

Shield Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

Shield care Ltd is a domiciliary care service providing personal care to 2 people at the time of the inspection. They also provided domestic and social care to four other people. 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's health and welfare was at risk because procedures and policies to keep them safe were not being followed. Risk assessments had been in place since June 2018 and had not been reviewed to see if any changes were required to keep people safe. Medicines were not well managed. Staff had not completed medication administration training since working for the service and had not had their competency assessed by someone trained to do so. People's care plans did not have current information about what medication they were prescribed or how they should be administered. Checks of medication administration records had not been recorded and had not identified any issues.

The acting manager was not able to evidence that staff had been safely recruited. The provider's recruitment policy had not been followed when recruiting new staff. New staff recruited in 2019 had not completed an induction or any training since working for Shield Care Ltd. Staff had not received any formal supervisions or attended any meetings whilst working for the service.

The service was not well led. At the previous inspection we told the provider there was a lack of oversight of the service to ensure that it was being managed safely and the quality was maintained. The provider put procedures in place to make the improvements. However, the procedures had not been followed and action had not been taken to monitor, assess the service or make necessary improvements.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests. There were no records that decisions made on behalf of people were made in their best interests by people who had the legal authority to do so. We made a recommendation regarding this.

Care plans did not include detailed information about how people wanted to be supported. People had regular care staff who knew them and had learnt how to support them well. However, there was a risk that any new staff would not know how to meet people's personalised needs.

The feedback we received about the service was very positive. As there were only three staff providing care to the two people using the service they knew them very well.

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 Requires Improvement (published 25 January 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to keeping people safe from harm and avoidable risks, management of medication, safe recruitment and monitoring of the service and making improvements where necessary at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe.

Inadequate ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Inadequate ●

Shield Care 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

The inspection was carried out by two inspectors on the day we visited the office, and one inspector made phone calls to people who used the service and staff on other days.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or acting manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the service. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke to the acting manager and two members of care staff.

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 requires improvement. At this inspection this key question has now deteriorated to inadequate.

This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

- Medicines were not managed safely by the service. Although policies and procedures regarding the administration of medicines were in place, these had not always been followed.
- The acting manager had not completed administration of medicines training. However, they were observing new staff administering medicines to ensure they were following the correct procedures. Since working for Shield Care Ltd, the two care staff employed had not received any training in the administration of medicines. This meant we could not be confident that staff were following the correct procedures when administering medicines.
- There was a lack of oversight of the administration of medicines. People's care plans did not contain current information about their medicines or how it should be administered. The acting manager stated that she looked at medicines administration records (MAR) when they were returned to the office. However, we found that issues with the MAR had not always been identified or acted on. For example, some people were supported with prescribed creams and these were not recorded on any MARs. This was noted on the daily notes. However, there were no records of what the creams were or body maps to show where they should be applied.

Assessing risk, safety monitoring and management

- Risks to people were not always assessed or reviewed and there was a lack of information for staff about how to support people to remain safe.
- Risk assessments had been completed in 2018 and had not been reviewed since. The acting manager stated that there had been no changes so they didn't need to be reviewed. We found this not to be the case. For example, one person's medication risk assessment had not been updated when their medication or the method of administration had changed. Neither did it include the information that they were allergic to penicillin.
- People had regular care staff who knew them well. This meant staff were able to tell us how they would support people to remain safe for most risks and people told us they felt safe. However, the information was not available for new staff.

The provider had failed to ensure that medicines were managed safely. We found the provider had failed to do all that was reasonably possible to assess, manage and mitigate risks to people's health and safety. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The acting manager was not able to show that staff had been recruited safely. It was noted in our previous inspection report that the recruitment procedures had not been robust to ensure the right people were employed. We found this was still the case.
- Two members of staff had been recruited in 2019. There were no ID documents or photographs available for either of the staff members. The nominated individual stated that he thought he had it elsewhere but it was not sent to us after the inspection.
- The providers recruitment procedure had not been followed for a member of staff who had started work before their written references had been received. The acting manager stated that they had received a verbal reference but had not recorded it. The acting manager had not identified that one reference had not been fully completed regarding the person's suitability to work with vulnerable people.

The acting manager had not completed the appropriate checks to ensure that staff were recruited safely in to the service. This was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other pre-employment checks had been undertaken. For example, Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.
- There was enough staff to support people safely. No calls had been missed at the service.

Systems and processes to safeguard people from the risk of abuse

- Not all staff were aware of the procedures to follow when they suspected someone may have been abused.
- Staff had not completed training in the safeguarding of vulnerable people. They were not all aware of the organisations they could contact if they were worried that someone had been abused.

The provider had failed to ensure people were protected from abuse. This was a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Staff had access to personal protective equipment such as gloves and aprons.
- People confirmed that staff used protective equipment appropriately.

Learning lessons when things go wrong

- The assistant manager and nominated individual stated that there had been no incidents or accidents since the previous inspection. There was a process in place for staff to report incidents or accidents should they occur.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- There was a complete lack of oversight of the training and support needs of the staff. The acting manager stated that they had not organised any training since their contract with their previous trainer had expired in 2019. Although there was a training matrix in place this had not been completed for the two care assistants employed. As well as not providing training with Shield Care Ltd, the acting manager was not aware if the staff had completed all their training in their previous roles.
- Two members of staff had commenced employment in 2019. The acting manager stated that they had not received an induction when they commenced employment because they were, "Desperate for staff" at the time. Both members of staff had previously worked in care homes and had completed training with them but not since working for Shield Care Ltd.
- The assistant manager stated that she "Spot checked" the staff to ensure they were working in the way expected but this had not been recorded.
- Staff confirmed since commencing work for Shield Care Ltd in 2019 they had not received any formal supervisions. Staff stated they would speak to each other about any concerns.

The provider had failed to ensure staff had received the training and support they required and that they had been assessed as competent to carry out their role effectively. This is a breach of Regulation 18 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- One person had a capacity assessment in their records. However it included conflicting information about whether the person had capacity or not and it was not decision specific. The acting manager and one care assistant stated that they did not have any knowledge about how to apply the MCA. The acting manager told us they would arrange training.
- Staff members told us they always tried to offer choices and if someone was refusing support they respected that and offered it again later.

We recommend a review of the systems and processes to ensure that the principles of the Mental Capacity Act 2005 are been complied with.

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

- People's needs and choices had been assessed when they had first started using the service in 2018. This assessment included information on people's needs such as communication, nutrition and hydration, personal care and health concerns.
- The acting manager stated that they ensure they were aware of any new guidance or law changes by regularly researching websites such as CQC, National Institute for Health and Care Excellence and Skills for Care.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff prepared food and drink for people when requested. People told us that they were offered a choice of food and drink and were happy with the support they received.
- Although one person had been prescribed a food supplement this was not included on the person's medication administration records or in their care plan. As the staff team was so small they were aware that the person needed to have it daily. However, this information would not be available for new staff.

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- The people currently supported by the service were very independent and arranged their own healthcare support. At the time of the inspection there was no need for the service to work with other agencies.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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

- People were not always treated with respect by the provider as systems to keep people safe from harm and protect them from risk were not always in place. Risk assessments and care plans were not reviewed to protect people from harm and the service was not well managed.
- However, people were positive about the staff that supported them. People were supported by regular staff and had developed good relationships with them. One person told us, "The staff are very caring, they treat me very well. I couldn't be happier."

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

- People told us they expressed their views about their care to the staff that supported them. Both people were aware that the staff had "a folder" about them. One person stated that they didn't want to know what was in it and the other person told us they had read it.
- Staff told us they encouraged people to make as many decisions about the support they received as possible. For example, they offered them choices about what tasks they would like support with and how they would like to spend their time.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence where possible. Staff supported people to carry out tasks so that they did not lose their skills. For example, one staff member told us how they supported one person to wash and dry their clothes and then iron them.
- People confirmed they were treated with dignity. Staff members told us how they promoted people's privacy and dignity by keeping people covered when possible when supporting them with personal care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

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

- Staff did not have all of the written information they required to meet people's needs in the way they preferred. Care plans had not been reviewed since they were written in 2018. Some of the care plans needed updating to include current information.
- The personal information included in care plans was limited and included minimal detail about the person's preferences about how they would like to be supported. For example, one person's care plan stated, "Requires help with washing, dressing and drying." The care plan did not state what help the person needed or what they could do for themselves.
- As there were only three members of staff (including the acting manager) and only two people using the service, staff knew people really well. However, if a new member of staff had to support people, the information was not available for them.

People's records had not been reviewed and did not include all relevant current information. We recommend that care plans are reviewed regularly and updated when necessary to ensure staff have the correct information.

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.

- People's communication needs had been assessed. At present no one needed information in a different format but the provider stated it would be made available if needed.

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 told us that as well as providing support with personal care they also spent "social time" with people. They explained that as well as supporting people to carry out their household tasks they also encouraged them to go out into the community.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. No complaints had been received by the service since the previous inspection.
- People told us they knew how to complain if they needed to do so.

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 Requires Improvement. At this inspection this key question has now deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality 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 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 Good governance. (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the required improvements had not been made.

- The service was not well managed and the provider and acting manager lacked oversight of staff performance, quality standards and the care that was being delivered. The provider had failed to recognise their responsibility to ensure that the service delivered to people gave them high quality, safe care. The provider had supplied an action plan after the previous inspection. However, they had failed to ensure that the actions had been taken to make the necessary improvements.
- There was a clear lack of leadership within the service. There had been no registered manager since October 2018. The acting manager had made it clear to the provider that they did not want to be the registered manager. The acting manager stated that they regularly visited people and met with the staff to offer them support but had failed to record it. The acting manager had recorded that they had carried out some audits. However, this had not been done in a way that identified any issues and there were no action plans for the improvements needed.
- Staff had not been recruited in line with the providers recruitment policy, had not been not given any training since working for Shield Care and had not had their competency assessed by someone qualified to do so. There was no system in place to identify what training or support the staff needed.
- Record keeping was poor and records were not accurate. Care plans and risk assessments did not include all current information. There were no records to show how audits had been completed – just a date stating that they had. There were no records of when the acting manager had visited people to ask if they were happy with the service or to spot check staff. The medication administration charts did not include all the required information. The provider failed to monitor and improve the quality and safety of the services provided. The provider failed to maintain accurate, complete and up to date records. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 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

- The provider had carried out written surveys with people who used the service. All of the replies received contained positive information about the service being received.
- The acting manager told us that they regularly visited people to ask about the quality of the service being provided. However, this had not been recorded. One person told us, "I don't know who is in charge of the agency".
- One member of staff also told us that they were not aware of who the manager was, only that someone had employed them, so they assumed it was them. Another member of staff told us that if they had any concerns they would discuss it with the other care assistant and if needed would contact the acting manager. The acting manager stated that they regularly met with staff but did not record it.
- The provider and acting manager clearly wanted to achieve good outcomes for people. They told us that their values were being supportive, helpful, informed, efficient, listening, dignity, confidential, approachable, responsive and having empathy. However there had been a lack of action by the provider and acting manager to ensure that all the systems and process in place were followed so that their aims could be achieved in a safe and monitored way.

Working in partnership with others

- When people needed to access other services, the acting manager told us that they would raise the matter with social services, healthcare professionals or speak to the family and people were referred appropriately. However, there was no evidence of ongoing partnership working or building up relationships with health and social care professionals.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure that medicines were managed safely. The provider had failed to do all that was reasonably possible to assess, manage and mitigate risks to people's health and safety.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Staff were not aware of the procedures to follow if they suspected someone had suffered abuse.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Staff had not been recruited inline with the provider's policy.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff had not received the support and training they required to carry out their role effectively.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to monitor and improve the quality and safety of the services provided.

The enforcement action we took:

We served a warning notice on the provider which required them to make the necessary improvements by 30 April 2020.