

Shield Care Ltd

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Inspection report

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11 October 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This service is a domiciliary care agency. It provides personal care to adults and older people living in their own homes. Not everyone using Shield Care Ltd receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

This was the first inspection of this service since it was registered on 12 October 2017. The inspection took place between 11 September 2018 and 11 October 2018. It included visits to the provider's office on 11 and 19 September 2018. For the first visit we gave the provider 48 hours' notice as we needed to be sure that there would be someone in the office.

Prior to the inspection The Care Quality Commission (CQC) had received concerns that there were not enough staff to cover the care calls that the agency had arranged with people. At the time of the inspection staff were assisting three people with personal care. This was a total of 19 hours a week.

This service requires a registered manager. A registered manager is a person who has registered with CQC 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 they run the service. There was a registered manager in post. However, they had handed in their notice.

The provider did not have sufficient oversight of the service nor were there adequate systems in place to ensure that people received a high-quality service and were kept safe.

There were not enough staff for people to be sure that their needs would always be met. Staff recruitment was not good enough to ensure that new staff were suitable to work at the service. Not all risks to people had been assessed.

People felt safe and staff had undertaken training to recognise and report any avoidable harm or abuse. Staff gave people their medicines safely and as they had been prescribed. Staff followed the correct procedures to prevent the spread of infection and knew how to report any accidents and incidents.

The registered manager had assessed each person's needs before they offered the person a service. This was to ensure the service could meet the person's needs in the way they preferred. Staff had received training and support so that they could do their job well.

Staff supported people to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People had very good relationships with the staff and were very pleased with the service the staff provided.

People were involved in planning their care and support. Staff respected people's privacy and dignity and supported people to remain as independent as possible.

Care plans gave staff detailed guidance relating to the care and support each person needed so that people received personalised care that was responsive to their individual needs. The provider had a complaints process in place but had not received any complaints. Staff cared for people at the end of their lives if the people wanted to stay at home.

Staff felt supported by the registered manager, enjoyed their job and liked working for this service.

You can see what action we told the provider to take at the end of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Not all potential risks to people had been managed so that the risks were minimised.

The provider did not employ enough staff to ensure that people's assessed needs would always be met and people would be safe. The recruitment process was not robust enough to make sure that new staff were suitable to work for this service.

Staff understood their responsibilities and were competent to protect people from harm. Staff gave people their medicines safely.

Is the service effective?

Good ●

The service was effective.

The registered manager assessed people's needs to ensure that the service could give them the care and support they needed.

Staff undertook training in a range of topics and attended supervision sessions so that they could do their job well.

Staff worked within the principles of the Mental Capacity Act so that people's rights in this area were protected.

Is the service caring?

Good ●

The service was caring.

People and staff liked each other and got on well together.

Staff respected people's privacy and dignity and helped people to maintain their independence.

People were involved in making their own decisions about the care and support they wanted.

Is the service responsive?

Good ●

The service was responsive.

Care plans gave staff detailed guidance on how to meet each person's individual needs.

People knew how and to whom to complain should they need to.

Staff provided end of life care to people receiving a service whose health deteriorated.

Is the service well-led?

The service was not always well-led.

The provider did not have adequate oversight of the service to ensure that people were provided with a high-quality, safe service.

People, their relatives and other stakeholders were not given enough opportunities to express their views about the service.

People were very happy with the service and would recommend it to others.

Requires Improvement 

Shield Care Ltd

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.

This was the first inspection of this service since registration in October 2017. The inspection was prompted in part because CQC received concerns from the registered manager about the number of staff available.

Our inspection activity started on 11 September 2018 and ended on 11 October 2018. The inspection included two visits to the provider's office, which we announced. The first visit was carried out by one inspector on 11 September 2018. Our second visit, on 19 September 2018, was carried out by two inspectors.

We gave the provider 48-hours' notice of our visit. This was because the service is small and the registered manager was on holiday so we wanted to be sure that some-one would be in the office. We completed the inspection on 11 October 2018.

Before the first visit we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information about important events that happen in the service that the provider is required to notify us about. On 2 August 2018 the provider had sent us a completed provider information return (PIR). The PIR 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.

Following the inspection we spoke over the telephone with two people who were receiving the service. On the first day we spoke with the registered manager, a business analyst who told us they were supporting the service, one of the providers and a care worker. On the second day we spoke with the registered manager, the care worker who was taking over as acting manager, a second care worker and the provider. We looked at two people's care records as well as other records relating to the management of the service. These included medicine administration charts, audit records, and the complaints folder.

Is the service safe?

Our findings

Prior to the inspection the registered manager had contacted CQC. They were about to go on holiday and they were worried that there were not enough staff to fulfil all the care visits. By the first day of our inspection the provider had made arrangements so that all the care visits would be met. A prospective new manager had agreed that they could work if needed and two other care staff were available. As there were only three people receiving personal care, we were assured that the care visits would be met. However, we discussed with the provider their contingency plans in case of emergency and they stated they would cover the calls themselves. This was not an ideal situation but the provider had discussed the situation with people and their relatives and told us that relatives were happy to help if needed. This meant there was no evidence that anyone would be at risk.

On the second day we visited we spoke with both care workers and the registered manager. They, and the provider, again assured us that all care visits would be covered.

The provider's recruitment process was not as robust as it should have been to make sure that prospective staff were suitable to work in this service. They had undertaken pre-employment checks, including a criminal records check and identity check and had requested references. However, we noted that for one member of staff one reference had not been returned and the other reference, from a previous employer, only stated the dates the person had worked for them.

For another member of staff, neither of their references had been signed or verified. The reference for a third member of staff indicated issues in a previous employment. There was no evidence that this had been followed up, either with the referee or with the applicant.

The registered manager had assessed any potential risks to people and written guidance for staff so that they knew how to minimise the risks. Risks to staff from the environment people lived in were also assessed so that staff could keep themselves safe. However, in one person's file a risk assessment for the management of medicines included that the person used oxygen. There was no further information about the risks involved and how those were to be mitigated.

People told us they felt safe with the staff and that the staff had hardly ever missed a call or even been late. One person said, "I definitely feel safe when [the staff] are with me." Staff were fully aware of procedures to keep people safe from harm and abuse. They knew to whom they should report any concerns, including external bodies such as the local safeguarding team.

Staff who assisted people with their medicines had undertaken training so that they could carry out this task safely. The registered manager had used a competency workbook, which staff had to complete before they could give people their medicines. The registered manager ensured that staff had undertaken training and were provided with equipment to prevent the spread of infection. Staff wore gloves and aprons when they assisted people with personal care.

Staff understood that they had to report any accidents or incidents but none had occurred.

Is the service effective?

Our findings

The registered manager fully assessed people's holistic needs before people were offered a service. People told us that the registered manager had visited them at their home and talked to them about the care and support they wanted. One person said, "[The registered manager] wrote it all down in the book."

Staff had undertaken training in a range of topics so that they could do their job as well as possible. One person told us that staff must have been trained well because they "definitely know what they're doing." One member of staff had done further training so that they would be able to train the staff themselves. New staff worked with more experienced staff until they were confident to work alone with people. Staff felt the registered manager supported them very well. They had worked alongside staff to check their practice and given them supervision. Supervision had not always been recorded.

People and their families were responsible for providing the food people wanted to eat. Shield Care staff put a meal in the microwave if that was part of the person's care package. They made sure that each person had enough to drink. One member of staff said, "I make countless cups of tea in a day."

People and their families were responsible for making appointments with any healthcare professionals that the person needed to consult. However, if the person had an appointment, some families would ask staff to accompany the person. Staff said they would ring the GP if the person wanted them to and no family members were available.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Staff had received training and understood the ways in which this legislation related to their everyday work. The registered manager had made sure that one person's mental capacity had been assessed as the person was no longer able to make big decisions themselves about their care. Care plans considered the person's capacity in each area of care. Staff gave people choices in their care and support and asked for the person's consent before carrying out any tasks.

Is the service caring?

Our findings

People told us how much they liked the staff and how good the staff were at their job. One person said, "[Staff] are very good, really good." Another person told us, "They're excellent. I was dreading having to have help but they're absolutely fine. I thought I'd be embarrassed but they're very pleasant and very helpful and I'm not embarrassed at all." One person summed it up when they said, "I really look forward to them coming. We have a little bit of a laugh. It sets me up for the day."

Several people had written to thank Shield Care for the service the staff provided. One person wrote, "I have had a few carers but Shield Care is the best I have had. They listen when I need to talk." Another person wrote, "[Name of registered manager]'s kindly efficiency gives me reassurance when I am feeling poorly. But also, she 'bucks me up' for the day."

Staff treated people with kindness and compassion. We knew that staff really cared about the people they were caring for in the way they spoke about them. Staff knew each person well and spoke about people with great respect. One person told us, "[Name of staff member] knows me and knows what I need." Another person told us, "They make me feel really special."

People's families had also written to the registered manager. One person's relative wrote, "We are very happy. [Name of staff member] was booked today to sing with [family member]....they had a lovely time. There's more to caring than just cooking and dressing." Another wrote, "[Name of family member] seems happy with your care – thank you very much."

Staff fully understood and respected people's privacy and dignity. One person said that staff always knocked on their door, even though it was open, and called out when they entered the house. One person told us that staff always held a towel up in front of them while the person took off their dressing gown and got into the shower. Staff had time to provide the care that people wanted and do any extra jobs that needed to be done. One person wrote, "For the time [name of staff member] is here I am her sole concern."

Staff also had time to support people to do as much as they could for themselves, in order that people maintained their independence for as long as possible.

Is the service responsive?

Our findings

The service provided by Shield Care Limited was responsive to people's needs and people were fully involved in deciding what care and support they wanted from the staff. Staff knew people very well. They knew, for example, that the care and support one person needed from the staff varied depending on how well the person felt that day. One member of staff said, "We have time to get to know people."

Each person had a care plan in their home and the registered manager kept a duplicate copy in the office. The registered manager had developed people's care plans from the assessments of people's care needs. The plans were personalised to the individual and gave staff full details of the care and support the person wanted. The care plan included what the person could do for themselves and how staff could support them with this. Staff supported people to pursue their interests if that was what the person wanted.

The provider had a complaints process, although this needed further development as external agencies such as the local authority were not included. People were happy to speak to the staff or the registered manager if they had any concerns. However, they had never had to. One person said, "I've got no complaints at all."

The service was not set up to specifically to provide end-of-life care. However, staff were prepared to provide this if required. One person's health had deteriorated very rapidly a few days before the inspection. Staff had supported them and their family, providing care until they died. They had continued to support the person's spouse. The provider recognised that they needed to provide training for staff in end-of-life care.

Is the service well-led?

Our findings

The providers had a clear vision to provide good care. The provider we met told us that they wanted to give something back to the community. A member of staff said, "The [providers] are in this because they care; they're not in it for the money." This staff member added, "Their hearts are in the right place." However, the providers did not understand their responsibilities as registered persons to ensure that the service was of high quality and that people were safe. They did not have adequate oversight of what was going on and they had not supported the registered manager.

The registered manager had put some auditing processes in place, but these were not robust enough to support the agency. People and other stakeholders had not been formally offered a way in which they could give their views about the service.

By the second day of our visit, the providers had put an action plan in place to improve the service. This was not adequate to ensure that the business would be stable and viable as a care company. The provider did not have adequate systems or processes in place or operated effectively to assess, monitor and improve the quality and safety of the services provided.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were very complimentary about the service provided by Shield Care Limited staff. One person said, "This is an excellent care company." Another person told us, "If you're looking for a care company I have no concern in recommending Shield Care." One person wrote, "I knew I had chosen well as the quality of care was excellent."

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. However, the registered manager was on holiday on the first day we visited. On the second day they had returned from their holiday, but had handed in their resignation. The provider had appointed one of the care workers to also take on the role of the manager.

The registered manager had fully understood their responsibilities. They had supported the staff, arranging supervision sessions and team meetings and working alongside them to ensure they were doing their job properly. People and staff made very positive comments about the registered manager and were sad that they were leaving. The registered manager had not felt supported by the providers, which was why they had contacted CQC with their concerns about lack of staff.

Staff told us they loved their job. One said, "I really enjoy it. It's a privilege helping people stay in their own homes." Staff were proud of the relationships they had with people and with people's families.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have adequate systems or processes in place or operated effectively to assess, monitor and improve the quality and safety of the services provided.</p>