

Sisters Care Services Limited







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Inspection report

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Date of inspection visit: 3 July 2015
Date of publication: 14/08/2015

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?		Requires improvement	

Overall summary

This inspection took place on 3 July 2015 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides domiciliary care and we wanted to make sure staff would be available. This was the first inspection for this location following registration with us in November 2013.

Sister Care Services Limited is a domiciliary care agency registered to provide personal care to people living in their own homes. The service currently provides care and support for 27 people, ranging in age, gender, ethnicity

and disability. 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.

Summary of findings

Staff knew how to reduce the risk of harm to people from abuse and unsafe practice. The risk of harm to people receiving the service was assessed. Where people required assistance with taking their medicine, there were procedures in place to support them to do so safely.

People and staff felt there were sufficient numbers of staff available to meet people's needs. There were procedures in place to recruit staff safely.

People who used the service and their relatives felt safe and secure with staff coming into their homes. They felt staff had the skills and knowledge to care and support them in their homes. Staff were trained and supported to that they had the knowledge and skills to enable them to care for people in a way that met their needs and preferences. Where appropriate, people were supported by staff to access other health and social care professionals when needed. The provider was taking the appropriate action to protect people's rights.

Staff were caring and treated people with dignity and respect. People's independence was respected and promoted and staff responded to people's support needs.

People felt they could speak with staff about their worries or concerns and they would be listened to and have their concerns addressed.

The provider had quality assurance systems in place to monitor the care and support people received. Systems were effective in identifying errors. Once identified, a senior staff member would investigate and resolve to people's satisfaction. However, the processes did not always record the outcome and what measures were taken to prevent a re-occurrence of similar errors.

Summary of findings

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

Staff were safely recruited and had completed pre-employment checks before working alone with people.

Staff supported people to take their medicine safely.

People told us they felt safe with staff coming into their homes.

Good



Is the service effective?

The service was effective

Staff were aware of key processes to ensure people's rights were protected.

People told us their care needs were being met and that staff had the skills and knowledge to support them.

People were supported to access other health and social care professionals when required.

Good



Is the service caring?

The service was caring

People told us the staff were caring, kind and treated them with dignity and respect.

People and relatives said they were involved in the planning of people's care.

Staff supported people to maintain their independence where ever possible.

Good



Is the service responsive?

The service was responsive

People told us they were satisfied with how their complaint was addressed.

People and their relatives were encouraged to provide feedback on the quality of the service they received.

People received care and support that met their needs.

Good



Is the service well-led?

The service was not consistently well led

Quality assurance processes were in place to monitor the service to ensure people received a quality service. But they lacked recording the measures taken and the overall outcomes to demonstrate learning had taken place.

People said that the overall quality of the service they received was good. They were happy with the service they received.

Requires improvement



Sisters Care Service Limited

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 inspection took place on 3 July 2015 and was announced. The inspection was conducted by one inspector.

The provider was given 48 hours' notice, because the location provided a domiciliary care service. The provider can often be out of the office supporting staff and we needed to ensure that someone would be in.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths,

accidents/incidents and safeguarding alerts, which they are required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This 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. We contacted the local authorities who purchased the care on behalf of people to ask them for information about the service and reviewed information that they sent us on a regular basis.

During our inspection, we visited the provider's main office location and spent time with the registered manager, human resources director and the finance director. After the visit, we spoke with two people, four relatives and two care staff. We looked at records in relation to five people's care and two medicine records to see how their care was planned and delivered. We also looked at records relating to the management of the service including staff training and recruitment; together with a selection of the service's policies and procedures.

Is the service safe?

Our findings

People who used the service told us they felt safe when staff entered their homes and supported them with their care needs. One person told us, “I feel very safe with all the staff.” People who used the service and relatives told us, if they were worried or concerned about anything they would speak with the registered manager. Another person said, “If I’m worried about anything I would tell the staff.” Staff we spoke with explained how they ensured people were left safely in their home when they had finished their call. One staff member told us, “I always make sure the door is locked and the key is safe when I leave.” A relative told us, “We feel confident that when staff come to see [Person’s name], they are kept safe.”

Staff we spoke with confirmed they had received training on how to reduce the risk of people being harmed and recognised when people may be harmed. They were able to explain the signs they would look for. For example, they said they would observe for signs of bruising, change in behaviours or signs of neglect. One staff member said, “I’ve completed first aid and had to use it when someone was choking. I patted them on the back and it dislodged the blockage.” Another staff member told us, “If the person had bruising that I had not seen before, I would tell the office straight away.” Staff knew how to escalate concerns about people’s safety to the provider and other external agencies. We found that the provider had a safeguarding procedure in place, which they had followed when reporting safeguarding concerns to the appropriate body. This supported staff to recognise different signs of abuse and help to reduce the risk of harm to people.

People who used the service and their relatives told us, a risk assessment had been completed before staff came to visit and support them in their home. One person said “[Staff name] came out before the service started and completed the assessment, we all had an input.” A relative told us, “The manager came out and went through the care plan with everyone to make sure everything was correct.” We saw the assessments included, for example, the person’s environment they lived in and their health condition. This included the effects of the person’s individual condition and what signs to look for if the person’s health began to deteriorate.

We asked staff what action they would take if they witnessed, for example, a person fall. All staff spoken with

were able to tell us what the process was. One staff member told us, “I would check they were conscious and if they were injured then call 999. I would also report it to the office to tell the relatives.” Another staff member said, “I would check the person is comfortable and not in any more danger, then call for an ambulance and contact the office.” We saw the provider had an accident and incident policy in place to support staff through the process to help keep people safe in the event of an accident.

People and relatives told us that care workers were consistent and they knew when they were coming to their home. This helped with the continuity of care and people felt re-assured when they knew they would be supported by the same care worker regularly. One person said, “I think there is enough staff. I always seem to have someone come to support me.” A relative told us, “Generally we see the same staff, they always look happy in their work so I assume there is enough staff.” Staff we spoke with said there was currently enough staff to meet people’s needs. One staff member told us, “We were a bit short staffed earlier in the year but now I think we have enough staff.” Another staff member said, “We do have enough staff numbers now but the managers will always help out in emergencies.”

People and relatives told us they felt that the staff that provided them with care and support had the skills and knowledge that met people’s needs. One person said, “The staff always makes sure I have everything I need.” A relative told us, “From what I have seen, I think the staff have the skills, if they didn’t [person’s name] would soon tell them.” Another relative said, “They [staff] do completely everything they are asked to, most definitely they have the skills.”

Staff spoken with told us that all required recruitment checks were undertaken before they worked unsupervised. We checked the recruitment records of five staff and found the necessary pre-employment checks had been completed.

People told us they were supported by staff to take the medicine safely. We saw from care records, staff would prompt and support people with their medicine. Staff had received training in the safe handling of medicine and told us they completed Medicine Administration Record (MAR)

Is the service safe?

sheets. We saw two MAR sheets which confirmed this. The provider had appropriate processes in place to support staff with the administering of medicine and no medicine errors had been reported.

Is the service effective?

Our findings

People told us they felt the care they were receiving was consistent and staff that supported them had the correct training and knowledge to meet their needs. One person said, “I think the staff are trained in what they do.” Staff were able to explain to us about people’s needs and how they supported them. A relative told us, “I can only talk about the care worker that comes to [person’s name] but they seem to know how to look after them, [person’s name] doesn’t complain.”

We saw that new staff members had completed induction training which included shadowing staff. One staff member told us, “My induction was really thorough, I was shown what to do and how to do it, I felt totally prepared when it came to work on my own.” Another staff member said, “Two weeks my induction lasted and during that time I went out with the manager and supervisor, who showed me who I would be working with and what I needed to do. It was really helpful.” We saw from the provider’s training development plan for 2015 refresher and additional training for staff had been scheduled throughout the year. Staff told us they felt they had the necessary training and that they had recently completed training in practical moving and handling and mental capacity. One staff member told us, “I’ve worked for other agencies and this one is the best. The training is really good.”

The staff we spoke to told us that staff meetings took place every two or three months and supervision was conducted with the manager, every two months. One staff member told us, “We usually have supervision every couple of months but if you’re worried about something you can always meet with your supervisor to talk about.” We saw staff had received supervision, which included regular spot checks. We saw where problems had been identified through the checks, were discussed with staff in their

supervision. Examples were also raised at team meetings to share experiences, encourage and promote good practice, with the aim to continue to provide an effective service for people.

People said staff would always ask them for consent before carrying out any support and care needs. The Mental Capacity Act 2005 (MCA) sets out what must be done to protect the human rights of people who may lack mental capacity to make decisions are protected. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a ‘Supervisory Body’ for authority to deprive someone of their liberty, in order to keep them safe. Staff demonstrated to us, in their answers, how they supported people to make decisions about their care and support. Staff told us if they had any worries or concerns about any of the people they supported; they would contact the office for guidance. We saw the staff had recently completed training on the MCA (2005).

People told us they did not require assistance from the staff with their nutritional diet. This was because they either maintained it themselves or their relatives supported them. However, the staff told us they did sometimes support people with their food preparation, although they did not assist them with shopping. Staff told us that people would show them what they wanted to eat and staff would prepare and cook it for them. One staff member said, “We did support one person to try fruit instead of biscuits and now they enjoy the staff making them smoothies to drink.” Staff explained how when they had finished their tasks, they left the person with sufficient drinks. Another staff member said, “I always leave juice or water for them so they don’t get thirsty.”

We saw from care records that other health and social care professionals were involved in supporting people. Staff understood the need to seek assistance and guidance from the registered manager and professionals, where appropriate.

Is the service caring?

Our findings

Everyone we spoke to were complimentary about the quality of the care and support from the staff. They told us the staff were caring and kind and that they received the help and support they needed. They said the staff were patient and treated them with respect and dignity; always sought consent and explained what they were doing, before they provided any care and support. One person said, "They are all dedicated care workers." Another person told us, "They always ask me what I want to do, they are smashing." A relative said, "The staff are excellent."

We saw that staff employed by the agency reflected the diversity and culture of the people they supported and the wider community in which they worked. People could be confident that staff would understand their specific requirements, relating to their faith and being able to communicate in the person's chosen language.

People told us they were involved in planning the care they received from staff and that the staff listened to them. One person told us, "They [staff] do what is expected and let me do things for myself and help me when it suits me, they treat me with respect." We saw that people were provided with a copy of their care plan. Also contained within the care plan were contact details for the office, copy of complaints policy and other information for example, safeguarding. The registered manager told us they

discussed the care plan with the person and/or family member and reviewed the care plan on an annual basis or when peoples' needs changed. A relative said, "I have seen the care plan but I've never had a need to go through it." Another relative told us, "The manager has been out and updated [person's name] support needs." We saw care plans had been reviewed and where appropriate, had been updated and amended after a change in a person's needs had been identified.

Staff told us they always treated people with respect and maintained the person's dignity. One person told us, "The staff are always very courteous and polite when they come." Another person said, "The staff respect my home and do things the way I like it." A relative told us, "Staff always ask us to leave the room before they start to support [person's name]." Another relative said, "I hear staff talking to [person's name], explaining what they are doing. They [staff] try to encourage [person's name] to do some things for themselves. The carers are very good." People told us that they never heard staff talk disrespectfully about another person while they were in their home. They said that staff were very discreet and they felt assured their personal information was not shared with other people on the service. Staff were able to give us examples of how they ensured a person's dignity and privacy. For example, always making sure curtains and doors were closed and calling people by their preferred name.

Is the service responsive?

Our findings

People who used the service and their relatives told us they felt their needs were being met. They said they had been involved in the assessment process and agreed with the outcome about delivering their care and support needs. One person said, “The manager always comes out to see me I do remember going through my plan.” A relative told us, “We are involved in discussing [person’s name] care needs.” The registered manager told us that reviews would take place annually, although if there was a change in a person’s care and support needs, a review would take place. We saw that assessments were carried out and care plans drawn up. Each of the care records we looked at had a copy of the care plan, which had been reviewed or was due to, be reviewed. The plans were person centred and detailed which assisted staff to deliver care and support to meet people’s individual and specific needs.

Staff we spoke to confirmed their knowledge of the people they supported; including an understanding of their likes and dislikes. Staff demonstrated to us, through examples, how they supported people, through encouragement, to do as much as they could for themselves. One person told us, “The staff always do that little bit extra for me, they are very helpful.” A relative told us, “[Person’s name] is quite independent and staff will always ask first before doing anything.” We saw from records that people had consistent carers, who provided regular support to them. A staff member told us, “If a person wanted me to do something different on that call, I’d just do it and write it in the book.” Another staff member said, “Sometimes we are asked to do things that are not in the care plan, but we still do it. If we needed more time we would tell the manager and they would try to get more time.”

People told us they were happy with the service received from the provider and had no recent complaints. One person told us, “The staff come at the right time and stay the right length of time. I have no complaints. I’d tell them if I wasn’t happy with something.” Another person said, “The managers are very hands on and will drive the staff to calls when it is necessary.” A relative told us, “There was one occasion a while ago when staff didn’t turn up but the manager apologised and sorted it. I’m very happy with the carers.” Another relative told us, “We’ve used different agencies and this one is by far the best we’ve had, I’ve no complaints.” We saw from daily record sheets, staff were consistently visiting the same people and were generally on time in accordance to the person’s care plans.

We saw there had been a small number of complaints made since July 2014. The concerns raised were related to a range of different issues and made by people, family members and social care professionals. One person told us, “I’ve never had to make any complaints because the manager always responds to any little worry I have.” A relative said, “I’ve raised little niggles with the manager and they have always responded well and tried to put it right, I am very satisfied with the service [person’s name] gets.” We saw that complaints had been investigated. Although the outcomes had satisfied people, there was no recorded action plan and it was unclear whether there had been any learning. However, we saw some points raised by people, where appropriate, had been discussed with staff during their supervision and the information used to promote good practice.

Is the service well-led?

Our findings

People who used the service and relatives were positive about the service they received. One person said, “I am very happy with the carers, they are very good.” Another person said, “What I like about this agency is the managers are not afraid to get involved with the care. They are always on call, day and night.” A relative said, “We are very pleased with the service.”

People told us they had regularly spoken with somebody from the office, asking them for their comments about the service they received. We saw calls were made at least on a weekly basis, one person told us, “I was only asked last week what I thought about the service.” A relative said, “I do recall the manager coming to see [person’s name] whilst I was here and asked for my views.” We saw there were a number of feedback forms with positive feedback. There were a few that required further investigation due to comments being negative, but we could not see how the provider had addressed these matters. We asked the registered manager how they collated the information and how did they use it to develop the service. We were told all comments that were not good were followed up with a phone call by a senior staff member. The issues would be discussed and a satisfactory outcome would be reached. We discussed with the registered manager, there was not always a clear record to show this action had been taken. Therefore it would be difficult to make sure, that a repeat of the issues highlighted, did not occur in the future. The registered manager told us they would be reviewing their systems to include consistent action plans and outcome processes. This would allow them to identify any trends for service development and promote good practice for staff.

Staff told us they had team meetings every two or three months. One staff member said, “Because we work in different areas and teams it is not always easy for all of us to meet up so we have regional team meetings.” We saw the provider kept a record of team meetings. Staff told us they felt supported and valued by the management team. One staff member said, “The managers look after you here, if you have a problem you can go to them.” Another staff member told us, “I feel really supported, the managers are all friendly, they do quite a lot for you and they are very hands on.”

Staff told us they would have no concerns about raising anything they were worried about with the management.

One staff member said, “I would go straight to the manager if I was worried about anything.” Another staff member said “I am confident any problems I take to management would be sorted quickly.” The provider had a whistleblowing policy in place. Staff had not used it but told us they were confident if they had to, they would contact CQC. We saw the whistleblowing policy made reference to the incorrect Regulation taken from the Health and Social Care Act (2008). We discussed this with the provider who told us they would amend and update their policies, with the correctly referenced Regulations. We saw from team meeting minutes and staff supervision records, that the provider had taken the opportunity to remind staff of safeguarding and whistleblowing procedures.

There was a registered manager in post. Before the inspection, we asked the provider to send us a Provider Information Return (PIR). This was a report that gave us information about the service. This was returned to us completed within the timescale requested. Our assessment of the service reflected most of the information included in the PIR. The provider had not notified us about events that they were required to by law. We saw there had been some incidents that required the provider to inform us. The registered manager explained what action they had taken, in relation to the incidents. For example, discussions and meetings had taken place with the local authority and other health and social care professionals. However, the provider did not have satisfactory processes in place in the event of reporting an incident or accident to CQC. The registered manager said they would amend their processes and follow the guidance from the CQC website. CQC had not received notifications, but appropriate contact had been made with other agencies to protect and prevent harm to people who used the service.

The provider had quality assurance processes in place. We saw that some actions identified through the quality assurance process had been addressed by the registered manager; but the processes did not include a consistent approach in terms of learning from complaints, accidents and incidents. We saw that monthly audits had been completed to monitor staff performance through spot checks and to seek feedback from people who used the service and relatives. This included sending out satisfaction surveys, visiting people in their homes and telephoning people.