

HE Reigns Healthcare Services Ltd

# He Reigns Healthcare Services Ltd

## 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

HE Reigns Healthcare Services Ltd is a domiciliary care service. The service provides personal care to people living in their own homes. At the time of the inspection ten people were receiving personal care. 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. At the time of the inspection some people were receiving support which did not include care and we did not review the care they received.

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

Risks to people, such as those relating to the care they received, were suitably managed. The provider checked staff were suitable to work with people through recruitment checks. There were enough staff to support people safely. Staff followed suitable infection control practices, including the safe use of personal protective equipment (PPE) to reduce the risk of COVID19 transmission, and received training on this. Staff supported people with their medicines safely.

Staff received a suitable induction, in line with national standards, with ongoing training and support on how to meet people's needs. People were supported to maintain their health and staff were trained to check people's pressure areas daily where appropriate. People received food and drink of their choice. 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 and their relatives were very positive about the staff who supported them and developed good relationships with them. People received consistency of care from staff who knew them well. Staff treated people with dignity and respect. People were involved people in their care and their care plan were based on their individual needs and preferences. The provider listened to and responded to any concerns or complaints which were raised.

A registered manager was in post who understood their role and responsibilities, as did staff. A clear hierarchy was in place and staff felt well supported by the management team. People, visitors and staff told us the service was well-led and the provider engaged well with them. The registered manager had sufficient oversight of the service and carried out a range of checks to ensure standards remained suitable.

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

### Rating at last inspection

This service was registered with us on 1 February 2019 and this was the first inspection.

### Why we inspected

This inspection was prompted in part due to concerns received about infection prevention and control,

communication and staff recruitment. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information 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 ●

# He Reigns Healthcare Services Ltd

## **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 Care Act 2014.

#### Inspection team

Our inspection was completed by one 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. The service had a manager registered with the Care Quality Commission. This means that 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

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be available to support the inspection. We also needed to obtain the consent from people using the service and relatives to be contacted by us to obtain feedback on their experience of using the service.

The inspection activity started on 25 March 2021 by visiting the provider's office to meet with the registered manager. We then made phone calls to people using the service, their relatives and staff, and inspection activity ended on 2 April 2021.

#### What we did before the inspection

We reviewed the information we had received about the service since they registered with us, including any

statutory notifications received. We had not asked the provider to send us a provider information return. 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. We used all of this information to plan our inspection

#### During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with three members of staff plus the registered manager and office staff. We reviewed a range of records. These included care and staff records and records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We also spoke with a representative from the local authority.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that 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.

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

- The provider assessed risks people individually and clear guidance was available for staff to follow on reducing the risks, such as those relating to moving and handling. Staff understood risks relating to each person and the support people needed to stay safe.
- Staff understood how to respond to accident and incidents including contacting emergency services and the management plus good record keeping. The registered manager understood the need to review all accident and incidents and take action to reduce the risk of reoccurrence.

Using medicines safely

- The provider assessed risks relating to medicines management and put detailed care plans in place for staff to follow.
- Only staff who had received suitable training, with regular performance checks by management, administered medicines to people.
- Staff recorded medicines administration electronically. The provider was alerted if staff did not make appropriate records so they could check for any issues.

Staffing and recruitment

- There were enough staff to support people safely and people, relatives, staff and the registered manager told us this. Staff had sufficient time to travel to calls and one relative said, "Timekeeping is very good." A second relative said, "Once the staff was going to be 10-15 mins late. [The provider] phoned to check [my family member] wouldn't be alone. They were really on the ball."
- The provider carried out recruitment checks to ensure staff were suitable to work with vulnerable people. This included checks of previous work history and performance, proof of identification and any health conditions.
- The provider did not always record reasons for any gaps in staff employment records and told us they would improve going forward.
- The provider had assessed the suitability of a staff member with a criminal conviction and any necessary precautions. However, they had not recorded their full assessment to refer to and told us they would introduce such records when we raised our concerns.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff who supported them, people and their relatives told us this.
- Systems were in place to protect people from the potential risk of abuse and the registered manager understood their responsibilities.

- Our discussions showed staff understood their responsibilities in relation to safeguarding and staff received training to keep their knowledge current.

#### Preventing and controlling infection

- Staff followed suitable infection control procedures to keep people safe. People and their relatives told us they had no concerns about infection control and staff always wore suitable personal protective equipment (PPE). One relative told us, "Infection control is excellent."
- Staff received training in relation to infection control, including COVID-19 and PPE usage, and followed best practice to reduce the risks to people. Staff also received training in food hygiene and people were satisfied with how staff handled their food.
- The management team carried out regular checks of infection control practices to ensure staff followed current guidance and had access to a regular supply of PPE.
- The provider assessed risks related to COVID-19 for staff and people using the service.

# 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.

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

- Before providing care to people the provider met with them and their relatives and reviewed any professional reports to check they could meet their needs. In urgent cases, where it was not possible to meet with people in advance, the registered manager always oversaw the process to ensure people's needs were met.
- The provider continued to assess whether people's care met their needs through regularly reviewing their care plans and consulting with people, their relatives and others involved in their care.

Staff support: induction, training, skills and experience

- Staff understood their role and responsibilities well and all new staff were trained by more experienced staff on how to meet their individual needs. One person told us, "The manager always makes sure anyone new shadows and is trained on the job."
- People were supported by staff who completed the 'Care Certificate' during their induction. This meant staff met nationally recognised care standards. Staff received annual training in a wide range of topics to help them understand people's needs, including dementia, health and safety, nutrition and how to use equipment safely.
- Staff received regular supervision and told us they felt supported by the management team.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- Staff understood people's individual healthcare needs as they had received training and support in relation to them. Staff understood how to check people's pressure areas for any concerns. One relative said, "The staff checked [my family member] well and rang me or the nurses with any concerns."
- Staff supported people to see the healthcare professionals they needed to maintain their health including seeing specialist nurses and their GPs.
- People and their relatives told us staff provided food and drink as agreed in their care plans. One relative told us, "[The staff] would try later if [my family member] refused. I liked that. The previous company just threw it away."

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

- The provider checked whether people had someone legally appointed to make decisions relating to their health and welfare and consulted with that person where appropriate.
- Where people did not have someone legally appointed to make decisions on their behalf the provider followed the MCA where necessary. This meant provider assessed people's capacity in relation to specific decisions where necessary. The provider recorded their assessments and carried out meetings to make decisions in people's best interests. This information was available for staff to refer to in their care plans.
- Staff understood their responsibilities in relation to the MCA and they received annual training in this.

# 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; respecting equality and diversity

- Staff were kind and caring and developed good relationships with people. Comments included, "We receive a very personal service, they are very caring. They are the sort of people you would want to be looking after you. They are trustworthy" and "The staff always talked to [my family member] and explained what they were doing."
- People received consistency of care from staff who knew them well. The provider sought staff with particular skills when requested and was seeking staff with particular language skills at the time of our inspection to best meet a person's needs.
- Staff told us they were not rushed and had time to talk with people, providing meaningful care.
- Staff received training in equality and diversity and understood people's religious, cultural and social needs. These needs were reflected in care planning. One person told us, "They soon understood [my family member] was highly religious and they would say prayers with her. It was an immense comfort for our family. They were lovely people."

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

- Staff provided care in line with people's preferences, including how they liked to receive their personal care and their food and drink preferences.
- The provider called and visited people regularly to find out their view on their care and whether any changes to their care were necessary.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity when carrying out personal care. One relative told us, "Care is always given behind closed doors."
- Our discussions with staff showed they understood how to maintain people's confidentiality. Staff received training to understand their responsibilities in relation to this.
- Staff supported people to maintain their independent living skills as far as possible by encouraging them to be involved in their personal care.

# 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.

### End of life care and support

- People received good care at the end of their life. A relative told us, "Towards the end the manager [liaised with medical professionals] and did not leave. They made special arrangements [at short notice] which was very commendable."
- The provider worked closely with people, their relatives and a local hospice to support people at the end of their lives. A relative said, "The hospital gave HE Reigns [my family members'] end of life care plan and they followed it to the book and even more."
- Staff received training in end of life care to help their understand their responsibilities and how to provide good end of life care.

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

- Staff were available to support people to stay in touch with those who were important to them, and to follow their interests, where this was an agreed part of their care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff had a good understanding of people's individual needs and preferences. One person told us, "They give what you ask for and what you need and prefer."
- People's care plans were personalised. They detailed their health needs, backgrounds, personalities, those who were important to them and how they preferred to receive their care. Care plans were kept up to date so they remained reliable for staff to follow. Staff had access to people's care plans through a secure app on their phones so they could remain up to date.
- People were involved in their care plans. A relative told us, "I was impressed with the way [the registered manager] did the assessment. They were mindful of the fact [my family member] wasn't in the best of health." A person said, "I was involved in my care plan heavily and I have a copy."

### 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.

- The provider met the AIS and key information could be provided to people in alternative formats if necessary.
- The provider recorded people's communication needs in their care plans and any support they required in

relation to equipment such as hearing aids.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place which was suitable. The registered manager responded to a small number of complaints in the past year appropriately, liaising with the local authority to help resolve the issues.
- People and relatives knew how to raise a concern and they had confidence the provider would investigate and respond appropriately. A relative told us, "I don't recall if I was given a copy of the complaints policy but [the registered manager] was a listener." A person said, "I am encouraged to raise concerns and they always respond promptly. If anything major happens they always come out to my house and take it seriously."

# 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.

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

- The registered manager understood their role and responsibilities. A relative told us, "I would say [the registered manager] went above and beyond... If I had another relative who needed care I'd be very happy to use HE Reigns again." A second relative said, "It was absolutely unbelievable care, we couldn't fault them. They were the Rolls-Royce of care. It was like winning the lottery when they came in."
- The registered manager was experienced and our discussions showed they understood their role and responsibilities. The registered manager was supported by a deputy manager, a senior care coordinator, a field care coordinator, a recruitment manager and other office staff. A clear hierarchy was in place.
- The provider had a system of audits to check people received a good standard of care. These included checks of daily care logs and medicines records, care plans and risk assessments, staff recruitment records and staff training and support.
- The provider had sent us notifications in relation to significant events that had occurred in the service as required by law, although these were not always sent in a timely manner. The provider told us they would improve in relation to this.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager communicated well with people, relatives and staff about any changes to people's care or any developments at the service. The provider held weekly staff meetings and communicated daily with staff through technology. Comments included, "We could call the office at any time, [the registered manager] was always available."
- People and staff were asked their views on the service through regular phone calls and visits.

Working in partnership with others

- The provider communicated with external health and social care professionals, specialist nurses, GPs and the local hospice, to ensure people received the care they needed.

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 duty of candour responsibilities. People and their relatives told us their management style was open and transparent.

