

Shield Health & Social Care Limited

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Inspection report

49 Chapeltown
Pudsey
West Yorkshire
LS28 7RZ

Tel: 01132430344
Website: www.shieldhsc.org

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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

Shield Health and Social Care Limited is a domiciliary care agency providing personal care to people living in their own homes. This includes older people and people living with physical disabilities. At the time of our inspection the service was providing personal care to 1 person.

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

Safe recruitment procedures were not always in place. We have made a recommendation regarding monitoring of recruitment processes.

Risks to people were safely managed, including infection control risks. Processes were in place to ensure safe medicines management.

People were safeguarded from the risk of abuse. The service was able to work in partnership with relevant authorities to keep people safe.

Care was person centred, outcome focused and met individual needs. Staff had the necessary support, skills and training to deliver quality care.

People were involved in their care. Staff cared for people in a kind and respectful manner considering their individual choices and promoting independence.

There were systems in place to monitor the service, obtain feedback and identify areas requiring improvement. There was a positive culture at the service where people were at the centre of care delivery.

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.

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

Rating at last inspection

This service was registered with us on 12 September 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive 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

This 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 CQC 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 24 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.

What we did before the inspection

We reviewed information we held about the service. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records relating to the management of the service, including policies, procedures, training data and quality assurance records. We looked at a person's care records and 2 staff member's files in relation to recruitment and induction. We spoke with a relative of a person who used the service about their experience of the care provided. We spoke with 3 members of staff including the registered manager, the service manager and a care worker.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Procedures in place did not always ensure safe staff recruitment.
- One staff member did not have a complete Disclosure and Barring Service (DBS) check in place. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The provider took immediate action to address this at the time of inspection.

We recommend that the provider develops a system for monitoring the DBS process.

- There were sufficient numbers of staff to ensure consistency and meet people's needs safely.

Systems and processes to safeguard people from the risk of abuse

- The provider had appropriate systems in place to safeguard people from the risk of abuse.
- Staff received training about how to safeguard adults from abuse and were knowledgeable about protecting people from different types of abuse. Staff were aware of their responsibility to report concerns immediately.
- The registered manager was aware of when and how to make safeguarding referrals to the appropriate agencies, for example, the local authority and CQC.

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

- Risks to people's health were safely assessed, monitored and managed.
- People had risk assessments and care plans in place. These were up to date and reflected people's individual needs and risks.
- Processes were in place to report, monitor and learn from accidents and incidents.

Using medicines safely

- There was a system in place to ensure that people receive medicines safely. At the time of the inspection, the provider was not supporting anyone who required assistance with medicines.
- Staff training and competency assessments were in place to ensure that people could be safely supported with their medicines, if required in the future.

Preventing and controlling infection

- There were systems in place to prevent and control the spread of infection.
- Staff were trained in infection prevention and control. They had access to personal protective equipment

(PPE) which they used when supporting people.

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

- People's needs were assessed prior to their care and support commencing. Outcomes for people were identified. There was a process in place for regular review of people's care and support.
- People's preferences for how they would like their needs to be met were recorded. A relative told us, "Staff know [name's] likes and dislikes."
- Sexuality, cultural and religious needs were considered when assessing and planning care for people.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills, knowledge and experience to care for them effectively.
- There was a comprehensive induction and training programme in place for staff. This was monitored by management.
- Staff felt supported within their role. A staff member told us, "I have had a good induction and support from management."

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

- The health and wellbeing of people was monitored and documented in the care records.
- Staff were able to explain the procedure for referring to other agencies to support people with their health needs.
- People's nutritional needs and personal preferences were documented during the assessment and care planning process. At the time of the inspection nobody using the service required support with eating and drinking.

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.

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

- The service was working within the principles of the MCA. Staff received training and the registered manager was aware of their legal responsibilities under the MCA.

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; Respecting and promoting people's privacy, dignity and independence

- People were cared for by staff who were kind, respectful and caring. Feedback about the service was positive. A relative told us, "Staff are lovely. They are caring" and "My relative is happy with the care".
- Staff received appropriate training for equality and diversity. They were knowledgeable about obtaining consent and caring for people respectfully, maintaining their dignity and independence. A staff member told us, "The service user is the leader. They tell me what they want me to do".

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

- People were involved and supported to make decisions about their care.
- Relatives were involved in decision making and care planning. A relative told us, "We have been involved in planning care".
- Care records documented people and relative views and wishes.

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.

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

- Care plans were person centred, reflecting people's needs and preferences.
- Staff were aware of the importance of asking people's views and meeting their needs. A staff member told us, "We take time to talk to people and ask them".

Improving care quality in response to complaints or concerns

- There were systems and processes in place to respond to complaints or concerns and make service improvements.
- The service had not received any complaints or concerns at the time of the inspection. A relative told us, "My relative has had no need to complain about anything. I would call if I had a problem".

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs were assessed and met by the service. Information was available in an accessible format, for example, easy read or large print.

End of life care and support

- The service was able to provide end of life care when required. There was a policy in place to support this.
- At the time of the inspection there were no people receiving end of life support.

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.

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

- The service promoted a person-centred culture. Care was inclusive to achieve good outcomes for people.
- People were involved in their care planning. They were offered a choice and supported to make decisions to enhance their quality of life. A relative told us "[name]'s health has improved since living at the home."
- Staff knew people and their daily routines well. A relative told us, "Staff know my relative really well".

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; Working in partnership with others

- The registered manager understood the need to be open and honest if accidents and incidents occurred. They understood their responsibilities under the duty of candour.
- Systems and processes were in place to share information appropriately with the local authority safeguarding team and CQC.
- Staff were knowledgeable about working in partnership with other agencies to ensure good outcomes for people.

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

- Systems and processes were in place to effectively monitor and improve the quality of the service.
- The registered manager maintained good oversight regarding the quality of service delivery.
- Procedures were in place to address areas requiring improvement and share lessons learned with staff.
- Staff received training and were supported to ensure they had the knowledge and skills to support people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged with people, relatives and staff regularly.
- Systems and processes were in place to obtain written feedback from people and relatives, which they used for service improvement.
- Relatives knew the registered manager and felt able to share any concerns. A relative told us, "I know the registered manager, she is approachable".
- There were regular staff meetings at the service. Staff felt able to raise concerns and felt supported by the

registered manager.