

# Reign Supreme Care Services Ltd

# Leicester

## Inspection report

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## Ratings

### Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Inspected but not rated**

Is the service caring?

**Inspected but not rated**

Is the service responsive?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

Leicester is a 'domiciliary care service.' People receive personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates the care provided, and this was looked at during this inspection. The service provides personal care for older people, people living with dementia, people with learning disabilities, people with physical disabilities, people with sensory impairments, people with drugs and alcohol issues and younger adults.

This was the second inspection of the service. It was a comprehensive inspection. Following the last comprehensive inspection in 30 August 2017, where the service was rated as 'requires Improvement' for the first inspection, we asked the provider to complete an action plan to show what they would do to improve ensuring people's safety. Because of these issues, breaches of regulations were found in Regulation 18, fit and proper persons employed. We received an action plan on 17 October 2017 which described how improvements would be made to systems to produce a quality service to people. On this inspection, the service had improved their systems so that the breach of Regulation 18 was met.

However, on this inspection, we were unable to award a rating for the service, as there was insufficient information available to us to fully assess how safe, effective, caring, responsive and well-led the service was with only having one person using the service.

The inspection took place on 19 October 2018. The inspection was announced because we wanted to make sure that the registered manager was available to conduct the inspection.

A registered manager was in post. This is a condition of the registration of the service. 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 and associated Regulations about how the service is run.

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

Staff recruitment checks were in place to protect people from receiving personal care from unsuitable staff.

The relative of the person receiving a service told us they thought the service ensured safe personal care was provided by staff.

Staff had been trained in safeguarding (protecting people from abuse). A staff member understood some of their responsibilities in this area but was unaware of which agencies to contact if the provider had not acted appropriately.

Policies set out that when a safeguarding incident occurred management

needed to take appropriate action by referring to the relevant safeguarding agency. The registered manager was aware these 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, though training on other relevant issues had not yet been provided.

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. A capacity assessment was in place to determine whether any restrictions on people's choice was needed, in the person's best interests.

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

Care plans were not fully personalised as it did not include important information about the person's likes and dislikes and personal history. This did not help to ensure that the person's needs were fully met.

The relative was 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.

Audits on the quality of the service had been undertaken but comprehensive audits on all important aspects had not been undertaken to check that the service was meeting people's needs and to ensure people were provided with a quality service.

Staff worked in partnership with other agencies. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

No rating has been given as there is only one person receiving personal care from the service.

**Inspected but not rated**

### **Is the service effective?**

No rating has been given as there is only one person receiving personal care from the service.

**Inspected but not rated**

### **Is the service caring?**

The service was caring.

A relative told us that staff were kind, friendly and caring and respected their family member's rights. Staff respected people's independence and dignity. The person and their family member had been involved in setting up the care plan. The person's cultural issues had been met.

**Inspected but not rated**

### **Is the service responsive?**

No rating has been given as there is only one person receiving personal care from the service.

**Inspected but not rated**

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

No rating has been given as there is only one person receiving personal care from the service.

**Inspected but not rated**

# 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service. We were not able to provide a rating for the service under the Care Act 2014 as only one person was receiving personal care from the service. This meant we could not properly assess whether the service would provide a quality service in the future with increased numbers of people receiving personal care.

Leicester provides personal care for people living in their own homes. This inspection took place on 19 October 2018. The provider was given 48 hours' notice because the location provides personal care service and we needed to be sure that someone would be in. The inspection team consisted of one inspector.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

The provider completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the provider's statement of purpose. A statement of purpose is a document which includes the services aims and objectives.

We contacted commissioners for health and social care, responsible for funding some of the people who used the service and asked them for their views about the agency. No information was held about the current provision of personal care to people using the service.

During the inspection we spoke with one relative, as the person using the service had difficulty communicating. We also spoke with the registered manager and one staff member employed by the service.

We looked in detail at the care and support provided to the person who used the service, including their care records, audits on the running of the service, staff training, three staff recruitment records and policies of the service.

## Is the service safe?

### Our findings

Safeguarding systems were not comprehensively in place to keep people safe.

The care plan did not always contain risk assessments to reduce or eliminate the risk of issues affecting people's safety. For example, there was no detailed risk assessment in place for diabetes and pressure area care for a person at risk of developing pressure sores. The registered manager acknowledged this and said information would be put in place. Absence of detailed information in care plans and risk assessments meant a risk of the person people not receiving safe care.

The staff member told us they were aware of how to check to ensure people's safety. For example, they checked rooms for tripping hazards. There was a system to risk assess some facilities in the person's home such as tripping hazards and whether heating and lighting systems and equipment were safe.

The person did not require support to have their medicines. There was a medicine sheet in place for staff to record this when needed. A medicine policy was in place. This included relevant information such as when as needed medicines were to be supplied to people. Staff had been trained to support people to have their medicines and administer medicines safely for future people who needed this support. This meant a system of consistent practice and staff supplying at times when medicine was needed was in place.

Staff recruitment practices were in place for new staff. Records showed that checks with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. Recent staff records showed that before new members of staff were allowed to start, checks had been made with previous persons' known to the respective staff member.

Staff members had been trained in protecting people from abuse and understood their responsibilities to report concerns to management. However, a staff member was not aware of how to report to other relevant outside agencies if necessary, if they had not been acted on by the management of the service. The registered manager said this would be followed up.

The whistleblowing policy stated that staff could go to CQC but did not specify other outside agencies as the safeguarding agency had not been included as a relevant contact the whistleblower could go to. The full policy was not available in the staff handbook. The registered manager said this procedure would be amended and inserted into the staff handbook and this was carried out after the inspection. This meant that staff now had ready access to clear information of how to whistle blow to ensure their safety.

The relative told us that personal care had been delivered safely. A relative told us, "Staff keep my father safe."

The relative told us there were no missed calls and that the proper number of staff always attended calls. They told us that there had been enough staff in place to meet their family member's needs.

The provider's safeguarding policies (designed to protect people from abuse) were available to staff. These informed staff what to do if they had concerns that people had suffered abuse. The safeguarding policy included different types of abuse that staff could encounter and contact details for CQC as a relevant agency to report abuse or suspicion of abuse to.

The relative told us that staff protected their family members from infection. They said that staff had worn personal protective equipment when supplying personal care to their family member and that they had washed their hands between tasks. The staff member was aware of how to ensure people were safe from infection risks by wearing suitable equipment and carrying out hand washing.

The registered manager said that only one incident had happened since the service had started operating and lessons had been learnt from this incident with systems put in place. They were aware of the need to analyse these situations when they took place to learn and prevent them from occurring again.

## Is the service effective?

### Our findings

The person had an assessment of their needs including included relevant details of the support the person needed, such as information relating to their mobility, to enable effective care to be provided.

The relative said that the care and support their family member received from staff effectively met their family member's needs. They thought that staff had been trained to provide effective care, such as using the hoist to transfer. The relative told us; "They [staff] seem very well trained. There's never been a problem."

A staff member told us that they thought they had received enough training so that they were able to meet the person's needs. They said that the registered manager reminded them to complete training and further training had been arranged on issues of importance to do with people's care. This made them feel supported to meet the person's needs.

We saw evidence that new staff were expected to complete induction training. This covered relevant issues such as infection control, moving and handling and keeping people safe from abuse. Staff had not received training in a number of people's specific long-term health conditions such as stroke and end-of-life care. The registered manager stated that this training would be provided to ensure staff had all the skills and knowledge to meet people's needs.

The staff member said that they had received supervision and this provided them with effective support to discuss any issues they were unsure of.

The registered manager said that it was the intention that Care Certificate training, which is nationally recognised induction training for staff, to be introduced for new staff without relevant experience.

A staff member told us that when new staff began work, they were shadowed by an experienced staff member on a number of shifts. The registered manager said that additional shadowing would be supplied if new staff were not confident. This would ensure that they knew how to provide effective care to people.

The staff member felt communication and support amongst the staff team was good. They told us they always felt supported through being able to contact the management of the service if they had any queries.

The relative said that their family member did not often receive assistance with food and fluids and they had no concerns about this. Care plans included information about meeting the person's needs such as encouraging the person to drink. There was also detail about what the person liked to eat and drink. This indicated that the service took account of people's food and drink preferences and needs.

The relative told us that staff were effective in responding to health concerns. If staff had any concerns about the health of their relative, this would be reported to family members with a suggestion to contact the GP. The relative confirmed that this had been done on one occasion when their family member skin had been inflamed. This indicated that staff knew how to ensure that people received proper healthcare and ongoing



support.

The service worked and communicated with other agencies and staff to enable effective care and support. We saw that the registered manager had requested input from a variety of professionals to monitor and contribute to their ongoing support, such as suggesting a referral to a physiotherapist to assist with the person's ability.

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. There was an assessment in place to evidence this. 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 are providing. The staff member told us that they asked people their permission before they supplied care. The relative confirmed that staff explained what they were doing and asked for their family member's consent when people were provided with personal care.

## Is the service caring?

### Our findings

The person and their relative said that staff were caring in their approach. The relative told us; "They [staff] are very good. Very caring." A survey of the person supported this view.

The service's information stated people would be involved in reviews and assessments of their care. The relative told us their family member's care plan had been developed and agreed with them.

The relative told us their family member's dignity and privacy had been maintained. The staff handbook included that people should be treated with respect, with their dignity and privacy protected. This helped to orientate staff in their approach towards people receiving a service.

The relative told us that they are in no doubt that staff would respect any cultural needs. There was information about this in a care plan about food choices. A survey of a person's views in 2018 had stated there had not been any discrimination against the person. The handbook included a statement about antidiscrimination on the basis of relevant issues such as religion, sexual orientation and cultural needs. The care plan recorded the person's choice. A staff member told us they respected the person's choice in, for example, what drinks the person wanted and the clothes that they wanted to wear.

A staff member explained that they would always protect people's dignity and privacy by doing things such as asking other people to leave when personal care was being provided, and closing doors when helping to wash and dress. They said they were mindful of protecting people's privacy and dignity. This was confirmed by the relative.

The relative told us that staff tried to encourage independence so they could do as much as possible for themselves. Staff also gave us examples of how they promoted people's independence. For example, if people could wash certain areas of their body, this was encouraged and respected. This presented as an indication that staff were caring and that people and their rights were respected.

## Is the service responsive?

### Our findings

The relative told us that staff responded to any needs and calls were on time. The relative told us; "Staff provide everything necessary." They were satisfied with the care provided. A survey carried out in 2018 recorded that the person said that the service responded promptly to requests for any help.

There was information in care plans about the person's needs. Information about the person's personal history, likes and dislikes, goals and aspirations and preferences was limited. This would help staff ensure that the person's individual needs were responded to work with them to achieve a service that responded to the person's individual needs. The registered manager said this information would be added and submitted information which proved this after the inspection visit.

A recent staff meeting contained information about management encouraging staff to read care plans before care was provided to the person. The staff member told us that they had read the person's care plan so they could provide individual care that met the person's needs. They said that care plans were updated if the person's needs had changed so they could respond to these changes. The relative confirmed that staff always passed on information if their family member's needs had changed.

The relative said that they had not had any complaints about the service. They said that any issues mentioned were quickly acted on, and they were confident they would be taken seriously if they ever had cause to complain.

The provider's complaints procedure in the service user's guide gave some information on how people could complain about the service. However, this did not contain contact details about the complaints authority or details of the local government ombudsman as agencies who would handle complaints. The registered manager said this would be amended. This information was sent to us after the inspection visit by the registered manager.

The service user handbook did not include this information. The registered manager said the service user handbook would include this information. The procedure set out that that the complainant should contact the service for their complaint to be investigated. The procedure also implied that complainants could contact CQC if they were not satisfied, to have their complaint investigated. CQC does not have the legal power to investigate complaints. The registered manager amended this procedure and sent it to us after the inspection visit.

The registered manager was aware of the new accessible information requirement. The accessible information standard is a law which aims to ensure that people with a disability or sensory loss are provided with information they can understand. It requires services to identify, record, and meet the information and communication support needs of people with a disability or sensory loss. The person had a mobile device which they could use to communicate with staff. The registered manager said that the person could sign certain things such as whether they wanted a drink, which staff understood and were able to respond to their needs. The relative confirmed all necessary support was provided.

End-of-life care was not currently provided though the registered manager was aware of the need to obtain and follow the wishes of the person and to ensure that any necessary care such as painkilling medicine was put into place.

## Is the service well-led?

### Our findings

The provider had a quality assurance system to aim to ensure that people were always provided with a quality service. Some audits were in place including relevant issues such as staff recruitment and reviews of care recording to check whether care had been provided in line with people's assessed needs. However, there were no audits undertaken on important quality issues such as staff training. The registered manager said this would be followed up and provided evidence that this had been carried out after the inspection visit.

The relative thought their family member had received a good service. They said that they felt that the service was well led and they would recommend it to family and friends if they needed this care. The relative told us: "The company is very good and I would recommend it." A survey provided to the person and their relative stated that management provided an open and fair service.

The service had a registered manager, which is a condition of registration. A staff handbook set out information about the governance structure of the company. This showed information which ensured that the responsibilities of managing the service were clear so that everyone was aware of what they had to do.

A staff member told us that the registered manager expected them to provide friendly and professional care to people, and always to meet the individual needs of people. They told us that they were well supported by the registered manager. They were very complimentary about the way the service was run; "I always get support if I need it."

Staff meeting minutes included relevant issues such as discussing care needs and record-keeping. Staff were thanked for their work in providing quality care which helped to maintain their morale. The registered manager took on board any staff suggestions such as changing the template to record the care provided, so that there was more space to record. A staff member said that they thought they were treated fairly and with respect. Staff members had had spot checks to check whether a quality service had been provided to people.

The person and their relative had input into how the service was run. Surveys had been provided to gain the views of the person and their relative about the standard of service provided. This showed that the person and their relative had been very satisfied with the quality of the care they were provided with. This meant interested parties had an opportunity to be involved in how care was provided to them.

The registered manager was aware of their responsibility to notify CQC of incidents. They had also complied with the legal requirement to display their rating from inspections.

A staff member confirmed that essential information about people's needs had been communicated to them, so that they could supply appropriate personal care to people.

The service had continued to work in partnership with the local authority so that people could receive a service that met their needs.