aims, objectives and ethos of the service. The statement of purpose was available for anyone to read.
- Duty of candour requirements were understood by the registered manager to provide a written apology and explanation of events to the 'relevant person.'

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- Staff were supported and able to develop in their role. A staff member confirmed they received regular supervisions and support from the registered manager.
- The staff member spoke positively about the culture of the service, and described how all staff cared about the people they supported.
- The staff member understood their roles and responsibilities. There were clear lines of delegation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- The views of people and their representatives were sought. A relative stated in a survey, "Keep up with the

good work you are providing to the community."

- Staff had received training about equality and diversity to ensure staff were able to support people's needs, whatever their background or preferences.
- Staff had regular team meetings. The staff member told us they felt comfortable expressing their views and felt involved in the development of the service. They said the registered manager listened and had changed systems to make their lives easier.
- Staff alerted relatives if the support of outside professionals such as the GP was needed.