Sisterly Care Limited

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Inspection report

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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?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Sisterly Care Ltd is a domiciliary care agency providing personal care to older adults living with families or in their own homes in the community. At the time of our inspection they were supporting 34 people.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
People's personal information was not always held securely. The provider did not have a system that protected the information being shared with staff. The provider took immediate action and implemented a system in response to our feedback. We will not be able to confirm if sufficient action has been taken until we next inspect the agency.

People were cared for safely and staff understood their responsibilities to keep people safe from abuse or harm. One person said, "I feel safe with them (staff), I look forward to them coming." Risk assessments were in place which ensured that staff knew what to do to mitigate the risks identified.

People received their medicines safely and there were effective practices in place to protect people from infection. One person said, "Staff do my medication, it is different every day. Even the younger ones have got their heads round it. I am confident in them."

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

Staff received the support they required and had access to training. One relative said, "They are a better agency than I have used before. The staff are always competent and always ask if anything else needs to be done, before leaving."

Staff were kind and caring and passionate about the care they provided. People and their families consistently told us how well looked after they were, and staff were respectful. One person said, "They are very kind, they go over and above." People's dignity and privacy was maintained, and people felt in control of their lives.

People had individualised care plans which ensured they received person-centred care. Plans considered people's preferences, likes and dislikes and their cultural and religious backgrounds. People knew who to speak to raise concerns and were confident they would be listened to.

The provider was open and honest and strived to look at ways to improve the service. One relative said, "[Registered manager] is very good and asks how the care is going. It is comforting to know that there is ongoing monitoring." Staff felt well supported and people were confident in the service they received. Staff liaised with other health professionals and looked at ways to improve people's life experiences.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (published 7 December 2016).

Why we inspected
This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sisterly Care Limited on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Sisterly Care Ltd

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was carried out by one inspector 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.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 18 June 2019 and ended on 26 June 2019. We visited the office location on 26 June to see the provider and office staff; and to review care records and policies and procedures. We made telephone calls to people, their families and staff on 18 and 19 June 2019.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection-
We spoke with six people who used the service and six relatives about their experience of the care provided. We spoke with three members of care staff, a director, registered manager, care co-ordinator and administrator.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at five staff files in relation to staff supervision and unannounced spot checks/observations on staff practice. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained as Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff who supported them. People told us the staff who supported them made them feel safe. For example, we were told staff always made sure the door was closed and locked before they left, and this made people feel safe.
- Staff had received training in how to safeguard people. Staff told us what signs to look for to keep people safe from harm or abuse. For example, changes in a person's mood or behaviour.
- There were up to date procedures in place for staff to follow. One staff member said, "I would contact the supervisor straight away, write a report of what I had seen or heard."
- The provider understood their responsibilities to keep people safe and we saw that they had raised concerns appropriately with the local authority and notified the Care Quality Commission as required.

Assessing risk, safety monitoring and management

- Before a person received a service an assessment of risks in their environment was undertaken. This was to identify potential hazards in the person's home, such as uneven floors and with electrical appliances, and to look at ways to minimise them.
- Risks to people had been assessed. Where a risk had been identified, control measures and guidance for staff were in place detailing how to minimise the risk. For example, to people's health and wellbeing such as when moving around their home and of developing pressure areas. One relative said, "[Person] requires full time care and I am just as confident with the carers looking after [person] than I am with members of the family."
- For people who were at risk of falling, or who required equipment to be transferred, guidance was available about the type of equipment they required and the number of staff to support them safely. Detailed guidance was in place for people who used a hoist including what movements people could do for themselves, the type of sling and hoist and which coloured strap should be applied to a specific part of the body.

Staffing and recruitment

- People continued to be safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place.
- Staff underwent a satisfactory Disclosure and Barring Service (DBS) check before commencing employment. The DBS check helps employers make safer recruitment decisions in preventing unsuitable potential staff from working with people.
- There was enough staff to meet people's needs and the provider endeavoured to ensure people were supported by the same staff. People and their relatives told us staff were reliable and visits were always

covered with staff attending at the expected time. One person said, "I know who is coming and there have been no missed calls." Another person said, "The carers stay the full time allocated and ask what else they can do before they go." A relative said, "There is sufficient time to do everything and they have offered to stay longer."
● An on-call service was available should people experience any emergencies or staff required support.

Using medicines safely
● Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines. One relative said, "[Person] speaks highly of them. They prompt to take medication." The relative explained how this positively impacted the persons wellbeing.
● Staff had been trained to give people their medicines and competency checks were carried out annually to test their knowledge.
● Daily checks of people's medicine supplies were carried out and audits covering medicine administration and record keeping were completed monthly.

Preventing and controlling infection
● People were protected from the prevention and control of infection. Staff were provided with protective clothing such as gloves and aprons and there was information in people's care plans about the prevention of infection.
● Staff were trained in infection control and there was a policy and procedure in place which staff could access. Staff demonstrated a good understanding of how to prevent the spread of infection. For example, staff washed their hands before preparing food and before and after supporting people with their personal care.

Learning lessons when things go wrong
● The registered manager did not audit / analyse accident and incident logs to help track / consider any wider learning or improvements required. We have reported on this in the well-led section of this report. Accident and incident forms showed where issues had occurred and how staff had responded. Staff recalled incidents where they had called a paramedic in response to arriving at a person's home and finding the person had fallen. This information matched with details recorded on the person's incident form and showed staff had responded appropriately. Incidents were transferred onto a computerised log that in the event of an emergency could be pulled off as a spreadsheet to look at any wider learning or improvements required. However at the time of our visit, the registered manager told us, that had never been necessary.
● The director and registered manager explained that whilst reviewing their health and safety assessments, realised there was insufficient information to cover fire safety in warden accommodation. The registered manager said, "Warden and sheltered accommodation needed be better assessed. So, we added, where the fire exits were located, where the flat was in the building and number of exits from the property. This better-informed staff in the event of an emergency."

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained as Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs were fully assessed before any care was agreed and delivered. This ensured that there was sufficiently trained staff to provide the care and support required.
- People and their families told us they were involved in developing their care plan.
- Care plans detailed how people wished to be cared for, what staff needed to be aware of, their likes and dislikes, communication needs and their cultural background.

Staff support: induction, training, skills and experience
- People were supported by staff who were trained, and who received the guidance and support they needed to deliver care effectively. One person said, "They know exactly what they are doing."
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. One staff member said, "I spent all day in the office, reading through everything. Completed some induction paperwork. I shadowed staff until I was confident. The staff are really nice and helpful. The office staff are always there as well."
- Staff were given opportunities through supervision to review their individual work and development opportunities. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed as well as considering any areas of practice or performance issues. Staff told us that they found these meetings useful.

Supporting people to eat and drink enough to maintain a balanced diet
- Staff knew people's dietary requirements and preferences and helped them with meals if this was an assessed need. People's likes and dislikes were recorded in their care plans.
- People we spoke with told us they were happy with the support they received with their meal preparation. People told us they were encouraged to eat and drink regularly. One relative said, "[Person] needs tinned food opening for her and they will do that." This enabled the person to cook their own food with minimal support.
- Staff informed us they had completed food and hygiene training to ensure they were confident with meal preparation.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- People were supported to live healthier lives and were supported to maintain good health. The service worked alongside GPs, district nurses and involved dietitians when required. One person said, "They notice if there is something wrong and ask if I am all right and will report it if I am not. They have got the doctor for

me a few times." Relatives told us that they were informed of any changes in their family member's health. One person said, "They called an ambulance for me and notified my son."

● Information about people's health and medical history were included in people's care plans. This set out the person's health condition, how it affected them and the support and assistance they needed from staff. One person's mobility had weakened, the provider worked in partnership with other health care professionals such as occupational therapists and district nurses and acted on their advice.

● Staff knew to contact the district nurse if a person's skin integrity had deteriorated. Body charts were used to identify and monitor which part of a person's skin was affected. One relative said, "They do things the way [person] wants. With their skin care, the carers noticed a sore first and got in touch with the Community Nurse." The relative explained how noticing this, resulted in treatment without delay.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

● At the time of our inspection the registered manager told us that no one using the service lacked capacity to make decisions regarding their care and treatment.

● Without exception people told us that staff asked their consent before providing care.

● Staff received training in the MCA and were clear on how it should be reflected in their day to day work with people who used the service. Staff told us they asked consent and permission from people before providing any assistance. This showed that people were asked their consent before providing care and offered choice.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained as Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives were complimentary about the staff providing the service and the way they delivered care and support. Feedback from people and their relatives indicated that staff were very friendly but maintained a professional approach. Staff addressed people and their relatives by their preferred names.
- One relative said, "They (staff) are lovely, a delight. They make [person] smile, very, very caring. They take a pride in helping and want to be there. They give [person] an early visit which is what they want." Another relative said, "They are very kind, and kind to me as well. We have regular carers and they get used to [person] and the progression of their illness."
- Staff completed equality and diversity awareness training and told us that they treated everyone with equality.
- Care plans included a section on people's cultural, religious and gender preference of care needs. For example, in one care plan the person asked staff to respect their religion, by supporting them in a particular way with personal care and with what food they preferred.
- This showed staff treated and supported people without discrimination, and in a caring and kind manner.

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

- People told us they had been involved in developing their care plans and that they were consulted about their care. We were told that a person's relative, "Only wants certain people to wash their hair and they abide by that."
- The provider was aware of the need for people's voice to be heard. People had access to an advocate if they needed to have someone to help them speak up about their care. One person said about the staff, "They enjoy being here, nothing is too much trouble." A relative said, "They help with a bath and know how to support [person]. They go out of their way and are very helpful."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected, and their dignity maintained. One person said, "When they help me wash they always stand with a towel in front of me."
- Staff described how they supported people's privacy and dignity. This included giving people private time, listening to people, respecting their choices and upholding people's dignity when providing personal care. One person said, "I like them very much. We get on well. They all know me, and they always knock on the door. I am happy with Sisterly Care, familiar with them." A relative said, "They are very kind, always cheerful. They always ask, 'what else can I do?' and ring the bell before they come in."
- Staff understood their role in providing support to maintain people's independence. One person said,

"They will pop to the shops for me. They allow me to do what I can but won't let me struggle."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection, care plans mostly contained 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.

At this inspection, care plans were more detailed and person centred, meaning people's wishes were at the centre of the care process. Care plans contained information such as the person's history, how they liked to be supported and how they communicated their everyday care needs. One person said, "They always ask how I want things done."

● Care plans were recorded on a computer system which could be accessed by the care co-ordinators to ensure the most up to date information was recorded. This was printed, and copies given to people. Relatives could access these records with the permission of the person.
● Care plans provided clear written guidance for staff members. Information included why people needed the care and support they received, the difficulties the person experienced and how staff should do this. Information was set out for different types of care needs, such as washing and dressing, continence and medicines management.
● People received a monthly review of their care and support plans, equipment, smoke alarms and lifelines. This meant any changes could be identified and care plans updated where needed.
● We asked staff what person centred care meant to them, a staff member said, "Each person is an individual. Everybody is different." Another staff member said, "Care plans are built around the person, how they want it, knowing a person's likes and dislikes. They tell us what they want, and we put that in." A third staff member said, "You get to know the person, what they like and dislike. You ask them questions, do you like crust on bread or not, what would they like for dinner, would they like a shower this morning or a wash, let them choose their clothing if they can, it's all about their choice." This meant people received support that met their personal needs.
● People were supported by staff to maintain their interests such as visiting garden centres, attending their local community events and taking part in a variety of activities of their choice. Relatives we spoke with were complimentary about the way staff helped their family members to be active.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carer's.

● People's communication needs were assessed. The provider told us if people needed information in any other format they would accommodate this. Care plans instructed staff, what people wore hearing aids, how to check their batteries and guidance how to replace them and for people wearing glasses, how to keep these clean. This meant people were supported to hear and see effectively.

Improving care quality in response to complaints or concerns

● People knew who to speak to if they had a complaint. One person said, "I had a complaint once, but it was sorted out straightaway." Another person said, "I would phone the office if I needed to complain, no complaints so far."

● There was a complaints procedure in place and people were given information as to how to make a complaint. Since the last inspection there had been four complaints, these had been investigated and any lessons learnt were shared with staff.

● Relatives complimented the service, comments included, 'What an appropriate name your company has, we would like to thank you from the bottom of our hearts for the care, compassion and friendship.' Another relative shared, 'As usual you were brilliant. You always surpass what one would normally expect from employed carers. You never let [person] or those that care for them down.'

End of life care and support

● The registered manager told us that at the time of this inspection, no one was being supported with end of life care and palliative care needs. However, the registered manager told us that the service had previously provided end of life care to someone prior to our visit. Family members had complimented the service and staff on their kindness and care.

● The service had an up to date end of life policy in place.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● People's personal information was not always held securely. Staff were updated by peoples changing needs through a memo. Staff collected this from the office weekly. The provider did not have system that protected the information being shared. For example, how the memo should be stored once it was received, how long it should be kept and how it should be destroyed. Staff we spoke to provided assurances that personal information wouldn't be shared with anyone, comments included, "We don't share information with people who do not need to know it" and "We never ever talk about a person outside of work, or in front of other people we are supporting."

● In response to our feedback, the director and registered manager reviewed the practice and identified there was a risk personal information was not protected. The registered manager contacted every employee and asked for any memos currently being stored in their own home to be returned to the office. The registered manager explained to us that memos will no longer be allowed to leave the office and any urgent changes in a person's care will be communicated to the carer by telephone or face to face. We will not be able to confirm if sufficient action has been taken until we next inspect the agency.

●Accidents and incidents were appropriately responded to, but the lack of auditing meant that the registered manager did not have an oversight of what was happening. This meant they were unable to identify trends or recognise any potential issues. This had not impacted people's safety. Records demonstrated that accidents and incidents were not frequent and that in all cases, the response from staff and the provider had been sufficient. For examples, care plans and risk assessments had been reviewed and updated when a person had a fall, to ensure more time was encouraged for the person to stand safely. All accident and incidents were uploaded to a computer system each month. The registered manager provided assurances that if there was a need to do an analysis of a person's history for accidents and incidents, they could look on the computer log. The system allowed the registered manager to pull off spreadsheets and reports to analyse as and when necessary. The registered manager told us, this had not been necessary to date. The registered manager told us, moving forward she would now do this as part of her quality assurance monitoring on a monthly basis.

● The management team carried out spot check visits to people's homes to observe the care practice delivered by staff. These were carried out to ensure that staff were effective in carrying out their role, this included assessing if staff arrived on time for each visit, followed good infection control procedures, respected people's privacy and dignity and followed the care plan. Records and staff confirmed this. Other audits included infection control, medicine, communication and health and safety.

● The registered manager demonstrated their understanding of the regulatory requirements. Notifications which they were required to send to us by law had been completed. The rating awarded at the last inspection was on display at the service entrance and on the provider's website.
● Staff were clear about their roles and responsibilities. Monthly team meeting records showed topics discussed included what might have been done differently. These meetings provided opportunities for discussion and reflection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● People and relatives told us they found all staff to be approachable, from care staff to management. One person said, "They are a really good team, no rushing. Can't fault them."
● Staff were motivated and proud of the service. All staff consistently knew people well and felt they worked well as a team. One staff member said, "It's a caring company, I try to give a good service to all people I care for, by being friendly, kind, and the service I give, is how I would want to be cared for myself."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
● The registered manager understood their responsibilities under Duty of Candour. The registered manager said, "I am disappointed we didn't pick up on the concerns you found (regarding the memo / sharing of personal information). We were looking at it form a continuing care point of view. Making sure staff had the most up to date information and we had not looked at it from a third-party aspect. Once you brought it to our attention it was obvious. We have acted swiftly on this. We will make sure we inform all the people we provide care too to apologise."
● People and staff felt confident to talk with the provider or the registered manager if they needed to. One staff member said, "The manager is very approachable, her door is always open."
● Staff knew about how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.
● Policies and procedures were in place, including disciplinary processes. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care
● Staff told us they were given opportunities to share ideas and make suggestions to improve the service at team meetings, supervisions and as and when they wanted to.
● People's feedback was regularly sought through reviews, 'spot checks', telephone calls and questionnaires. One relative said, "Every time I phone them they help. I had a questionnaire quite recently and yes, they take notice of what I say. I am really pleased." One person said, "Once a month they visit to ask how things are going, very good."
● The information was used to drive improvements. We reviewed the outcome of recent surveys and saw that people had expressed a high level of satisfaction with all aspects of the service. Feedback from people and relatives included, 'Staff are well supervised before doing visits independently', 'New carers are shadowed by confident staff until they are aware of [person's] routine and they are confident with [person's] moods.' 'Staff are always kind and helpful', 'I am satisfied in every way. Your carers are all very kind and

thoughtful. I was especially grateful when on occasion my carer accompanied on a hospital visit.' 'All my carers are extremely polite, professional and caring.' 'We sing the praises of sisterly care to everyone.' 'Sisterly care always selects good carers. I consider them to be the best.'

Working in partnership with others

● The service worked in partnership with other organisations to support care provision. For example, local district nursing teams, GPs, speech and language therapists. This was to meet and review people's needs.