

Sisterly Care Limited

# Sisterly Care Limited

## Inspection report

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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 was a comprehensive inspection which took place on 6 February 2018 and was announced. The last comprehensive inspection of the service was in October 2015. At that inspection we found the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection, we asked the provider to complete an action plan to show what they would do and by when to meet the regulation and improve the key question Well led to at least good. The registered manager sent us an action plan in November 2015 outlining the improvements they were going to make in order to achieve these improvements.

At this inspection we found some improvements had been made. However, there was insufficient improvement to meet the regulation fully and to rate the key question Well-led as Good. It therefore remains rated as Requires Improvement. We also identified a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Therefore the Safe domain is also rated Requires Improvement.

During this inspection we found two breaches of regulations. The service did not have sufficiently robust staff recruitment procedures in place and quality assurance and monitoring systems were not always effective. You can see what action we have asked the provider to take at the end of the full version of this report.

Sisterly Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, younger disabled adults, people living with dementia and people with disabilities. Not everyone using Sisterly Care Limited receives the regulated activity. The Care Quality Commission (CQC) only inspects the service being received by people provided with personal care, which is help with tasks related to personal hygiene and eating. Where they do receive the regulated activity personal care we also take into account any wider social care provided.

The service had a registered manager in place. 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 the service is run.

Recruitment procedures were not sufficiently robust. While some checks on staff were completed fully, others were not followed up or verified. Staff files did not contain all the information required by law. Risks associated with people's care and well-being were assessed but guidance to mitigate the identified risks was not sufficiently detailed. Staff were trained to assist people with their medicines, however there was no evidence of their competency being checked to do this safely. The medicine records we reviewed were not always completed fully.

People felt safe with the care staff who visited them. Staff were trained in protecting people from abuse and

understood their responsibility to report concerns. Where necessary the registered manager had taken action to inform the appropriate authorities of reported concerns. There were enough staff to provide timely and consistent care to people using the service.

Staff were trained in the skills required to fulfil their roles and received refresher training. However refresher training was not always within the timescales recommended as best practice. We have made a recommendation that the provider refer to the current best practice guidance on ongoing training for social care staff. Staff were supported by the management and felt listened to. Staff supported people with nutrition where this was part of their care plan. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

People told us the staff were caring and kind. They spoke about staff going over and above their duties to support them. They said they could discuss their care and make decisions or changes when necessary. People's privacy and dignity were respected and staff were praised for doing things in the way people wanted them done. Staff encouraged people to be as independent as they possibly could or wished to be.

People's needs were assessed prior to them using the service. Care plans reflected people's individual and diverse needs and were kept under regular review. People knew how to make a complaint. When issues were raised they were dealt with and appropriate action taken. The service was adhering to the Accessible Information Standard.

Some improvements had been made in evaluating feedback and improving the service as a result. However, the system for auditing and monitoring the service did not always identify areas where action was required. The registered manager was committed to providing kind and compassionate care for people. They provided an open and empowering culture in the service. Staff felt valued and listened to.

## 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 needed to improve some aspects of keeping people safe.

Recruitment procedures were not sufficiently robust and employment records required by law were not available for all staff.

Risks to individuals were assessed but plans to mitigate identified risks lacked detail and guidance.

Staff were aware of and knowledgeable about how to protect people from abuse.

### Is the service effective?

**Good** ●

The service remained effective.

Staff received training in skills relevant to their roles. They were supported through supervision meetings, team meetings and annual appraisals.

Staff sought consent before providing care and support. People's right to make decisions was respected.

People were supported appropriately with nutrition and healthcare.

### Is the service caring?

**Good** ●

The service remained caring.

People reported staff went above and beyond expectations to be kind, caring and compassionate.

People's privacy and dignity were respected and they were helped to be as independent as they could or wanted to be.

### Is the service responsive?

**Good** ●

The service remained responsive.

Care and support was focussed on meeting the individual and diverse needs of people who used the service.

People knew how to make a complaint and were confident any issues would be taken seriously and acted on.

**Is the service well-led?**

The service required improvements to be made in Well-led.

Some improvements were seen in the way the service used feedback to provide a better service for people. Nonetheless, further improvements were required in using systems effectively to monitor the quality of the service.

There was a positive, open and empowering culture in the service.

Staff felt valued and listened to and were able to contribute their views on the service.

**Requires Improvement** 

# Sisterly Care 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 6 February 2018 and was announced.

We gave the service 48 hours' notice of the inspection visit because it is a domiciliary care agency and the manager is sometimes out of the office supporting staff or providing care. We needed to be sure that they would be in. We visited the office location on 6 February 2018 to see the manager and office staff; and to review care records and policies and procedures. On the same day a telephone survey was conducted to gather the views of people who use the service and their relatives.

The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who assisted with the inspection had expertise in caring for older people and people living with dementia.

Prior to the inspection we looked at all the information we had collected about the service. This included previous inspection reports, information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with eight people who use the service and seven relatives. We visited three people in their homes with their permission, to gather feedback on the service they received. We spoke with both directors of the service, one was also the registered manager. We spoke with four staff during the inspection. We contacted four community professionals for feedback. We received feedback from one

professional.

We looked at six people's care plans, their daily monitoring contact sheets and medicine administration records. We reviewed staff training records and the staff supervision log as well as other documents relating to the management of the service. These included quality assurance records, policies and procedures, the compliments/complaints log and accident/incident records. We also inspected six staff files including recruitment records.

# Is the service safe?

## Our findings

Recruitment procedures were not always followed robustly by the registered manager. For example, in the staff files we reviewed we found there were gaps in employment histories which had not been noted or explained. Additionally, there was no evidence of a candidate's health and fitness to perform their job role. Furthermore, evidence of conduct in previous employment had not always been sought or verified from positions where applicants had worked with vulnerable people. Reasons why an employee had left previous employment was not recorded nor checked. Therefore the information required by Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was not available for each member of staff. Other checks such as those carried out by the Disclosure and Barring Service were completed satisfactorily. They confirmed that candidates did not have a criminal conviction that prevented them from working with vulnerable adults.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks associated with people's health and the care they received were assessed. Examples included risks related to moving and handling, falls, poor nutrition and skin breakdown. Care plans provided some guidance for staff on how to minimise the identified risks but they were not always sufficiently detailed. For example, in one person's file the moving and handling plan stated they required two care staff to use a hoist to move the person. However, it gave no further guidance for example, the type of sling to use or which loops of the sling to use to attach it to the hoist. As part of this risk assessment it had been identified the person may have pain which could affect the way they should be moved and handled safely. However, no further details of how this should be assessed before moving the person or what actions should be considered if the person was in pain were recorded. In another person's file a risk of falls had been identified but no information was available to indicate what staff should do to minimise that risk.

We discussed this with the registered manager who told us there was regular communication with staff with regard to managing and mitigating risks. The information was provided via a number of methods including a weekly memo to all staff and daily communication records. They told us where information was required immediately this was delivered by phone call. Staff confirmed they felt they always had sufficient information to keep people safe and they reported and shared information promptly. One said, "We are always checking and looking for changes we need to report." Another gave us examples of things they would report such as trip hazards, issues with medicines or changes in a person. They said, "I let the office know and they always do something about it straight away." We found no evidence that the limited written guidance had impacted negatively on people using the service. Following a discussion with the registered manager they assured us they would review the risk management plans and include more detail. Accidents and incidents were monitored, recorded and investigated. Staff told us they shared information regarding these so they could learn from them.

People's needs in relation to managing their medicines were assessed and recorded in good detail. Staff received training in the safe management of medicines and the registered manager told us they checked



staff competency with regard to medicines. However, the records did not show competency had been tested. Medicine administration records were not always fully completed. We saw there were gaps that were not explained and it was not always clear what the symbols used on the records indicated. Audits of the medicine administration records did not identify all the recording errors we found and it was unclear if action had been taken to investigate these errors. We raised this with the registered manager who told us they had discussed the importance of recording medicines administration at a recent staff meeting. We reviewed the minutes of the staff meeting and saw they had indicated to staff the importance of recording and stated action would be taken if staff neglected to complete the appropriate records. People confirmed they received help with their medicines when they were required it and care workers applied creams in accordance with instructions.

The number of staff required was determined by the needs of the people using the service. The registered manager told us recruitment was ongoing. They said recruiting suitable staff was their biggest challenge. However, they confirmed new care packages were not accepted unless there were sufficient staff to accommodate people's needs. An on-call system was operated out of office hours. Staff confirmed to us they could contact the staff member on-call for advice should they need to.

Staff were provided with personal protective equipment to help prevent the spread of infection. People confirmed staff always wore gloves. However we received some feedback that indicated aprons were not always worn when providing personal care. The registered manager gave assurances they would investigate and take action accordingly to ensure staff wore appropriate protective equipment.

People felt safe with the staff who visited them. One person told us, "I am sure we are safe with them, they are very kind." Another told us, "The girls are most kind and gentle so I do feel safe with them." A third person commented, "I do feel safe with them." Relatives also felt confident about their family members' safety. One said, "They are usually on time, we do know who is coming [and] we do feel safe with them in the house." Another commented, "I am sure my (family member) is safe with them."

Staff were trained in protecting people from abuse. They described signs which may indicate a person had been abused and situations which may give rise to concern. They knew their responsibilities to report concerns and stated they were confident that action would be taken if necessary. The registered manager had reported concerns to the appropriate authorities when this had been necessary. There was a whistleblowing policy which staff confirmed they were aware of and told us they would be happy to use it if required. They said they were confident action would be taken to deal with any whistleblowing concerns. One commented, "I wouldn't have loyalty to a company that didn't act when necessary, I am certain they would act straight away."

The provider had continuity plans with clear lines of delegation to ensure the service could continue in the event of an emergency.

## Is the service effective?

### Our findings

The service continued to provide effective care and support to people. People's needs had been assessed prior to the care being provided. One person told us, "We have had them since [date] and they came out and discussed everything with us and wrote it all down. They do check regularly with us that everything is alright." Another told us, "[Name] came in the beginning to sort things and do the paperwork and someone comes every month to take the paperwork and ask me questions." A relative commented, "They came out and discussed what we needed and did the plan." With people's agreement there was family involvement in the assessments. The registered manager told us this enabled them to gain as much information about people as possible and helped to ensure effective care was provided in the way they wished.

People reported that the care staff understood their needs and the way they liked things done. They were confident that care staff had received good training and had the correct skills to care for them well. Comments included, "The [care staff] are very well trained, they know what they are about. Some of the new ones are a bit hesitant but they soon learn," "They all seem well trained," "I have to be transferred to shower chairs and wheelchairs and such and they do all that well. They know what they are doing and I do feel safe with them when they are moving me about" and "Everyone has been so good I don't really mind who comes, they all seem well trained and know what to do."

Staff had an induction to the service which included training in topics related to their roles and a period of shadowing more experienced staff. They told us this enabled them to gain confidence and they felt they had been given the necessary skills to carry out their responsibilities. One said, "Yes I felt confident otherwise I wouldn't have gone out (to work with people)." The staff we spoke with all felt the training had enabled them to meet people's needs, choices and preferences safely and effectively. Those staff joining the service without previous training and experience completed training in line with the care certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. We reviewed the training records and found the training was up to date and the registered manager had records to show when training needed to be refreshed. However, we noted the timescale for refreshing some of this training was not in line with current recommended best practice. For example, safeguarding training was refreshed every three years whereas current guidance recommends an annual refresher.

We recommend that the provider refer to the current best practice guidance on ongoing training for social care staff.

Training was varied and comprised of face to face sessions such moving and handling as well as eLearning. Staff were encouraged to gain recognised qualifications to further their knowledge and skills. Seven out of the twelve care staff held a qualification while another three had begun working toward one. Where a specific skill was required to meet a person's individual needs training in this was sourced and provided. For example, stoma care.

Staff were supported in their job role. They had one to one meetings with their line manager, observations of

their practice and an annual appraisal. Team meetings provided opportunities for staff to discuss their work and share information. One told us, "We can have a good discussion at meetings and we're able to have an opinion." Others said their views and ideas were sought and valued and they felt listened to.

People were asked for their consent to the care they received. Staff described how they always checked people were happy before assisting them. For example, one said, "I give an explanation of what I'm doing, check they're happy. People make their own decisions." Another told us, "I talk to people, explain, never force. Even if they refuse to begin with after a chat they will often agree or sometimes a cup of tea and a chat makes the difference."

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. Staff had received mental capacity training. The registered manager had a good understanding of the MCA and staff understood their responsibilities to ensure people's rights to make their own decisions were promoted.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The registered manager was aware that any applications to deprive a person of their liberty would need to be made to the court of protection via the person's funding authority. No applications had been necessary at the time of the inspection.

Staff provided support with eating and drinking if this was part of a person's planned care. They told us they discussed what type of food people preferred and helped them meet their diverse needs in relation to meals. This included diets related to cultural and medical needs. People who required support with serving or preparing meals told us they were happy this was provided in accordance with their wishes. Where there were concerns regarding a person's nutritional intake, this was monitored and if necessary advice was sought from health professionals.

Staff acted promptly if medical attention was required and gave examples of when they had called the emergency services or contacted the GP on a person's behalf with their consent. A relative commented to us, "The girls are very good at telling me if they spot something wrong with [family member] so I can get it sorted." Information about people's well-being was shared promptly between the team and other professionals to help ensure they received effective support.

## Is the service caring?

### Our findings

People continued to benefit from a caring service. People felt the service was caring and that staff treated them with kindness, respect and compassion. One service user said the care workers were, "So kind and they go above and beyond really. They do things in their own time like if I need a bit of shopping or I say can you bring some milk with you tomorrow, nothing is too much trouble." Another service user told us, "I couldn't ask for better. They do lots of little things like washing up and putting stuff away. They are very kind, they'll do anything to help you". Relatives also felt that the service had a caring approach. One relative said, "You always feel you can ask them to help you with anything." Another relative commented, "I don't mind who comes as they are all really kind."

People told us they were able to make decisions about their care and any changes they requested were followed through. One person said, "They respond straight away to that, so that's no problem." Another said that the service reacted well to changes required to meet their support needs. People told us their care was reviewed regularly either by telephone or a visit. One person said, "I have a care plan and they review it every now and then and it is what I want." A relative said, "They came and did the care plan with us and that's in the folder." People's care plans were person centred and were written in a caring and supportive way. Staff completed daily contact sheets which contained positive information about the person and were encouraging and respectful.

People felt confident to call the office if necessary to discuss their care. A relative said, "If you ring the office they are most helpful." People appreciated having regular care workers and told us that they received weekly rotas to advise of which carers would be visiting. We received some mixed feedback on people receiving their visits on time. One person said that the care workers have "no travel time" between visits. Another said that there were "some issues" with care staff arriving on time. However, other service users reported no issues with timeliness. One said, "I know who is coming and they are here promptly, they've never missed a call or let me down." Another person told us, "I get a spreadsheet every week saying who is coming and when." We discussed timeliness with the registered manager who confirmed travel time was allowed for and informed us that busy traffic was often the cause of lateness. They told us and people confirmed they were called to let them know if care staff were held up for any reason.

People's privacy and dignity were respected and promoted. Staff actively sought to ensure that people had privacy and dignity in their own home. One person said, "They respect our way of doing things," another said they felt "comfortable" when staff visited and supported them with personal care. A third person commented, "I wasn't too sure about anyone coming in to wash me, well you don't from my generation but they have been so nice about it that I don't mind now."

People were encouraged to be as independent as they could be. Staff told us they asked people if they would like to do things themselves and supported them in whatever way they could to do so. One staff member commented, "It's very important to help people to be independent. We find out what level of care they need and what they can do. Being able to do things for yourself makes you feel better."

The service further demonstrated a caring approach by sending thoughtful gestures of cards and flowers on significant occasions such as birthdays and wedding anniversaries. Sympathy cards and flowers were sent when someone died.

## Is the service responsive?

### Our findings

The service continued to be responsive. During the initial assessment of people's needs information was obtained which included personal likes and preferences, social interests, cultural and spiritual wishes as well as physical and emotional needs. This information helped staff to create a care plan which reflected the person's wishes and was based on them as an individual. For example, one person's care plan noted their interests such as shopping and looking nice as well as their sense of humour. Staff told us these details helped them to get to know people well and engage in conversations about things that interested people. One said, "Everybody is different and everyone is treated individually. We show an interest in people and they tell us about themselves, including things about their culture or any disabilities they have. You would never go against their beliefs and never judge people."

People told us their care plans were reviewed regularly and they could seek to change things if required. For example when asked about their care plan one person said, "They come pretty regular to check on it, about every 6 months or so." Another said, "I have a care plan and [name] comes and she checks on things, she is very nice." While a third person was expecting a review later, on the day of the inspection. The care plans we reviewed were current and up to date.

The service ensured that people had access to the information they needed in a way they could understand it. They complied with the Accessible Information Standard, which is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information. For example, visit schedules were provided in large print to assist people with poor sight.

People's needs were responded to well and people gave us examples where the service went over and above expectations. These included, going to do a bit of shopping, tidying up and doing small domestic tasks or staying for a chat. They told us staff often did these things in their own time.

People and their relatives told us the management staff checked with them regularly to ensure they were happy with the service they were receiving. They knew how to make a complaint if necessary and where they had raised a complaint or concern they told us it had been dealt with quickly and effectively. Comments included, "I've had no complaints," "I only had one complaint and that was a [care worker] I I didn't want back and I just rang the manager and I have never seen her again" and "I like it that they ring me once a month to ask me if everything is alright."

When appropriate people were given the opportunity to discuss the care they would prefer at the end of their life. Any advanced decisions were recorded in the care plan and staff made aware of them.

## Is the service well-led?

### Our findings

At the previous inspection of Sisterly Care Limited in October 2015 the service was rated Requires Improvement in the well-led domain and a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014<sup>7</sup> was identified. This was because the provider did not have systems and processes to effectively evaluate and act on feedback from relevant persons for the purpose of continually improving services. At this inspection we found some improvements had been made and feedback had been monitored and used to make improvements to the service. For example, where people had made negative comments on the most recent quality assurance survey, a face to face meeting had been held to discuss their concerns. Where required, practice had been reviewed to improve the service for the person. For example, visit times or changes to care workers. However, other audits were not effective and did not always identify shortfalls such as those we saw in the medicine administration records. Furthermore, deficits in the recruitment procedures had not been recognised by the quality assurance systems in place. We discussed this with the registered manager who undertook to work closely with the staff to ensure these were completed fully so that relevant actions could be taken. The registered manager recognised further improvement in quality monitoring was necessary and told us they were developing a system whereby the second director would audit the service regularly and give feedback on their findings.

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

The registered manager was one of the directors of the service and was experienced in the health and social care profession. They were supported by a team of staff with defined roles. The registered manager was dedicated to providing good quality care and spoke passionately about the service telling us, "We work with staff to set standards, we respect people's differences providing them with dignity and choice." They gave examples of supporting people with both spiritual and cultural needs such as supporting someone to attend religious services and another person with particular personal care practices related to their culture. Staff said the registered manager had clear values which they were expected to meet.

Staff told us they felt valued and were encouraged to develop their skills through further training. They said they were supported and listened to, comments included, "They listen and take things on board, meetings are used to develop better ways of doing things [and] we can all have a say," "The door is always open, the managers are fair. If you need to talk to them they are supportive," "I think this company is wonderful, staff stay a long time. I have no complaints at all" and "The biggest thing is the support. We all work from the same page. I have never felt so happy working anywhere." The registered manager and second director attended forums, training and other events to update and refresh their own knowledge and keep abreast of current best practice.

The registered manager was aware of their responsibilities. They had notified the Care Quality Commission of significant events within the required time scales. Regular meetings were held enabling the staff to gather as a team and discuss their work. These meetings ranged from six monthly whole team meetings to weekly office meetings. They provided opportunities to share information and express views.

People received a service that was person centred, inclusive and empowering. We received positive feedback about the management and people's satisfaction with the service. Examples included, "We are very satisfied, it's been very good," "Oh it's grand, the office is very helpful. If you ring and if it is shut we have a number to ring for the on call girl and it is usually someone that we know," "I think it is a very good service and we like it," "If you ring the office they are most helpful, I speak to [name] and you feel you could ring for extra help if you had an emergency at any time," "I have had other agencies in the past when [family member] was alive and this is the best I have had" and "I think it has improved a lot over the year really. It's more stable with the staff now. I think it is a grand service."

The registered manager was keen to be involved in the community and had held events to fundraise and donate to various charities. In addition, they had hosted a celebratory event to which people and their relatives had been invited. This had been heralded as a great success, allowing people to meet up, share experiences and enjoy company. More fundraising and other events were being planned for the future.



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	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems were not established and operated effectively to assess, monitor and improve the quality and safety of the service provided. Regulation 17 (1) (2) (a)
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Recruitment procedures were not operated effectively to ensure persons employed were of good character and able by reason of health perform the tasks for which they were employed. Not all information specified in Schedule 3 was available. Regulation 19 (1) (a) (c) (2) (a) (3) (a)