

Shield Care Ltd

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Inspection report

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29 September 2020
30 September 2020
30 October 2020

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Shield Care Ltd is a domiciliary care service providing personal care to people living in their own homes. At the time of the inspection three people were receiving a service. Not everyone who used the service received 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.

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

People and their relatives were satisfied with the service being delivered by the staff. One relative said, "[The staff] are all wonderful. Without them we don't know how we'd manage. Our [family member] is very lucky."

People felt safe with the staff. Staff had received training in a wide range of topics and knew how to keep people safe from harm. Assessments of some potential risks had been completed, including for medicines administration. There were no risk assessments related to COVID-19: we have signposted the provider to resources to develop their approach. Infection control procedures were followed by staff and there were enough staff to meet people's needs.

The service does not have a registered manager in post. Although auditing of various aspects of the service had improved there were still further improvements to be made, especially in the records. Quality assurance processes included seeking the views of people who used the service and their relatives. The provider did not fully understand their legal responsibilities and had failed to display their rating.

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

Rating at last inspection and update

The last rating for this service was inadequate (report published 18 February 2020), there were multiple breaches of regulation and the service was in Special Measures. We issued the provider with a warning notice stating they must make the improvements by 30 April 2020. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

This service has been in Special Measures since February 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures. The provider had met the requirements of the warning notice and was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We planned to carry out a targeted inspection to check whether the Warning Notice we previously served in relation to Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. We inspected and found there had been improvements in a number of

areas of the service being provided. We widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

We did not inspect the other key questions. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Shield Care Ltd on our website at www.cqc.org.uk.

The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

Since the last inspection we recognised that the provider had failed to display their rating. This was a breach of regulation. Full information about CQC's regulatory response to this is added to reports after any representations and appeals have been concluded.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Shield Care Ltd

Detailed findings

Background to this inspection

The inspection

This was a focused inspection to check whether the provider had met the requirements of the warning notice in relation to Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspection team

The inspection team was made up of two inspectors. The lead inspector carried out the planning of the inspection and spoke with people who used the service and staff. The second inspector carried out a visit to the office location.

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 has not had a manager registered with the Care Quality Commission (CQC) since October 2018. There was a member of staff running the service but they had not registered with CQC. We have referred to them as 'the manager' throughout this report.

Notice of inspection

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

Inspection activity started on 29 September 2020 and ended on 30 October 2020. We visited the office location on 30 September 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report.

During the inspection

Prior to the visit to the provider's office we spoke with one member of care staff, one person who used the service and another person's relative. We asked the provider to send us a range of records so that we could analyse these away from the provider's office. Records included care plans, risk assessments, medication records and staff training and supervision records, as well as some policies, the statement of purpose and other records relating to the management of the service.

When we visited the office we spoke with the manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection

We continued to receive documentation from the provider, which we analysed along with the other records we had received. This included quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection so that the provider was no longer in breach of regulation 12.

- Assessments relating to a range of risks had been carried out, including for medicines. A relative told us, "I think [family member] is quite safe with them; they make sure her cigarettes are out before they leave."
- We noted that there was some conflicting information within the risk assessments. For example, for one person the generic risk assessment identified a high risk, but the evaluation stated there were no risks identified. We discussed this with the manager who agreed to carry out a review.
- Medication administration record (MAR) charts showed staff had signed to show that each medicine had been given.

Staffing and recruitment

At our last inspection the provider had failed to complete appropriate checks to ensure new staff were recruited safely. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the provider had also failed to provide the support and training needed by staff so they could carry out their role effectively. This was a breach of regulation 18 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 18 and 19.

- The manager told us that no new staff had been employed since our last inspection. They assured us that all staff files had been reviewed.
- The manager was undertaking appropriate checks to ensure that a prospective member of staff was suitable to work for the service. They told us that all checks would be in place before the new staff member started work.
- People, relatives and staff were satisfied there were enough staff to meet people's needs. Staff, including the manager, covered each other's leave.

- Staff had undertaken training in a wide range of topics, via the computer. People and relatives felt staff had received sufficient training to do their job properly. A relative said, "I know they know what they're doing. They're always very professional."

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure that people were protected from abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection so that the provider was no longer in breach of regulation 13.

- People told us they felt safe with the staff. A relative said, "My [family member]'s safe with the staff. [Named care worker] is brilliant with her – it makes such a difference."
- Staff had undertaken training. They were aware of the signs of abuse to look out for and how and to whom to report their concerns. They assured us they would report to the local authority safeguarding team if their manager did not take action on their concerns.
- The manager understood their role to report to the local authority safeguarding team. They told us there had been no reportable events since our previous inspection.

Preventing and controlling infection

- People and staff told us that staff were using personal protective equipment (PPE) effectively and safely. One person said, "[Staff] wear a mask, an apron and gloves – fresh ones every day. They don't take the mask off."
- The provider had a policy relating to COVID-19 but had not carried out risk assessments relating to COVID-19 for people using the service or staff. However, staff were aware of the risks and the steps they needed to take to minimise risk.
- We have signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

- Staff meeting minutes and supervision notes showed that the manager discussed issues with staff so that lessons could be learnt.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

At our last inspection the provider had failed to monitor and improve the quality and safety of the service provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The manager provided us with documents to show they had undertaken reviews of a number of aspects of the service. This included care plans, risk assessments and medicines. This was a 'work in progress' and the manager and provider were aware there was more they could still do to monitor and improve the quality of the service.
- The provider showed they did not fully understand their legal responsibilities. They had failed to display their rating on their website or in their office.
- There was no registered manager in post. The previous registered manager had left more than two years ago. The provider produced some evidence to show they had advertised for a member of staff who would apply to be the registered manager, but had not been able to employ anyone to the post.
- The provider clearly wanted to provide people with the best possible quality service. There were still areas where improvements to their records needed to be made.

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 provider was aware of their responsibilities regarding the duty of candour. There had not been any events since the last inspection that required the duty of candour principles to be applied.

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

- People told us they had received a survey to complete, which asked for their views about the quality of the service being provided. Results of the survey showed that people and their relatives were satisfied with the service delivered by staff.

- The manager told us they visited people regularly to ensure they were happy with what the staff were doing for them and that their care plans still met their needs.

Working in partnership with others

- A relative told us that the manager was very good at contacting them if their family member needed any other services, such as healthcare. However there was no evidence of ongoing partnership working or building up relationships with health or social care professionals.