Shield Recruitment Limited

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Inspection report

49 Chappeltown
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Leeds
West Yorkshire
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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

This inspection took place on 1 and 7 June 2017 and was unannounced. This was the first rated inspection for this service after its change of location.

There was a registered manager in post. 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.

Shield recruitment cares for people in their own homes and provides support for people to access the community. At the time of this inspection they supported one person.

The risk to people's safety were reduced because staff could identify the different types of abuse, knew how to report concerns and had attended safeguarding adults training. Risk assessments had been completed in areas where people's safety could be at risk. People had the freedom to live their lives as they wanted to. Staff were recruited in a safe way. People told us there were enough staff to meet their needs and to keep them safe.

There had not been any accidents and incidents but staff and the registered manager were clear about the action to be taken following an accident or incident. Assessments of the risks associated with the environment where people lived were carried out.

People were supported by staff who had received an induction. Staff received training in the areas the provider deemed mandatory and they had specific training to enable them to meet people's specialist needs. Staff told us they had not always received supervision and documents evidenced these meetings had not happened at regular intervals. We have made a recommendation about this. However staff felt supported and told us they were confident in approaching the registered manager with any concerns.

Staff ensured people were given choices about their support needs and day to day life. The registered manager was aware of the requirements under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS).

People were supported by staff who were kind and caring and treated them with respect and dignity. They were able to make decisions about their care and support needs. They were encouraged to plan and buy their own food and were supported to follow a healthy and balanced diet. People's day to day health needs were met by the staff and external professionals. Referrals to relevant health services were made where needed.

People's support records were person centred, included their preferences and focused on what was important to them. The records were reviewed in line with the agreement with the person. Staff had a good

understanding of people and their needs.

People were encouraged to take part in activities that were important to them. People were provided with the information they needed, in a format they could understand, if they wished to make a complaint.

People and staff spoke highly of the registered manager. The registered manager understood their responsibilities. Staff and relatives were encouraged to contribute to the development of the service. Staff were encouraged to develop their roles.

There were a number of quality assurance processes in place that the registered manager used to regularly assess the quality and effectiveness of the support provided.

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.

People were supported by staff who could identify the signs of abuse and knew the procedure for reporting concerns.

People felt they were supported by an appropriate number of staff to keep them safe. Safe recruitment processes were in place.

Risk's had been identified and assessed to keep people safe.

Is the service effective?

Good

The service was effective.

Staff completed regular training to keep their skills and knowledge up to date.

People were supported to follow a healthy and balanced diet and were encouraged to plan their own food.

People told us communication with the service was frequent and effective.

Is the service caring?

Good

The service was caring.

People felt staff were kind, caring and respectful and treated them with dignity.

Staff understood people's needs and people were involved with decisions about their care and support needs.

Person centred care and encouraging independence were key values of the service.

Is the service responsive?

Good

The service was responsive.

Support records were written with the person and listed their needs and preferences and what was important to them.

People and their relatives were involved with the planning of their care and support.

People were encouraged to do the things that were important to them.

People told us they knew how to make a complaint. The service had no complaints.

Is the service well-led?

Good

The service was well-led.

People and staff spoke highly of the registered manager. The registered manager understood their responsibilities and ensured staff knew what was required of them.

People and staff were encouraged to provide feedback on how the service could be improved. The service made changes following identified areas for improvement.

Regular checks of the quality and effectiveness of the care and support provided for people were carried out.

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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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 1 and 7 June 2017 and the inspection was announced. This is the first rated inspection at its current address.

The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included speaking with the local authority contracts and safeguarding teams and reviewing information received from the service, such as notifications. 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. We used this information to plan our inspection.

We looked at how people were supported throughout the day with their daily routines and activities. We reviewed a range of records about people's care and how the service was managed. We looked at the care records for the person who used the service and four staff files. We spoke with the one person the service supported via telephone, two support workers as well as the registered manager. We looked at quality monitoring arrangements, rotas and other staff support documents including supervision records, quality assurance documentation and individual training records.

Good

Is the service safe?

Our findings

People told us they were safe when staff supported them. They said, "Yes I feel safe with them." The risk of people experiencing abuse was reduced because staff could identify the different types of abuse that they could encounter. A safeguarding policy was in place which explained the process staff should follow if they had any concerns. People and their families were provided with the information they needed when they started using the service which explained who they could report any concerns to. All staff had completed safeguarding adults training to ensure their knowledge was in line with current best practice guidelines.

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place. Staff understood their roles and were held accountable for them. They were provided with a staff handbook which advised them what was expected of them in their role. Staff felt encouraged to develop their skills and felt confident that the registered manager continually looked for ways to improve the quality of the staffing team. The staff we spoke with were aware of who they could speak with both internally and externally if they had concerns. This included reporting concerns to the CQC, the local multi-agency safeguarding hub or the police.

The registered manager told us there had not been any allegations of abuse and records viewed supported this. They also told us they had the processes in place to respond quickly if any allegations were made and they would take immediate action to protect people.

Assessments of the risks to people's safety were completed. There were individual risk assessments for the person in relation to their care needs and behaviour. These included manual handling and falls. Each risk assessment had been regularly reviewed in line with the agreement set between the person and the provider. This meant risk assessments were reviewed when something changed or every two years to ensure the support plans in place to manage the risk, were appropriate to their individual needs. The risk to people's safety had been reduced because regular assessments of the environment they lived in were carried out and regularly reviewed. The registered manager told us they were due to complete another environmental risk assessment in the next week because an additional risk had been identified.

We looked at the systems in place when a person had an accident, or had been involved in an incident that could have an impact on their safety. The registered manager told us that there had been no accidents or incidents to record, however they were able to explain their roles and responsibility if something was reported.

People told us there were always enough staff available to keep them safe when they needed them and that the staff arrived on time. One person said, "I always have all the staff I need as I have personal assistants and staff from Shield Recruitment fill the gaps." Time sheets confirmed the same four staff who supported the person. As the support was provided as and when the person required it, there was no rota system in place because there were no fixed shifts.

The registered manager told us a formal assessment of the number of staff required to support people was

carried out as part of the initial assessment and when they continually reviewed people's needs. Where changes were needed, such as people requiring additional one to one support, additional staff were brought in to support who were employed by the provider in another area of the business.

We asked the staff whether they thought there were enough staff to ensure people were supported safely. The staff we spoke with felt there were. One staff member said, "We support [person's name] whenever they need us to help out so there is always enough staff."

The registered manager told us they had a strict recruitment process which included staff being able to demonstrate they shared the service's approach to caring and supporting people in a compassionate and caring way. Checks were made such as checking if candidates had a criminal record, that they had appropriate identification and that appropriate references were received about a candidate. They told us this process ensured people were protected from the risks of unsuitable staff.

Good

Is the service effective?

Our findings

People spoke positively about the way staff supported them. One person said, "The staff are really really good."

The registered manager told us staff received support to undertake training to provide them with the skills and knowledge needed to support people in an effective way. Staff told us the training gave them the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. One staff member said, "Yes, the training is good. It helps me do my job."

Records showed staff had completed training in a number of areas deemed essential for their role. These included, safeguarding of adults, safe moving and handling of people, food hygiene, equality, Mental Capacity Act 2005, Fire and first aid. We viewed the training records used by the registered manager to monitor the training staff had completed. This showed staff had completed and were up to date with a large number of relevant topics that aided them to complete their work. Once people had started their employment, they shadowed experienced staff for a period of time determined by the registered manager based on their skills and competencies. The registered manager then supervised the new member of staff to ensure they had learnt the required competencies and knew how to care for people. This ensured a thorough handover of people's needs and review of staff's competency.

Staff told us they felt supported by the registered manager and spoke with them frequently. Staff said if they had a problem they would not hesitate in contacting the registered manager and they were sure the registered manager would take appropriate action. The registered manager told us they gained feedback from people about individual staff members. However staff did not always have a formal supervision with their line manager. This meant they did not have regular opportunity to prepare and discuss their progress and any additional support needs as part of a formal process. We recommend that the registered manager create and follow a system to support the staff regularly.

People's care documentation recorded how people preferred to communicate. In the one person's care records we viewed it indicated the person could communicate verbally and their hearing and speech was good although sometimes they made use of technology to aid communication.

People's support records contained individualised guidance on how they wanted and needed to be supported if they presented behaviours that challenged. All of the staff we spoke with had a very good understanding of how to support people when they displayed these behaviours.

People told us they were happy with the way staff offered choices and options and never forced them do anything that was not in their best interest. One person said, "I tell them what I want to do but sometimes they offer choices." Staff could explain how they ensured they gave people choices and only made decisions for them, when they were unable to make them themselves.

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. In the case of people who were supported in their own homes, applications must be made to the Court of Protection (COP). At the time of our inspection, no referrals had been made to the COP. The registered manager had a good understanding of their responsibility under the MCA. Staff told us they worked in the least restrictive ways and followed people's directions whilst respecting their decisions. The service was acting in line with the principles of the MCA.

We saw evidence the person who was supported by the service chose their own meals. Staff had an awareness of encouraging a balanced diet but told us they respected the person's decision. Part of the person's care records reflected their needs. For example their care plan described they usually ate plenty and they had no specific dietary requirements. One section did indicate to staff they preferred to use a cup with a large handle to support them with drinking. This showed us staff were aware of how to support the person with their nutritional needs.

People told us they were happy with the support they received from staff with their day to day health needs. One person said, "If I need anything I know I can ask them for help and they will help." People's day to day health needs were met by staff. One person's records contained examples where people had attended external health and social care appointments. These included visits to see a GP or dentist. The staff we spoke with had a good understanding of the health needs of the people they supported.

Good

Is the service caring?

Our findings

People we spoke with gave positive feedback when we asked them whether the staff who supported them were kind and caring. They told us, "The whole team are really good. Outstanding." One person told us staff had a good rapport between each other. They also told us staff were patient and listened to what they had to say.

Staff told us they responded to the person's needs if they became upset or distressed. One staff member said, "We know them well so if they are upset we can help support them." All of the staff we spoke with spoke passionately about the way they supported the person. Another staff member said, "I have worked with them for a while now, we have a very good relationship. I know they have asked for me by name before which is really nice."

People's care records contained information about their likes, dislikes and personal history. We looked at documentation which included information that was important to each person. Staff told us they used this information to help them form meaningful relationships with people. We spoke with staff about people and their needs. Staff were able to demonstrate a wealth of knowledge which was key to the care and support they required. This helped ensure people received highly personalised care.

People were involved with decisions about their day to day care and support needs. People's care records contained some examples to show where they had been involved with decisions about their care. The registered manager told us people were continually involved with decisions and any changes were made immediately. People we spoke with confirmed they were involved in the completion of their care records.

The registered manager told us where people needed their relatives to support them with decisions about their care they ensured the relatives were involved. We saw evidence that showed although the person had capacity to make their own decisions about their care, their relatives worked alongside staff sometimes so they were included in the care records. The registered manager also told us the person needed very specific methods to be used to ensure they were moved and repositioned in a safe and effective way. They told us they had discussed the person's needs with them and their relatives to be fully involved with the care and support package.

People told us they were supported to be as independent as they wanted to be. They said, "I make my own decisions and do what I can but staff have to help with some things." The staff we spoke with explained how they supported the person to be as independent as they wanted or were able to be. A staff member said, "They are happy to tell us what they need us to do because they can't do it."

The registered manager explained how people's privacy was respected by the staff. They said people had the right to be alone or undisturbed and to be free from public attention. Staff were guests in people's home and only entered with consent. People had not raised any concerns about their privacy not being respected. Staff explained how they maintained people's dignity when supporting them with their personal care. One staff member said, "We always try to cover them when helping them. We ask permission before doing

anything."

Good

Is the service responsive?

Our findings

People told us their family members were encouraged to do the things and follow their interests that were important to them. One person's said, "They help me watch the rugby."

Before people started using the service, pre-assessments were carried out where people and their relatives were asked to give their views on the support they or their family members wanted from staff. The registered manager told us this then enabled them to ensure the staff who would be chosen to support people had the right skills and experience to meet their needs.

People told us they received support from a consistent staffing team. One person said, "It's usually the same staff that come to me." Staff confirmed it was nearly always the same staff to support the person. The registered manager told us by providing people with a consistent team of staff, this helped people to develop trusting and effective relationships with the staff who supported them. We looked and saw the recruitment process was thorough and included analysis of potential staff's interests, beliefs and character. There was also an opportunity for people and relatives to meet potential staff and offer their views. This meant people could build closer relationships with people increasing their chance of meaningful activities.

People's care plans were written in a person centred way which recorded people's preferences about how they would like their care and support to be provided. This included the support they wanted with their personal care. However we found there were areas where improvements could be made. We spoke with staff and it was very clear their knowledge of people was high. Staff were able to give us specific examples of how the person liked to be supported and the activities they liked to do. Staff said they enjoyed going out and when staff supported them they wanted tasks performed in a certain way.

Support plans were regularly reviewed and contained guidance for staff to support people living with varying physical or mental health needs. For example, we saw guidance was in place for staff to support a person when they became upset or distressed. All the information we saw was current and staff agreed it was up to date.

People were provided with the information they needed to make a complaint. People felt any concerns they needed to raise with staff or the registered manager would be dealt with appropriately. One person said, "I have no complaints about the care, if I have a problem I just ring the manager." We reviewed the provider's complaints policy and the complaints register. We saw no complaints had been made. We spoke with the registered manager who had a clear knowledge of the action they would take upon receipt of a complaint. This showed us the provider would act on complaints appropriately.

Good

Is the service well-led?

Our findings

People, staff and relatives were actively involved with the development of the service and contributed to decisions to improve the quality of the service. One person said, "Anything that needs changing and they are happy to change." A member of staff said, "We are well managed. I know I can speak with the manager if I need to and things will get sorted."

People told us they had more than enough contact and opportunity to voice their opinions if they wished. One person said, "They know what they are doing, I wouldn't change anything." The registered manager told us they regularly spoke with people to gain their views and formal feedback and made use of questionnaires. The person filled out a questionnaire for each member of staff that supported them. We saw questionnaires that had been filled out about staff highlighted negative feedback. The registered manager told us they stopped members of staff from supporting the person following the feedback. The registered manager told us this provided them with more formalised feedback and helped them to make improvements to the service if needed.

Staff had not received regular formal supervision. Staff told us they had plenty of opportunity to raise any concerns and they felt supported by the registered manager as they had frequent contact. The staff we spoke with told us they felt empowered by the registered manager to provide people with the highest standard of care and support possible. One member of staff told us they were encouraged, 'to think outside of the box' to improve the quality of the service people received.

The staff were clearly passionate about their role and told us they enjoyed their jobs. The registered manager who was also the company director had a clear vision and philosophy for the company and staff had a good understanding of this. The registered manager told us they wanted people to live the fullest lives they could lead.

People and staff were supported by a registered manager who understood their role and responsibilities. They had processes in place to ensure the CQC and other agencies, such as the local authority safeguarding team, were notified of any issues that could affect the running of the service or people who used the service.

All of the staff and people who used the service spoke highly of the registered manager and felt they were approachable. One person said, "I can ring them any time, they are very good."

The registered manager had a variety of auditing processes in place that were used to assess the quality of the service that people received. As the service only supported one person, we saw regular communication with this person with any concerns acted on. The person confirmed all concern's they had were dealt with quickly. The service analysed quality questionnaires completed by the person and reviews of their care records. This meant they were constantly overseeing the service and identifying and rectifying issues before they became significant. Checks were carried out effectively to ensure any areas of improvement were identified and were addressed quickly.