

Three Sisters Community Care LLP

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Inspection report

378 Hagley Road West
Oldbury
West Midlands
B68 0DL

Tel: 01214217118
Website: www.threesisterscommunitycare.co.uk

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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?

Good ●

Summary of findings

Overall summary

About the service: Three Sisters Community Care LLP is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people and those living with dementia. At the time of the inspection, they were providing a service to 65 people; 39 of which were receiving a regulated activity of personal care and support.

People's experience of using this service: Staff were kind, caring and passionate about their role and people were extremely happy with the care provided. People said, "We've been extraordinarily lucky to come across Three Sisters Community Care LLP. A friend recommended them to us and they've been amazing."

Staff were respectful and built trusting relationships with people. They supported people to maintain their dignity and independence. People were supported to access healthcare services in a timely manner. Equality and diversity was respected and people were recognised as individuals.

Staff were skilled and provided person-centred care to meet people's needs. Staff told us they felt well supported by the management team and received regular supervision and appraisals. Staff received appropriate training and were supported to undertake additional training specific to people's needs.

People were supported by a consistent team and were protected from avoidable harm and abuse by staff who could identify and report safeguarding concerns. People's medicines were administered as prescribed and this was closely monitored. Staff understood people's needs and risks to their safety; risk assessments guided staff on how to safely meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff were trained in mental capacity legislation and understood their responsibilities. They gained consent before providing care and supported people to make their own decisions and choices.

The registered manager used their experience to provide a high-quality, person-centred service. They had an open and honest approach and supported staff. People were confident their concerns or complaints would be addressed promptly and the management team used feedback to develop the service.

Rating at last inspection: Good (The last report was published 9 July 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

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

For more details, please see the full report which is on the Care Quality Commission website at

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Three Sisters Community Care LLP

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was completed by one inspector.

Service and service type: Three Sisters Community Care LLP is a domiciliary care agency. It provides personal care to people living in their own homes.

Not everyone using Three Sisters Community Care receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider 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 three working days' notice of the inspection site visit, so the registered manager could arrange for staff to speak with us on the day of the inspection.

We visited the office location on 6 March 2019 to see the manager and office staff, and to review care records and policies and procedures. We contacted people who used the service and their relatives on 17 April 2019.

What we did: Before the inspection, we looked at information sent to us since the last inspection such as notifications about accidents, safeguarding alerts and the Provider Information Return (PIR). Providers are required to send us some key information about the service, what the service does well and improvements

they plan to make. This information helps support our inspections. We contacted the local authority contracts and commissioning teams and adult safeguarding teams. We also contacted Healthwatch, the consumer champion for health and social care, to ask if they had any information to share.

During the inspection, we spoke with three people who used the service and three relatives. We spoke with the registered manager, two care support workers and one senior carer. We received feedback from one health and social care professional.

We looked at a range of documentation such as care files and medication records for six people. We looked at other records for the management of the service such as recruitment, induction, supervision and staff training. We also looked at surveys, audits, compliments and complaints.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong.

- People trusted and felt safe with staff. One person said, "I've no concerns at all. I've been away recently, the staff topped up the care at short notice and I felt absolutely comfortable leaving [Name] in their care and having staff in our home. They're impeccably honest."
- Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns. Staff told us they were confident any concerns they raised would be acted upon.
- The provider had appropriate policies and procedures in place to report and document concerns. A safeguarding file was created for each person and recorded a timeline of events, actions put in place and ensured regulatory requirements were met.
- The registered manager monitored accidents and incidents and used them for learning in the service to help prevent reoccurrence.

Using medicines safely.

- People's medicines were administered as prescribed and people were confident in staff skills. People said, "It takes the worry off me that someone is going in and managing their medication." Medication administration records (MARs) confirmed people's medicines were administered as prescribed.
- One person required medicines administering in different ways. The registered manager worked with staff to create medicine records specific to their medication needs, which supported safe administration and more accurate recording.
- Staff were trained in the safe management of medicines and had good knowledge of current guidance when supporting people to take their medicines.
- MARs were regularly monitored which allowed staff to respond to any problems in a timely manner.

Assessing risk, safety monitoring and management; Preventing and controlling infection.

- Risks to people's safety and wellbeing were identified and appropriate strategies were in place to enable staff to monitor and minimise the risks. Daily care records evidenced these were followed.
- Staff used gloves and aprons to help prevent the spread of infections.

Staffing and recruitment.

- People's choices as to who delivered their care and when, were respected. People could request changes to their staff team and this was done when they did.
- People were confident suitable staff were employed, People told us, "One or two maybe haven't been quite as good as the others, but this seems to resolve itself naturally and they stop coming." The provider's recruitment processes helped ensure only suitable staff were employed.
- Staffing levels were monitored to ensure sufficient staff were available to meet people's needs. The management team and staff worked flexibly to ensure this happened. People were informed of any changes

to their care calls and staff were informed of changes to their rotas.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience.

- The management team had an open approach to learning and development. Staff told us, "If they don't know something, they will honestly tell you and then will find out the answer for you."
- Staff were encouraged to share their skills and positive ways of working with the staff team, which promoted consistent and effective care.
- Staff were positive about the provider's induction and ongoing training they completed for their role. New members of staff shadowed experienced staff members and completed a wide range of training that was tailored to their needs before supporting people. The registered manager monitored staff training to ensure staff had the skills and knowledge to meet people's needs.
- A 'buddy system' was used to monitor staff skills and offer support and guidance when needed, so that problems were resolved quickly and ensured best practice was embedded.
- There was a proactive culture of staff seeking support when it was needed. Staff received regular supervision and support from office staff and the management team were always available.

Supporting people to eat and drink enough to maintain a balanced diet.

- Staff were knowledgeable about meeting people's nutritional and hydration needs. Staff referred people to relevant healthcare professionals and meals and drinks were provided in line with their recommendations.
- Care plans recorded people's meal preferences, allergies and the support they required which ensured staff had relevant information to support people with their dietary needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.

- Communication tools were effective at ensuring staff had up to date information about people's changing care needs, which supported staff to provide consistent care.
- People were supported to live healthier lives and needed less services, as staff worked in partnership with healthcare professionals. Staff promoted people's independence and ensured people had the equipment and support they required.
- Staff referred people to healthcare services, followed professional advice and provided effective care.

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 with appropriate legal authority. In the community, applications to deprive someone of their liberty are made by the local authority to the Court of Protection.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- MCA was embedded throughout the service and people were encouraged to make their own decisions. Staff sought consent. They were trained and working in line with the MCA and care plans supported this.
- Staff recognised restrictions on people's liberty and appropriate action was taken.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Assessments of people's needs were completed and considered their preferences when arranging their care. The assessments were used to develop care plans, but they did not always contain enough information to support staff to provide effective care. This had not impacted on people's wellbeing, however, there was a risk it could. We raised this with the registered manager who reviewed and amended the care plans during the inspection.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

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.

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 spoke very highly of staff and their approach. People said, "All staff have been extremely pleasant and caring. Some will even pop in when they're passing to check we're okay. They go the extra mile."
- The service motto of 'Let our family care for your family' was embedded. People said, "Staff are all very friendly. They're like a family and are very caring people."
- Staff were passionate about providing quality care. One person's commitments changed and needed support on a different day, so a member of staff changed their working day to ensure the person continued to have the support they needed.
- The management team showed their care and respect to people by sending Christmas cards and attending people's funerals. They also visited a person in a care home on Christmas day to ensure they felt valued and cared for.
- Staff recognised diversity, but treated people equally. They told us, "No two care packages are the same as no two people are the same. The care provided is of the same level and quality but it's about that person and how they want things to be done."

Respecting and promoting people's privacy, dignity and independence.

- People's privacy and dignity was maintained. People told us staff maintained their privacy and dignity and staff were knowledgeable about how to do so.
- Staff promoted people's independence through providing encouragement and appropriate support where it was needed. Daily records evidenced this. People told us their care needs had reduced since having the right support from the service.

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

- People were treated with respect and included in decisions about their care. People said, "One of the management team came out to assess my relative; they were very good, as they spoke to [Name] rather than about them. They were very easy to talk to."
- People were supported to access advocacy services or had support from their family with making decisions.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Staff were knowledgeable about people's personal routines and provided person-centred care. Staff told us, "[Name] likes their teddy bear. We make sure it's there during the night, so they can see it."
- Care plans documented people's routines and they were reviewed regularly. When people's needs changed significantly, reassessments were completed and care plans updated. Care plans enabled staff to provide consistent care; daily records showed people's needs were met as per their wishes.
- Staff knew people's personal histories and talked with people about their lives. A relative told us, "Staff chat happily to them. They talk to them about their history" and "When reading through their notes I saw one of the staff wrote that they had been talking to my relatives about the dog we used to have when I was growing up."

End of life care and support.

- Staff were passionate about providing high quality care for people at the end of their lives. Staff said, "Everyone deserves a pain-free, dignified death. There's no second chances, so we have to get it perfect."
- Staff were trained in end of life care and worked closely with relevant healthcare professionals to ensure people had a pain-free, dignified death.

Improving care quality in response to complaints or concerns.

- People and their relatives knew how to raise concerns and were confident they would be addressed. People said, "Yes they would address concerns, as the management is good."
- The provider had a complaints policy and procedure which staff understood. Staff resolved any issues where possible or passed on concerns to the office staff.
- The registered manager acted upon concerns and complaints in an open and transparent way. They used any concerns or complaints as an opportunity to improve and develop the service.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The management team were passionate about providing a high-quality service and truly cared for people and staff. Staff told us, "The management team made [Name] a Christmas dinner and took it to them on Christmas day so they could have a home cooked meal. [Name] really appreciated that."
- The registered manager led by example with their open and honest approach and cared for their staff. Staff told us, "The management team will admit any shortcomings, because they're so open with us, we can be honest with them. We can go to them about anything and they will listen."
- Staff's caring nature and hard work was rewarded through small bonuses.
- The registered manager understood the duty of candour (being open when things go wrong) and had processes in place to respond appropriately.

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

- Systems were in place to monitor and maintain the quality of the service, these included reviewing care plans, medication and daily records and regular staff observations.
- The management team was knowledgeable about events within the service and worked to resolve issues quickly. This included having a morning handover to discuss the previous night and allocating tasks for the day. They also understood the regulatory requirements and reported information appropriately.
- The management team were keen to improve the service. They closely monitored the service and developed action plans to help them move forward. We saw actions had been completed in appropriate timescales.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care.

- The registered manager ensured their skills and knowledge remained up to date through completing regular training. They promoted best practice through completing care calls and monitoring the quality of the service provided.
- People who used the service and their relatives were included in the development of the service. They were regularly asked their views of the service and were sent questionnaires annually. Responses were analysed and used to make plans to improve the service.
- Staff told us they were included in the service and could make suggestions which were considered and implemented where appropriate.

Working in partnership with others.

- The registered manager had established effective working relationships with other organisations and professionals to ensure people received a good service.
- The management team held social events at the premises to promote social inclusion and raise money for local charities.