

## Care Shield Services Limited

# Care Shield Services

### Inspection report

119 Dalston Gardens  
Stanmore  
Middlesex  
HA7 1DA

Tel: 07930745239  
Website: [www.careshieldservices.com](http://www.careshieldservices.com)

Date of inspection visit:  
18 September 2019

Date of publication:  
10 October 2019

### 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

Care Shield Service is a domiciliary care service providing personal care and support to seven people living in their own homes. Some people who use the service have physical disabilities and some people have learning disabilities.

Everyone who used the service received personal care. Care Quality Commission 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

There were sufficient numbers of staff employed and people told us staff were always on time for their allocated visits and no visits had been missed.

Staff had received training in safeguarding matters and were confident in their knowledge and actions they would take if any safeguarding matters arose.

Medicines were managed safely. Staff were recruited safely.

People's care plans included individual risk assessments which staff followed to keep people safe.

People's needs were fully assessed prior to the commencement of their care package.

Staff had received appropriate training and had the necessary skills and experience to care for people safely.

Staff made sure people had access to healthcare professionals to support their health and well-being.

Staff supported people to access their local and surrounding community.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and professionals told us the service was well run and were complimentary of the level of care and support the staff and registered manager provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection (and update) This service was registered with the CQC on 25 June 2018 and this is

the first inspection.

#### Why we inspected

This was a planned inspection based upon the provider's registration date.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Care Shield Services

## 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 one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own home.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### 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 registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority. 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 three people who used the service and one relative about their experience of the care provided. We spoke with the registered manager.

We reviewed a range of records. This included three people's care records and one medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records. We also received written feedback from three care workers.

# 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 for this newly registered service. This key question has been rated Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse, avoidable harm, bullying or harassment. One person told us, "I am safe and secure with my carers. They come on time and I had the same person for a while."
- Staff had been trained in safeguarding and how to recognise the signs of abuse. Staff told us the provider encouraged them to raise any concerns and they felt comfortable in the knowledge that it would be acted upon. One care worker wrote in the feedback received, "I would report to the manager straight away if there was a problem."
- People felt confident to report any safety concerns and that the staff were respectful of their safety and their property. One person told us, "I have no issues, but if there would be anything I would call the office and speak to [managers name]."
- We saw the provider had effective safeguarding systems, policies and procedures in place, including a lone working policy for staff.

Assessing risk, safety monitoring and management

- Risk assessments were in place to identify any risks in relation to people's healthcare needs, their environment and any equipment required to support them. Risk assessments had detailed instructions for care workers to follow to ensure people were safe when they received personal care. People and relatives told us they felt safe with the staff. One person said, "I have two staff, I never felt they didn't know what they were supposed to do, and I always feel safe with them."
- Care workers understood the steps to follow to help to reduce any risks to people's safety, and to help them live well at home. One relative told us, "They [staff] make sure my relative is safe all the time."
- Care workers completed daily notes, which informed care workers who visited the next time, if there were any significant changes to the person needs.

Staffing and recruitment

- There were enough care workers deployed to meet the needs of people who used the service.
- The registered manager told us that she prides herself on not having missed a care visit. People who used the service told us that care workers were punctual and always stayed for the allotted time. If care workers were delayed, people told us they were contacted by telephone for further updates.
- Care workers were recruited safely, and we saw checks had been completed prior to employment including the taking up of references and use of checks with police. This helped to ensure only people of suitable character were employed to work with people.
- The registered manager told us that they would always introduce new care workers to people who used

the service, before they supported them. People who used the service confirmed this and told us that they were able to choose a specific gender to support them with their personal care.

#### Using medicines safely

- Currently the service did not administer medicines. However, some people were prompted and reminded to take their medicines independently. We found that the service followed appropriate systems to record this and ensured that this was done safely.
- Care workers had received training in the administration of medicines and their competency was assessed during spot checks carried out by the registered manager.

#### Preventing and controlling infection

- People were protected from the spread of any infection. Care workers had access to and told us that they wore personal protective clothing (PPE) when required. For example, the use of disposable gloves, aprons and shoe covers.
- Care workers told us they had training in infection control and training records viewed confirmed this.

#### Learning lessons when things go wrong

- Care workers knew how to report accidents or incidents. They told us they were able to call the office or the registered manager for support at any time.
- Since registering with the CQC there had been three accidents, we saw that the service dealt with these appropriately and updated risk assessments to ensure that the risk of similar accidents happening in the future was minimised.



# 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

- The registered manager told us that people's needs were assessed before the service started supporting them. The assessment considered all aspects of people's needs and the information was used to develop written care plans and risk assessments. Protected characteristics under the Equality Act were formed part of the assessment.
- People we spoke with confirmed that the registered manager had visited them and discussed their care needs and how they preferred their care to be provided by care workers. One person said, "[Managers name] visited me and we discussed exactly what I needed to be done."

Staff support: induction, training, skills and experience

- People were supported by care workers who had the skills and knowledge to care for them effectively.
- People were confident about the staff's training and competence. One person told us, "They [staff] seem to know what they were doing."
- New care workers completed an induction programme which included classroom based and online training and a period of shadowing a more experienced care worker before they began to work unsupervised.
- The training package followed the standards set out in the Care Certificate, a nationally recognised set of standards for health and social care workers.
- Staff inductions were person focussed and tailored to people's individual support needs. For example, if people had specific health care conditions additional training was sourced and provided.
- Care workers received regular one to one supervision and the service had a system in place to provide an appraisal once the care worker had worked at the service for one year.

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

- People were supported with their health and dietary needs, where this was part of their plan of care.
- Care workers monitored people if they were at risk of poor nutrition and involved healthcare professionals where required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People who used the service told us that they would access health care services independently or with support from their relatives.

- In care records we saw that some people had guidance provided by external health care professionals. People who used the service told us that care workers followed this advice. One person told us, "They always encourage me to do my exercises."

#### 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 received 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the time of the inspection all people had capacity and none of the people supported by the service had a Court of Protection Order in place.
- People had signed to indicate their consent to their care plans. People we spoke with told us care workers consulted them and asked for their consent before providing care and support.
- Care workers had received training in the MCA. Staff described how they promoted people to be as independent as possible and to make decisions for themselves.

# 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

- People who used the service and their relatives provided consistently positive feedback about the care workers and their caring attitude. One person said, "[Care workers name] is very kind and looks after my needs very well. I can't say anything negative."
- Care workers wrote in their feedback with kindness about the people they supported and clearly demonstrated that they knew people very well.
- Care workers felt they had enough time to care for people and understood their cultural needs. This was confirmed by one person who told us, "They [staff] will always put on a shoe cover. In our culture we don't wear shoes in the house."

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

- People told us that they were involved in decisions about their care. They told us, that care workers would listen to them and offer them various choices. One person told us, "They [carer] help me to prepare my breakfast and always ask me what I want." Another person told us, "The staff is good, and they are always happy to help me."
- People, and when required their relatives, were involved in any review of their care needs. One relative said staff are very good at letting me know when things have changed. One relative said, "They [staff] always tell me if there is anything different with my relative."
- Staff told us that the care people received is what they ask them to do. One care worker told us, "I always ask [name] what he wants and if there is anything else [name] wants me to do before I leave."

Respecting and promoting people's privacy, dignity and independence

- People told us care workers treated them with dignity and respect when providing care. One person told us, "[Name] is always respectful, she will always chat to me and has never been rude." Another person told us, "[Staff] are very respectful."
- Staff described in their feedback how they promoted people's privacy and dignity. One member of staff wrote, "Not to intrude in their space and personal matters. Respect the people and give them their personal space. Another care worker said, "I will always close the doors and draw the curtains to ensure nobody can see the person."
- People were supported to maintain their independence. One person said, "[Staff] let me do what I can for myself." Staff explained they encouraged people to do as much as they could for themselves. One care worker wrote, "I am here to help people and let them do the things they can do on their own on their own."

# 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 detailed and held sufficient information and guidance for care workers to follow to meet people's preferred needs.
- People were supported by regular care workers who understood their likes, dislikes and daily routines. Comments from people and relatives included, "I have had the carer since I started, we have a good relationship and [name] understands me well" and "I told them what I like and don't like, it's all written down and they follow it."
- Care was planned in a personalised way. Care plans took account of people's choices and preferences, likes and dislikes and they were updated if people's need had changed. The registered manager told us that there was a system in place to review people's care plans annually.

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.

- Care records had been made available in pictorial format and if people had difficulties in communicating verbally a communication passbook was designed. The communication passbook had information on how the person communicates. For example, by using gestures or facial expression.

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

- People told us that care workers helped them to go shopping or would also attend health care appointment with them if they would ask.
- The registered manager told us that it would depend on people's referrals to support them on activities, but she also said, "We are flexible and if a service user asks us to help them to go out we can do that."

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise a concern or complaint. They said they thought any concerns would be listened to and acted upon. One person said, "I would talk to the manager or my social worker if I had a complaint, but everything is ok. I am happy."
- Since registering with the CQC the service had not receive any complaints. We saw the complaints procedure, which was also available in a pictorial format.

#### End of life care and support

- At the time of our inspection there was nobody in receipt of end of life care.
- The registered manager told us, that care workers would receive appropriate training if the need for End of Life care would arise.

# 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 registered manager had a good relationship with the care workers and knew them well. The registered manager worked care workers on a one-to-one basis to monitor their performance and assess their competency. Care workers said they felt happy to work at the service and that the manager supported them. This positive outlook reflected in the care they provided. One care worker wrote to us, "The manager is accessible, considerate and always willing to support."
- Staff told us in their written feedback that they were proud working for the agency. One care worker wrote, "At Care Shields we are caring from the heart with the aim of always upholding good practice."
- People spoke very highly of the service and the care they received. People said that staff were friendly, happy and conscientious. One person said, "This is not the first agency I have used, but it is definitely the best I have used."

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 registered manager understood and acted on their duty of candour. Processes were in place to investigate incidents, apologise and inform people why things happened.
- Since registering with the CQC the registered manager informed us of three notifiable incidents. We saw that these had been investigated appropriately and guidance for people had been updated to ensure that the risk of similar incidents occurring was minimised.

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

- There was a registered manager in post. We saw open, honest, skilled leadership and care workers confirmed this in the feedback we received.
- There was a clear management structure and an on-call rota in place, which gave clear lines of responsibility and accountability. Care workers advised us that they could always access support and advice.
- The registered manager was hands on and visited people who used the service regularly to gain information about the care they received and if they required any improvements. Regular telephone monitoring was undertaken, and the registered manager told us she was currently in the process of purchasing a telephone monitoring system. The registered manager said, "I am in contact with a number of

companies and plan to purchase a telephone monitoring system once we receive more referrals."

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

- ☐ People, relatives and care workers were consistently speaking highly about the service. One relative said, "We are very happy with the service so far and would recommend it to other people."
- ☐ Care workers commented that the provider had an open culture and told us that they were involved and were able to contribute during supervisions and staff meetings. One care worker wrote, "We have monthly meetings during which we can raise any concerns and make improvements."
- ☐ Peoples care plans contained information about how they liked to be supported and what they wanted to achieve. They contained details about peoples religious and cultural needs so care workers knew what peoples support preferences were.

Working in partnership with others

- ☐ The service worked with other agencies such as the local authority and clinical commissioning groups who commissioned care for people living in the home.