

Sisters Care Services Limited

# Sisters Care Service Limited

## Inspection report

Suite 123, Bradford Court  
123-131 Bradford Street  
Birmingham  
West Midlands  
B12 0NS

Tel: 01214481973

Date of inspection visit:  
13 April 2017

Date of publication:  
07 June 2017

## 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 ●

# Summary of findings

## Overall summary

This announced inspection took place over two days on 12 and 13 April 2017. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides domiciliary care and support to people living in their own homes and we wanted to make sure staff would be available to talk to us about the service. The service was last inspected on 03 July 2015 where they were rated as overall good, with requiring improvement under Well-led. At this inspection we found there had been progress but further improvement was required.

Sister Care Services Limited is a domiciliary care agency registered to provide personal and nursing care to people living in their own homes. The service currently provides care and support for 30 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.

The provider had not kept us informed of all notifiable incidents and events, that they are required to by law and this required some improvement.

People were kept safe because staff had a good knowledge of current safeguarding practices and how to apply these when supporting people. People received safe care because risks had been identified and were managed to minimise the risk of harm to people. Sufficient numbers of staff were available to ensure people received support as they wanted. People were supported to receive their medicine safely and as prescribed.

People were assisted by suitably trained staff that had the knowledge and skills they needed to do their job effectively. Most people felt staff had a good knowledge of their care and support needs. People were supported to have maximum choice and control of their lives as much as was practicable and staff supported them in the least restrictive way possible; the provider's policies and systems supported this practice. People were complimentary about the quality of food staff prepared for them and told us they were supported in their choice of meal. Health care professionals were involved in supporting people to maintain their health and wellbeing.

People were supported by caring and kind staff who demonstrated a positive regard for the people they were supporting. People had been encouraged to be as independent as possible in all aspects of their lives. Care was planned and reviewed with each person and, where appropriate, their relatives, to ensure the care provided continued to meet people's needs.

People and their relatives were aware of how to raise concerns or make complaints and were generally

happy with how the service was managed. There were systems in place to monitor the quality of the service which included seeking feedback from the people who used the service and their relatives.

The provider had quality assurance systems in place to monitor the care and support people received. Systems were effective in identifying and resolving issues.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

People felt safe with the staff that supported them. People were safeguarded from the risk of harm because staff were able to recognise abuse and knew the appropriate action to take.

Risks to people's health and safety had been identified and were known to the staff. This ensured people received safe care and support.

People were supported by sufficient numbers of staff that were effectively recruited to ensure they were suitable to work with people in their own homes

Staff supported people, where appropriate, to take their medicine safely.

### Is the service effective?

Good ●

The service was effective

People were supported by staff that had the skills and knowledge to support them effectively.

People's consent was sought by staff before they received care and support.

People received additional medical support when required.

### Is the service caring?

Good ●

The service was caring

People were supported by staff who were kind and respectful.

People's independence was promoted as much as possible and staff supported people to make choices about the care they received.

People's privacy and dignity was respected.

### Is the service responsive?

Good ●

The service was responsive

People received care and support that was individualised to their needs, because staff were aware of people's individual needs.

People knew how to raise concerns or make a complaint about the service they had received.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led

The provider had not informed us of all notifiable incidents/events as required to by law.

Quality assurance processes were in place to monitor the service to ensure people received a quality service.

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

# 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 checked 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 comprehensive inspection took place over two days on 12 and 13 April 2017 and was announced. The provider was given 48 hours' notice because the service provides personal and nursing care support to people living in their own homes and who are often out during the day; we needed to be sure that the registered manager and staff would be available to meet with us. The first day was spent visiting people in their own homes and the second day was spent with the registered manager at the provider's office. The inspection team comprised of one inspector and an expert by experience. An expert by experience is someone, or is caring for someone, who has had direct experience of this type of service.

Before our inspection, the provider was sent a Provider Information Return (PIR) to complete. 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. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report. As part of the inspection process we also looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences which put people at risk of harm. We refer to these as notifications. We reviewed the notifications that the provider had sent us, to plan the areas we wanted to focus on during our inspection. We reviewed regular quality reports sent to us by the local authority to see what information they held about the service. These are reports that tell us if the local authority has concerns about the service they purchase on behalf of people.

We spoke with six people, two relatives, the registered manager, five care staff and a social care professional. We looked at three people's care records to see how their care and treatment was planned and delivered. Other records we looked at included three staff recruitment and training files. This was to check that suitable staff were safely recruited, trained and supported to deliver care to meet people's individual needs. We also looked at records relating to the management of the service and a selection of the provider's

policies and procedures, to ensure people received a quality service.

# Is the service safe?

## Our findings

All the people we spoke with told us they felt safe with the staff in their homes. One person told us, "I need to be hoisted and I feel safe, I am not nervous because the girls know what they are doing." A relative said, "I would say [person's name] is safe." Staff knew about the different types of abuse and the signs to look for which would indicate that a person was at risk of abuse. Staff that we spoke with knew the provider's procedures for reporting concerns and were clear about what action they would take if they were concerned about people's safety. This included notifying external agencies if they had any concerns or if the registered manager or provider had not taken appropriate action. For example, one staff member explained "I would report to the managers who would do something about it, but if they didn't I would go higher and tell CQC. (Care Quality Commission).

We saw that people had received an initial assessment before receiving support from the service, to determine if the provider was able to meet the person's care needs safely. This ensured that the service only provided support to people whom they were able to meet their needs safely. The care plans that we looked at contained risk assessments to reduce individual risks to people. For example, people who required a hoist to be safely transferred had it clearly documented in their risk assessments; the correct sized sling to use and how it should be securely fastened to keep the person safe from falling. One person told us, "Two staff always support me to get up they know how to use it [hoist] safely. I do feel safe." Risk assessments also included information about the person's home and living environment, identifying potential risks for staff to be aware of. We saw the plans were reviewed and discussions with staff demonstrated they had read the plans because they knew how to support people safely. All staff spoken with and records we looked at showed that risk assessments were in place to support staff to manage risks to people's care and support. Staff spoken with explained the procedures for handling emergencies, such as medical emergencies indicating they knew how to keep people safe.

People and relatives told us they 'usually' had the same staff supporting them. One person said, "I more or less have the same ones [staff] the one who is there usually tells me who is coming later." Another person told us, "I get the same staff all the time, I get to know them and they know me." A relative we spoke with explained, "We have a gang of staff about eight in all and [person's name] knows them all and I like the fact they are used to one another." Staff we spoke with confirmed they received a weekly rota detailing who they would be providing support to for the week and felt there was adequate time allocated to meet people's individual care needs.

Everyone spoken with said and we saw that there were enough staff to meet people's needs. One person told us, "They [staff] stay as long as we need them, they are normally on time and would let us know if they are going to be late, they have never missed a call." A relative said, "They [staff] have let us down in the past and sometimes they are late and don't always let us know but it isn't an issue normally as we are about but if we are going out it can be frustrating." All staff we spoke with said there were enough staff to provide support and care safely. One member of staff told us, "I tend to have the hours I need and they [the provider] are very flexible if we need more hours they will try to accommodate." Another staff member said, "I think there is enough staff at the moment." All the staff we spoke with told us the registered manager was 'hands

on' and would cover calls herself should the need arise due to unplanned staff absences.

We saw that the provider had a satisfactory recruitment process in place. This included ensuring that all staff employed had a Disclosure and Barring Service (DBS) check prior to working with people using the service. DBS checks help providers reduce the risk of employing staff who are potentially unsafe to work with people. This demonstrated the provider had systems in place to ensure people received support from staff who were safe to work with them.

People told us, where applicable, they received appropriate support with their medicines. One person said, "Some of them [staff] will put my tablets into a cup, some will put them [tablets] from the popper thing into my hand and some [staff] hand me my tablets." People we spoke with told us staff wore gloves and aprons whilst supporting them. Staff we spoke with confirmed to us that where they supported people with their medicines, they had received training on how to support people safely. We saw that systems were adequate to record what medicines staff had supported people with. We saw that care records contained relevant information of the support people required to take their medicine.

# Is the service effective?

## Our findings

Overall people spoken with told us they felt staff were trained to carry out their role. One person told us, "They [staff] are very competent with the hoist, they [staff] make sure they guide me when moving me." A relative said, "They [staff] know what they are doing when helping [person's name]." The staff we spoke with confirmed they received the necessary training to support them in carrying out their roles. One staff member told us, "The training is good, I feel I have the training I need to do my job properly." Staff told us they had received an induction when they first started working at the service. Staff we spoke with told us this induction gave them a good introduction to people and their support needs. One staff member said, "I was supported through my induction and shadowed staff for three days". The provider supported staff to undertake nationally recognised qualifications, to further develop their skills and knowledge. For example, at the time of the inspection some staff were in the process of completing the Care Certificate. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and effective care. We saw training for staff was reviewed and refresher training planned for the year.

Staff we spoke with told us they had received supervision. One staff member said, "We have supervision and spot checks regularly." We saw from the staff records we looked at that supervisions had taken place along with observed practices. An observed practice is when a staff member is observed by a senior staff member to ensure the delivery of care and support is effectively practised. This ensured that staff put their training and knowledge into practice to meet people's needs.

The 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 people lack mental capacity to make particular decisions, any made on the person's behalf must be in their best interests and as least restrictive as possible. We reviewed information about capacity in people's care plans and found they contained assessments of people's capacity, where it was appropriate. Staff we spoke with gave us examples of how they would obtain people's consent before supporting them. One staff member said, "You talk to people, ask them what they want, give them a choice." This ensured that people were supported in the least restrictive way and their rights were being protected.

We saw there was one person who had been subjected to some restrictive practices, in their best interests in order to keep them safe from the risk of harm. We found the provider had been involved in best interests meetings with the family, healthcare and social care professionals and we saw the decisions had been made in the person's best interests and in accordance with the MCA.

Some people we spoke with were supported by staff to make their meals. One person told us, "They [staff] make me some sandwiches for lunch and later on I have a cooked meal." Staff told us they would ask people what they wanted to eat and drink before preparing the person's meals. One staff member told us, "[Person's name] tends to have the same thing but I still ask them what they want before I do anything." The provider had assessment tools in place that monitored food and drink intake to ensure people received enough nutrients in the day. We found that some people required soft diets because they had difficulty

swallowing and where appropriate, referrals were made to health care professionals for assessment and guidance.

People were supported by health care professionals to assess and review their care and support needs. We saw staff had quickly contacted the GP for one person who had become unwell and unresponsive. One staff member told us, "We can usually tell if someone isn't well, and it's important to get them seen by a doctor as soon as possible." Staff spoken with were knowledgeable about peoples' care and support needs and how people preferred to be supported. We saw from the care plans we looked at that people were effectively supported to maintain their health and wellbeing with additional input from healthcare professionals as required.

## Is the service caring?

### Our findings

Everyone we spoke with told us the staff were caring and compassionate. One person told us, "The staff treat me very well." Another person said, "We [the person and the staff members] have built up a good rapport, they [staff] are very caring and very good." Another person explained, "They [staff] are conscientious and work very hard, they are always pleasant. We saw that staff interacted with people in a kind and caring way.

People and their relatives told us that staff involved them in decisions about people's care and that they knew the importance of people being involved in making these decisions. We saw staff respected people's wishes. One person said, "They [staff] are good girls, I have got to know them and they know me, I would be lost without them, they are lovely." Another person told us, "They [staff] look after me really well. A relative we spoke with said, "[Person's name] can sometimes be in a lot of pain which the staff may not always understand. I do have to intervene sometimes. The manager does know and has spoken with staff, they're good girls and do their best, it is a difficult situation and they [staff] do listen to what I say." Care plans detailed people's cultural needs, how the person communicated and specific information that staff needed to know to support effective communication with the person.

Staff we spoke with were positive about their role and the relationships they had developed with the people they supported. Staff were able to tell us about things that were important to the people they supported. A staff member told us, "[Person's name] can refuse support from staff, I've managed to build up a strong relationship and make sure I tell them [the person] exactly what I'm doing and why all the time, even if I'm repeating myself, this gives them [the person] the reassurance they need."

People and relatives told us that they never heard staff talk disrespectfully about another person while they were supporting people. People and relatives felt staff were conscientious and maintained people's confidentiality. One person said, "I've never heard staff talk about anyone else when they are here [at the person's home]." One staff member said, "We would never talk about other people when we are in peoples' homes; that would be breaking their confidence."

Staff told us that people's independence was promoted as much as possible and gave us examples of how they did this. One person told us, "I like to go out in the evening, in fact the staff encourage me to go out and meet my friends." A staff member explained, "[Person's name] has limited mobility but I always try to encourage them to do what they can." People we spoke with told us staff supported them to make day to day decisions about their care and support.

People we spoke with told us that staff 'always' treated them with dignity and respect. One person said, "Yes, staff do respect my privacy and dignity." During our home visits, we saw staff did respect peoples' dignity and gave them privacy. A relative told us, "They [staff] are all very respectful." Staff gave us examples of how they ensured a person's dignity and privacy was maintained. For example, asking relatives if they could leave the room when providing personal care to the person, making sure doors and windows were closed and covering people as much as practicably possible when bathing/showering people to protect the

person's dignity.

## Is the service responsive?

### Our findings

People we spoke with said the service was flexible to meet their needs and they received their care and support in the way they preferred. Our conversations with people confirmed they had been involved in discussing the planning of their care and they had contributed to their care plans. One person told us, "Staff look at my care plan if they haven't been for a while to see if there are any changes." Another person explained, "I remember signing my care plan and the book is here, the staff write in it when they come. As long as they [staff] do what I want, that's ok." We saw individual care plans were in place which reflected people's support needs and detailed people's medical conditions.

People and their relatives told us the service was quick to take action when people's needs changed. A person said, "They [staff] look after me well and will come in early if I need them to." A relative told us, "I was unable to visit [person's name] this week and they [staff] provided an extra call, I find them quite flexible." Staff we spoke with explained to us in detail how they provided support in line with people's wishes and how the support was adjusted to ensure the person's individual needs continued to be met. We saw that care plans were detailed and written to reflect people's individual care and support needs. Staff we spoke with confirmed their knowledge of the people they supported; including an understanding of people's likes and dislikes. One person said, "I certainly would recommend them, they [provider] are one of only two in the area who have registered nurses at the helm. We saw from records people had staff members that provided regular support to them. Staff we spoke with knew what was expected of them and gave us examples of how they delivered individualised care and support to people. A staff member told us, "We all know to make sure we read the care plan because peoples' needs can change overnight so it's important we have the correct information to hand."

Three people and relatives we spoke with explained how they had raised issues with the provider. We found all the issues had been addressed to the satisfaction of everyone. One person said, "There has been nothing big to complain about, they [the provider] listen and deal with whatever the problem is." Another person explained, "Staff didn't always understand what was being asked of them but [staff member name's] had picked it up as a training issue and it has been dealt with." A relative told us, "There have been issues in the past and they [the provider] have dealt with it." We saw the provider had a complaints policy that contained contact details of relevant external agencies for example, the local authority and CQC. Another person told us, "I have no complaints, the service is good." Our conversations with people and their relatives demonstrated to us they had confidence in the provider that if they had any concerns or complaints, they would be listened to and any issues dealt with quickly. We also saw that there had been a number of compliments received by the service. Comments included 'staff go the extra mile', 'it's the best service I have ever had', and 'thank you for all you are, especially [staff name] who was always extremely kind and caring for [person's name].'

## Is the service well-led?

### Our findings

At the last inspection on 03 July 2015, the provider had been found to be requiring improvement under the well led domain in relation to the provider's quality assurance systems and reporting incidents to the Care Quality Commission, which is a legal requirement. At this inspection, we found there had been some progress but further improvements were still required.

We had been informed of four safeguarding incidents, since the last inspection, but no notifications had been submitted to us by the provider. We reviewed the incidents and noted in all cases, there had been an investigation, the provider had worked in partnership with the local authority and the cases were closed with no further action required by the provider. We asked the registered manager why they had not informed us of the incidents. The registered manager explained they thought we only needed to be notified if the safeguarding's were upheld. The registered manager was reminded that all known instances of alleged abuse irrespective of whether the claims were substantiated or not, should be notified to the Care Quality Commission as soon as possible. During the inspection we noted a complaint had been received that was yet to be reviewed by the registered manager. We noted it had been recorded as a complaint but related to a serious allegation of potential abuse. The registered manager had been away from the office whilst the allegation had been raised and it had been left for the registered manager's return. We asked why this had not been raised immediately as a safeguarding alert/concern with the local authority and notified to us. The registered manager explained to us why they felt it was recorded as a complaint and not a safeguarding and the delay was due to their absence. We reviewed the provider's safeguarding policy which stated, '...when a complaint alleges abuse... the safeguarding procedure should be followed and notification to CQC.' Although the provider had notified us of other incidents that they were required to do so by law, they had not followed their own processes with regard to allegations and complaints of potential abuse and this required improvement.

As part of the inspection process, we sent out a Provider's Information Return (PIR) for the provider to complete and return to us. The PIR provides an overview of what the service does well and where the provider intends to develop the service. We had not received the PIR and asked the registered manager why the information had not been returned. The registered manager explained they had not received the request. We checked our records and found the request had been sent to a viable email address on 7 February 2017 and there had been no message received to suggest the email had not been delivered. The provider explained they had checked all their email addresses and systems and could not locate the PIR request.

People and relatives we spoke with generally told us that they were satisfied with how the service was managed. One person told us, "I feel it [the service] is well managed and organised, when something happened and the carers couldn't reach me they [the providers] had it covered in 10 minutes, I would recommend them, I don't think there is anything they could do better really." Another person told us, "I certainly would recommend them [the provider]." People spoken with knew the individual names of all the management staff within the organisation. One person told us, "The supervisor has been to see me from time to time and I can phone 'the sisters' directly if I need to, I have their numbers."

Staff spoken with told us the registered manager and their team had provided continuity and leadership and staff felt supported in their role. Staff explained the senior completed spot checks on the care they delivered. We saw from records that spot checks had been completed. One staff member told us, "I have worked with so many companies but here, they are approachable you can phone [registered manager's name] directly on her mobile, there is no need to make an appointment to see her, I cannot fault them, as a company they are wonderful and I am happy." Another staff member explained, "The company has been good to me, if you have any problems you can call them [the management team] and they will come out if needed."

Staff we spoke with and records we look at confirmed staff meetings had taken place. All the staff spoken with confirmed with us the management team were 'approachable' 'helpful' and they would have 'no hesitation' in requesting support or assistance. One staff member told us, "The managers are very hands on; they will always help out if we are short staffed." All care staff spoken with said they knew what was expected of them.

Staff told us if they were worried or concerned about anything they would speak with the management team. One staff member said, "I would go straight to [registered manager's name] if I was worried about anything and I know she would deal with it quickly." Another staff member said "If I reported something and nothing was done, which is very unlikely, I'd then go to CQC." We saw the provider had a whistleblowing policy. Whistleblowing is the term used when an employee passes on information concerning poor practice.

We looked at systems the service had in place to monitor the quality and safety of the service. We found that the systems in place reviewed care plans, risk assessments and medicine recording sheets. Where any issues had been identified, for example, staff not accurately signing the medicine records, had been picked up and addressed either at the team meetings or individual supervision. We found the provider had tried to obtain people's feedback on the quality of the service provided. One person told us, "I've had phone calls asking me questions in the past about the service,." Another person said, "I had a questionnaire recently." We saw people's feedback had been recorded and were effective in identifying errors. Once identified, we saw the senior staff member would investigate and resolve any issues to people's satisfaction. The processes recorded what measures were taken to prevent a re-occurrence of similar errors.