

Reign Supreme Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Reign Supreme Care Services Ltd is a domiciliary care agency supporting people with their personal care needs. At the time of inspection only 1 person was using the service. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

The service was well-led.

The registered manager had full oversight of the service and undertook audits, quality assurance and ensured staff were trained, monitored and recruited safely. Lessons were learned when things went wrong.

Information of how to reduce risks to people's safety were included in people's care plans. Care plans reflected people's individual needs and reviewed with people and relatives to ensure they remained involved in their care.

People received person centred care according to their wishes and preferences. Care calls were consistently provided at the times they had been arranged for.

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.

Feedback we received coupled with the processes and policies in place confirmed safe care was provided and people were protected against abuse, neglect and discrimination.

Medicines and infection control procedures were robust

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 14 May 2019)

Why we inspected

We undertook a focused inspection to review the key questions of safe and well-led and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Reign Supreme Care Services Ltd on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 November 2023 and ended on 27 November 2023. We visited the location's

office on 24 November 2023. .

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority commissioners and health professionals.. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We were not able to speak with people who used the service about their experience of the care provided but did speak with 1 relative. We spoke with 1 care staff and the registered manager who was also the nominated individual.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 2 people's care records. We looked at 2 staff files in relation to their recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

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

- Risks to people's health were assessed, monitored and managed safely. Risks were reviewed regularly or when people's needs changed. For example, one person whose mobility had recently deteriorated had an updated risk assessment in their care plan.
- Care plans were detailed covering all aspects of people's support needs.
- Checks of people's safety were recorded at each care call. These included people's health and their environment.
- Environmental and equipment safety assessments were undertaken and discussed with people and relatives. For example, 1 assessment identified the absence of a smoke alarm and fire blanket.
- The registered manager took seriously the responsibility of learning lessons when things went wrong. They cited our previous inspection as an example of a lesson learned where they responded to the shortfalls we identified and acted promptly to address them.

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People's care records contained mental capacity assessments that had been completed to record whether people were able to make decisions about their care. However, some assessments did require more detail. The registered manager reviewed these assessments during the inspection to show fully how people's capacity had been determined.
- We spoke with 1 member of staff who told us they had received MCA training, and confirmed they always sought consent from people prior to delivering care. One told us, "I always ask the person if they want to receive care. If they decline, I encourage them and tell them the benefits for receiving care such as having a shower, but if they choose not to, that is their right to."

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

- People were protected from the risk of harm or abuse when they received care from staff.
- Relatives said their family members felt safe. A relative said, "My [family member] is safe. Our family trusts

the staff."

- A staff member told us they knew how to recognise signs of abuse and their responsibility to act, including referring any incidents to a relevant outside agency.
- Staff had received safeguarding training, and this was refreshed at regular intervals. The training was completed by new staff during induction and then refreshed at regular intervals.

Staffing and recruitment

- People received their care at the times they requested it. Staff rotas and daily care records confirmed this. In any event where timings of care calls were expected to be outside the arranged time, arrangements were in place to ensure people were contacted to inform them.
- People and relatives told us they were happy with how their care calls were arranged. One relative told us, "They always turn up for every call and at the time we requested. We trust them with that."
- Staff were recruited safely. A recruitment policy was in place and prospective staff had a Disclosure and Barring Service (DBS) check. This provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely.
- Staff had been trained in medicines administration and had their competency checked to ensure they understood how to do this safely.
- A medicines policy was in place. This included 'The Six Rights of Medicines Administration' which is a part of nationally recognised best practice, to help ensure people are supported to safely administer their own medicines and identify any support they may require to do so
- Medicines administration records (MARs) were completed, and monthly medicines audits were undertaken to identify and act on any discrepancies if needed.
- Written protocols were in place for staff to follow for any medicines that needed to be given only when required. Some additional information was needed to record why and what effect the medicine had. The registered manager amended the protocols during the inspection.

Preventing and controlling infection

- People were protected from the risk of infection as far as practicably possible. Staff had received training in infection prevention and control (IPC).
- Relatives told us staff had always wore personal protective equipment (PPE) such as aprons and gloves.
- Staff told us there was always enough PPE available for each care call they completed. One staff member told us, "I always have the PPE I need."

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was well-led. The registered manager had full oversight of the service.
- Staff were suitably trained and supported to ensure people received safe care and how they wished for it to be delivered according to their preferences. People and relatives we spoke with confirmed this.
- The registered manager carried out 'spot checks' of staff to monitor their performance. Refresher training was provided to ensure staff remained up to date with best practice.
- Audits of all aspects of the service were completed monthly.
- The registered manager knew the requirement to submit statutory notifications to keep CQC informed of relevant information such as serious incidents and deaths of people using the service. Records we reviewed confirmed they had submitted notifications where required to do so.
- The registered manager was open, transparent, and responsive to our findings and feedback. The previous rating indication was displayed in line with CQC requirements.

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

- People were treated with kindness and care was person centred. A relative told us they appreciated the 'above and beyond' approach by the registered manager. They added, "It's not just the care that is good it's the additional things they do to, such as telling us what shopping [Name] needs."
- People's care was regularly reviewed to ensure it met their individual needs and preferences.
- Staff knew how to report concerns and who to. They were confident these would be taken seriously and acted upon.
- People were provided with a copy of the 'service handbook' at their initial assessment stage. This clearly set out the aims, objectives and ethos of the service. This helped people to understand what they could expect from their care. The registered manager told us, "The support we provide matches the commitment made [in service handbook] to people and relatives."
- Feedback from one relative confirmed the registered managers ethos was delivered as promised. They told us, "We chose the service because it was recommended to us, and I would also recommend it to others."

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

- People and their relatives were included and consulted about care and support they received. Feedback was gathered during care calls and care plan reviews. A relative told us, "Communication with the manager is good between us. They are always happy to be contacted and they will always get back to me."
- Staff had received training about equality and diversity to ensure staff were able to support people's needs, in accordance with their rights, needs and preferences.
- Regular supervision and appraisal of staff performance was undertaken. A staff member told us, "I have supervision with the manager, and it is useful. I can share my views easily and I feel listened to."
- Where health professionals were involved such as the GP, information was shared between people, families and the service with any recommendations or changes to care followed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under 'duty of candour' to be open and honest when things went wrong, for example, notifying relatives if their family member had an accident or became unwell.
- There had not been any incidents which had met the duty of candour threshold.