

Sisterly Care Limited

# Sisterly Care Ltd

## Inspection report

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03 November 2016

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### 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?

Requires Improvement ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 02 and 03 November 2016 and was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

Sisterly Care Limited is registered to provide personal care and support to people in their own homes. At the time of the inspection, the service was providing support to 71 people.

A registered manager was 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.

Care plans did not always contain person-centred information. They failed to demonstrate the specific needs, preferences and wishes of each individual person and did not always provide staff with guidance about how to fully meet people's needs. This was an area requiring improvement.

People spoke highly of the service. They told us that they enjoyed good relationships with the staff who visited them and that they would recommend the service. When we visited people in their homes, we observed that they enjoyed warm and friendly relationships with staff.

People told us they felt safe and were protected from harm. Staff were trained to recognise the signs of potential abuse and knew what action to take. People's risks were identified, assessed and managed appropriately. There were sufficient numbers of staff available to support people safely and staff were available 24 hours a day. A robust recruitment system was in place to ensure new staff had all the necessary checks completed before they were allowed to commence employment. Medicines were managed safely by trained staff.

Staff received all essential training to support people's needs effectively. New staff completed the Care Certificate, a universally recognised qualification. Staff were encouraged to pursue additional qualifications by the provider. Staff had at least three supervision meetings a year and attended team meetings.

The registered manager also carried out regular spot checks to monitor staff performance, check on time keeping and to offer support.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and their responsibilities under this legislation.

People had sufficient to eat and drink and had access to a range of healthcare professionals and services.

People were supported by kind and caring staff who knew them extremely well. People spoke highly of the staff who looked after them and said they were treated with dignity and respect. People were involved in all aspects of their care and were supported to express their views.

Complaints were investigated and managed appropriately in line with the provider's policy.

The registered manager monitored the quality of the service and used feedback from people and staff to identify improvements and act on them.

There was a culture of openness and transparency at the service. Staff were positive about the management and leadership of the service. The service had quality assurance systems in place, which were used to good effect and to continuously improve on the quality of the care provided.

## 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 were supported by trained staff who knew what action to take if they suspected abuse was taking place.

People's risks had been identified and assessed and were managed appropriately by staff.

There were enough staff to cover calls and ensure people received a reliable service. Safe recruitment systems were in place.

People's medicines were managed safely.

### Is the service effective?

Good 

The service was effective.

Staff had received all essential training and had the necessary skills and experience to support people effectively.

Regular supervision and team meetings took place.

Consent to care and treatment was sought in line with legislation and guidance. Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and put this into practice.

People were supported to have sufficient to eat and drink.

People had access to a range of healthcare professionals and services.

### Is the service caring?

Good 

The service was caring.

People were supported by kind and caring staff who knew them well. People spoke highly of the care they received and of the staff who supported them.

People were supported to be involved in all aspects of their care and in their care plans.

People were treated with dignity and respect.

### Is the service responsive?

The service was not always responsive.

Care plans lacked specific information about people's likes, dislikes and their preferences. There was limited guidance in some care plans for staff to follow to meet people's needs. This was an area requiring improvement.

People's needs were assessed prior to them receiving a service.

People were provided with information on how to raise a concern or complaint. Complaints were managed in line with the provider's policy.

**Requires Improvement** 

### Is the service well-led?

The service was well led.

People, their relatives and staff all spoke extremely positively about the service and felt it was well managed. They were asked for their views and feedback through a range of surveys and questionnaires.

A range of audits systems identified any areas for improvement and these were acted upon. The registered manager updated their audit tool and provided us with an action plan during our visit to ensure care plans were audited more comprehensively.

**Good** 

# Sisterly Care Ltd

## Detailed findings

### Background to this inspection

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 02 and 03 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

One inspector undertook this inspection.

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 any improvements they plan to make. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We visited the office where we met with the registered manager, a company director and two care coordinators. We looked at care records for seven people, medication administration records (MAR) and visit record sheets. We also reviewed six staff training, supervision records and recruitment files, minutes of meetings, staff rotas, compliments, and complaints received by the service.

We visited four people in their homes and met with one relative, four care workers and a team leader. We chatted with people and observed them as they engaged with their day-to-day tasks and activities.

The service was last inspected on 15 July 2013 and there were no concerns.

# Is the service safe?

## Our findings

People told us that they felt safe. One person said, "I have nothing but praise for Sisterly Care. They are the most nicest girls ever. They are professional. I feel completely safe". Staff had attended training in safeguarding adults at risk. They were able to speak about the different types of abuse and describe the action they would take to protect people if they suspected they had been harmed or were at risk of harm. Staff told us that they felt able to approach the registered manager if they had concerns. They also knew where to access up-to-date contact information for the local authority safeguarding team.

Risks to people's safety were assessed. People's care plans described each risk that had been identified and instructed staff on how support should be delivered to minimise the risk. This guidance was specific to the individual they were supporting. We saw guidance in areas including moving and handling, nutrition, hydration and the home environment. The assessment on moving and handling considered the person's health, their mobility, the equipment they used and their ability to communicate. It then detailed how many staff and which equipment would be needed to assist the person safely.

People received consistent support from a regular staff team. They told us that staff arrived on time and that there was flexibility in when they had their calls if needed. One person told us, "They are lovely, [registered manager] has a knack of choosing the right staff. She's lovely with me. Sisterly Care keep their staff so that can't be too bad." Care workers were happy with how the rotas were arranged and told us they were given adequate time to travel between people. When staff found that a call was taking longer than the planned time, they shared this with the office. The registered manager then reviewed the person's care and contacted the funding authority to request an extension to the call. Staff worked as a team to cover sickness and leave.

There was a lone working policy for staff when working alone in the community. Staff were aware of what they should do in emergencies such as when they could not gain access to see a person in their home. This meant that appropriate action could be taken so people were safe.

All staff files that we checked were in order and records confirmed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). The DBS provides criminal records checks and helps employers make safer recruitment decisions. In addition, two references were obtained from current and past employers. These measures helped to ensure that new staff were safe to work with adults at risk.

Medicines were managed safely. There was guidance for staff on the level of support people needed, such as a prompt, physical assistance or for staff to administer the medicines. The Medication Administration Records (MAR) in place were clear and had been completed by staff, including for topical creams. Medicines prescribed on a variable dose, such as paracetamol for pain relief, were clearly recorded. The guidance for staff on how people took their medicines included where they were stored and the arrangements for supply of medicines, such as delivery by the pharmacy. Each person had a medication risk assessment, which clearly identified whose responsibility, (for example the person, relative or carer) it would be to liaise with

the GP and pharmacy over any concerns, such as the timing of doses for specific medicines and to ensure that a medication which had been out of stock was on a repeat prescription.

We observed as a care worker administered medicines to one person. This was done safely and the care worker made sure the medicines were taken before signing the records. MAR were returned to the office monthly and reviewed. Any discrepancies were followed up with staff and shared as general reminders in weekly staff memos, sent out with the rotas.



# Is the service effective?

## Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. People said they received care and support from staff who had appropriate skills and knowledge and the majority of people said they would recommend the service to another person.

Staff received essential training in a range of areas including moving and handling, safeguarding, medicines, mental capacity, first aid, health and safety and equality and diversity. Training was refreshed as needed and certificates in staff files confirmed the training staff had completed. In addition to training from the provider, staff were also supported to study for additional qualifications, for example, a National Vocational Qualification (NVQ) in Health and Social Care. The registered manager told us they always tried to encourage staff to develop and that the majority of staff promotions were internal. Staff had completed a very comprehensive induction when they commenced employment. New staff studied for the Care Certificate covering 15 standards of health and social care topics, through on-line learning. These courses are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard.

Staff had supervision meetings at least three times a year and records of staff supervision meetings were contained within staff files. Staff supervision meetings reviewed the staff member's work performance since the previous supervision and any actions required. Other items discussed included staffing, service user updates, training, development, and items of a personal nature. The registered manager also carried out regular spot checks to monitor staff performance, check on time keeping and to offer support. Staff were encouraged to share any concerns they might have with regard to their work and/or personal issues that may affect their work. Staff meetings also took place monthly and records confirmed this. Staff meetings were an opportunity to look at any accidents or incidents that had occurred and staff used these as examples for reflective learning.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff told us they had received training in the MCA and understood about acting in a person's best interest. All staff told us that they respected people's rights to make choices for themselves and encouraged people to maintain their independence. Staff told us that they always asked people's consent before they supported them.

The Deprivation of Liberty Safeguards (DoLS) requires providers to identify people who they are caring for who may lack the mental capacity to consent to care and treatment. They are also required to notify the local authority if they believe that the person is being deprived of their liberty. The local authority can then apply to the court of protection for the authority to deprive a person of their liberty, within the community in order to keep them safe. This provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after

them. At the time of the inspection, the registered manager had not needed to notify the Local authority about any person that they provided a service to. The registered manager demonstrated to us that she had a good understanding of this legislation.

People had varying levels of nutritional needs. Some people were able to manage their meals independently. People who required staff support with this told us that staff supported them well. We saw that people's eating and drinking needs were assessed and recorded in their care records.

People were supported to maintain good health and had access to a range of healthcare services and professionals. Care records contained health assessments for people, which were reviewed annually. People were supported by staff to attend GP and hospital appointments with consultants, as well as visits to the dentist and community nurses. For example, one person received continuing support from the community diabetic nurse to monitor their blood sugar levels within safe limits.

## Is the service caring?

### Our findings

Positive, caring relationships had been developed between people and staff. During four visits to people's home, we observed staff treated people as equals and provided support in an unobtrusive way. Staff treated people with respect and gave them freedom and space to express themselves without restriction. Staff knew people well and communicated with them in a friendly and humorous manner, giving gentle encouragement and support.

One person said, "My staff are awfully caring, they are super." They added that they knew them well, their likes and dislikes and how they wished to be supported. A relative told us, "Staff are very caring, they make my wife happy. They are approachable and respectful".

People were treated with dignity and respect and people we spoke with confirmed this.

People and their relatives told us that they were involved in planning their care on a day to day basis and that staff listened to them. People told us they were given choices on a daily basis for example, how they wanted their care to be given and what they wanted to eat or drink.

Staff were positive about their role and the relationship they had developed with people. They spoke about people as individuals. Staff told us that they had built up a good relationship with the people that they supported.

People were supported to remain as independent as possible. For example, people told us that staff encouraged them to carry out their own personal care if they could. A staff member told us, "We always encourage people to do things for themselves, this is really important to the people we support".

The provider had sent a survey to people who used the service to ask for their feedback. In response to a question, 'Do staff respect your dignity, rights and choices?' Out of 23 people who responded, all 23 stated "yes". The majority of people also felt that staff supported them appropriately and listened to them.

Staff told us that they understood their responsibility to maintain people's confidentiality. They told us that information was kept safe and secure. We saw at the office that arrangements were in place to ensure that people's information was held securely. We saw that each staff member was given an employee handbook when they were appointed. This detailed staff responsibilities and the values of the service.

## Is the service responsive?

### Our findings

We found that care plans mostly contained only basic information about people's needs and were task focused. This meant that staff members were not provided with the written information they needed to enable them to provide care, which was tailored to people's specific needs and wishes. This was an area requiring improvement. For example, we saw the care plan for one person that stated the person liked to be sat in a chair, in a certain position, but it failed to say what position. The care plan stated that the carer should offer the person a drink and breakfast, but it did not indicate the person's likes and dislikes. It went on to say that the person liked their clothes folded up and put in their bedroom after receiving person care, but did not indicate where about in the bedroom the person liked to keep them.

There were three care plans which, stated people needed assistance with their personal care but the care plans did not provide any details of how much support was required and how staff should assist them. We saw in one care plan the person experienced severe anxiety. There was no guidance in the care plan on how staff should respond to the person when they were experiencing anxiety.

The registered manager agreed with our feedback that care plans lacked specific details. The registered manager reviewed her audit tool for this area and gave us an action plan for when they would have reviewed and personalised people's care plans. The registered manager told us, they would be all completed by February 2017.

Despite the lack of person centred information in people's care plans, people were positive about the care they received. One person said, "Staff know what I need and are very helpful". We asked a person how staff knew their likes and dislikes, the person told us, "My likes are not recorded in my care plan, but I can tell them that myself".

People told us that staff listened to them and their opinions were taken into consideration. One person said, "It's wonderful to be in your own home and have this support. My staff are amazing. They listen; they don't hurry me and are patient". A relative said, "My [person] care plan gets updated regularly. We are always kept informed and asked for our views."

People received a rota each week, which detailed the staff who would be supporting them in the week and at what agreed time. People told us staff stayed with them for the full length of their visit and made sure they had given them all the support they required before leaving. Care records were written after each visit and the times and lengths of their stay.

The registered manager told us that prior to being offered a service, people's needs were assessed. Records we looked at showed that information from the needs assessment was used to inform the care plan. We saw that people's care plans were reviewed either six monthly or when changes occurred.

People told us that they were aware of the service's complaints procedure and would feel confident to make a complaint. The complaints records showed that concerns had been dealt with appropriately because the

manager had fully investigated the issues, taken action and informed the complainant of the outcome.

People and their relatives told us they were regularly asked to provide feedback on the quality of the care provided. One person said, "They call me on the phone daily. I fill forms in and am always asked for my views." People told us, that prompt action was taken following their feedback.

The registered manager confirmed that feedback on the quality of the care provided was analysed and any areas identified as requiring attention were addressed in an action plan and kept under review to ensure improvements were made.

## Is the service well-led?

### Our findings

The service promoted a positive culture that was open, inclusive and empowering. In the provider's statement relating to values and ethos, it stated, 'Sisterly Care's philosophy is to: promote independence and decision making, to enhance the quality of life for our service users, allow our users to continue to live in their own homes. We aim to provide continuity and quality of care using highly trained and experienced care staff, who will support and respect you in your individual care needs.' From our discussions with staff, conversations with people and observations at inspection, it was clear that the provider was working in line with their values and ethos.

People spoke positively about the service they received. One person said, "I am very happy, I have never had any trouble. Staff know me and what I need. My staff are lovely". People were also asked for their feedback and views about the service through service user questionnaires. The questionnaires were set out in an accessible format and 23 people responded to the last survey, which was completed in February 2016. People were asked for their views, for example did they feel respected, were people satisfied with their support, did people know how to make a complaint, did they find the staff friendly, helpful and polite. The results to these questions were all very positive. One person stated they would prefer an evening call, which was agreed to and their care plan updated.

The service demonstrated good management and leadership and this was visible to staff and endemic throughout the service. The registered manager told us, "We have high standards and are very open to wanting to improve." The registered manager told us they always tried to praise staff and thank them for what they do. A member of staff said they felt listened to by management and said, "[Registered manager] is very understanding and approachable". Another staff member told us, "[Registered manager] is a great manager. She's understanding, doesn't push us too hard and is really approachable".

The service demonstrated that good quality care was delivered. A range of audit systems was in place to measure the quality of care and the service provided overall. We looked at audits relating to medicines, staff, people's nutritional needs, care plans and finances, staff training, incident and accident reporting, complaints and concerns. Plans were put in place to identify what action was needed and by whom. The auditing system had not identified the areas of improvement regarding care plans, that we had identified in the 'response' domain, however the registered manager amended their audit tool to ensure this area was covered more comprehensively, during our visit.

There was a system in place to monitor that visits to people's homes were taking place on time. This required staff to sign in at the start and log out again when the visit was completed. The registered manager told us that systems were in place to monitor late calls and that any call that were over half an hour late a call would be made to the person to let them know. We saw that the registered manager had also followed up with the staff concerned where calls had not been completed at the scheduled time to ensure that it did not happen again. The registered manager told us, and we could not see any evidence of any missed calls or visits.

Spot checks took place whereby unannounced checks were made on staff when they were delivering care in people's homes. During these visits, people were asked their views about the care they received and their views were documented. All views and comments were positive.

Staff spoke very positively about the registered manager. Staff were aware of the term whistleblowing and told us the action they would take if they had concerns about poor practice in the service.