

Three Sisters Community Care LLP

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## Inspection report

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Date of inspection visit:  
13 June 2016

Date of publication:  
11 July 2016

### 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 inspection took place on the 13 June 2016 and was announced. At our last inspection in April 2014 the service was meeting the regulations of the Health and Social Care Act 2008.

Three Sisters Community Care LLP is a family run business which provides personal care and support to people that live in the community. At the time of our inspection 53 people received personal care and support.

There was a registered manager in post, but she was on holiday on the day, therefore the nominated individual assisted us with this inspection. A nominated person is a person who is appointed to oversee the service. 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 and associated Regulations about how the service is run.

People were safe and the provider had effective systems in place to safeguard people from harm. People received their medicines as prescribed and staff had received training to ensure they administered medicines safely. Staff were recruited in a safe way which ensured they were of a good character to work with people who used this service.

Risk assessments and care plans had been developed with the involvement of people. People had equipment in place when this was needed, so that staff could assist them safely.

Staff were trained to care for people and they used their training effectively to support people. Staff were described as caring and respectful and people confirmed their privacy, and dignity was maintained and their independence was promoted.

The staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People confirmed that staff sought their consent before providing their care.

People were supported to maintain good health. People told us that staff contacted health care professionals if they had any concerns about their health. People and their relatives confirmed they had received a copy of the complaints procedure and they had confidence that any issues would be addressed.

We had not received information relating to incidents that the provider had a legal requirement to notify us about. This information was sent to us following our inspection. We found improvements were required to ensure all required records were in place. For example in relation to people's ability to make decisions, and protocols for the staff to follow when supporting people with their medication and with behaviours that can challenge.

Positive feedback was received about the service. People told us the service was managed well and they were happy with the care that was provided. Systems were in place to monitor the quality of the service 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?

People told us they felt safe, and we found systems and processes were in place to assure people would be as safe as possible.

Risks people presented or were exposed to had been risk assessed, and staff we spoke with were aware of the how to support people in line with these assessments.

Good ●

### Is the service effective?

The service was effective.

Staff were trained to deliver care in a way that met people's needs and wishes while ensuring they always had the persons consent to provide care.

Staff ensured people had access to sufficient food and drink. Staff monitored people's healthcare needs.

Good ●

### Is the service caring?

The service was caring.

People were supported by staff that were caring and compassionate in their approach.

Staff promoted people's independence and ensure people's dignity and privacy was respected.

Good ●

### Is the service responsive?

The service was responsive.

People received a service that had been tailored to meet their needs and wishes. This was kept under review and adapted as people's needs changed over time.

There was a complaints procedure and concerns people raised were investigated and action taken based on the findings.

Good ●

### Is the service well-led?

Requires Improvement ●

The service was not always well led

The provider had not complied with their legal responsibilities, to notify us about certain incidents. Improvements were required with the records that were completed.

Staff told us they were well supported by the registered manager who promoted an open and transparent service.

People and staff were encouraged to share their views about using this service. Systems were in place to monitor the quality of the service provided.

# Three Sisters Community Care LLP

## **Detailed findings**

### **Background to this inspection**

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 June 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because Three Sisters Community Care LLP provides a domiciliary care service, and we needed to make arrangements to speak with people using the service, staff and have access to records. The inspection was undertaken by one inspector.

We asked the provider to complete 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 improvements they plan to make. The form was completed and returned so we were able to take the information into account when we planned our inspection. We reviewed the information we held about the service. We also contacted the local authority who monitor and commission services, for information they held about the service. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with five people, five relatives and four staff, a senior staff member and the nominated individual of the service. We looked at a sample of records including six people's care plans, three staff recruitment records and staff training records. We looked at the way people's medicines were managed for three people. We looked at the provider's records for monitoring the quality of the service to see how they had responded to issues.

## Is the service safe?

### Our findings

People we spoke with told us they felt safe with the staff that supported them. One person told us, "I feel very safe with the staff that come and support me. They are very good and I know I am in safe hands". Another person said, "The staff make me feel safe". A relative we spoke with told us, "My family member is safe with the staff, they are very gentle and they know what they are doing. If I had any concerns even the slightest thing I would report it straight away". Another relative told us, "I have no concerns I know my family member is safe with them I trust them".

Staff we spoke with had a good understanding of their responsibilities to keep people safe, and they confirmed they had received training to ensure they were able to recognise when people may be at risk of harm. All of the staff we spoke with were aware of the procedures to follow if they felt someone was at risk of harm or abuse. One staff member told us, "I have had safeguarding training and if I thought that a person was at any kind of risk or if I had concerns I would report it straight away to the registered manager. I am confident they would act but if they didn't I know the agencies I can go to". Staff we spoke with all demonstrated their knowledge of how to respond to any emergencies or untoward events. Some staff provided us with examples of how they had responded to emergency situations such as calling an ambulance when they had found someone on the floor when they had arrived at their home.

We saw that risk assessments had been completed which identified any risks associated with people's health and support needs and in relation to people's homes. For example if people were at risk of developing sore skin, or if people had pets. These assessments included information for the staff to follow to minimise the chance of harm occurring. People and staff told us that where people required equipment to assist with their mobility this was in place and staff had received training to use the equipment. One relative told us, "The staff help me to use equipment and they know what they are doing. The service sends two staff when I am not here, so I know my family member is supported safely". A staff member we spoke with told us, "Everyone is assessed and if there are any risks then a plan is put in place. This tells us how we should support people, or how we should monitor them, to ensure any risks are reduced. These are kept under review based on people's changing needs". Staff told us that they would promptly report any concerns or changes in people's care to the senior staff member and registered manager.

People we spoke with told us they had met the team of staff that provided their support. One person said, "I get the same staff apart from when they are off sick or on holiday which is good so I get good consistency. When other staff do come I already know them as I have met them before. I am never supported by a stranger". A relative told us, "It is important to our family member that they receive care from the same staff, as they respond better and they are much happier. The service have so far managed to provide this to us which is really good". The nominated individual told us that where possible they provide people with the same team of staff unless they have had their agreement to send different staff. We found that the registered manager and nominated individual also undertook visits to people and they covered staff absences. The nominated individual advised that they had enough staff to meet the needs of the people they were currently supporting. She advised that as the service is relatively small they would only recruit more staff if they had new referrals.

All of the staff we spoke with confirmed they had provided the required recruitment information before they commenced employment. There was an effective recruitment process in place to ensure that staff who worked at the service were of good character and were suitable to work with people. A review of the records showed that checks had been made to ensure staff were suitable to support people in their own homes. We saw from the records that staff did not commence employment until all of the necessary checks were completed. Out of the three records we reviewed we found one application form which did not contain a full employment history. The nominated individual confirmed that this would be rectified and the information obtained from the staff member as soon as possible.

People that we spoke with told us that staff supported them to take their medication safely. One person said, "The staff give me my tablets so I don't forget to take them. Then they record I have had them". A relative we spoke with told us, "The staff give our family member their medication as required. We have no concerns about this". All of the staff we spoke with confirmed they had received training which enabled them to have the skills and knowledge to administer and support people to take their medication safely. One staff member said, "I had medication training as part of my induction. Part of this training included being observed by my manager to make sure I followed the procedures and administered the medication safely". Some people were prescribed 'as required' medication, and staff we spoke with had the knowledge about what to look for so they knew when this medication was needed.

## Is the service effective?

### Our findings

People we spoke with told us they received support that met their needs. One person said, "The staff support me and do the things I want them to, and if they didn't I would soon tell them". Another person told us, "I am very happy with the support I receive. The staff are very good and provide the care I need to continue to live on my own". A relative said, "We are very happy with the support that is provided they are much better than the agency we had previously". Another relative said, "They are good and thorough, and they follow the care plan so they make sure all tasks are completed in addition to providing good care".

People and relatives we spoke to all said they thought the staff had the skills and knowledge for their role. One person said, "The staff know what they are doing you can tell they have received training to do their job". A relative told us, "I have confidence in the staff they are very professional and well trained".

Staff we spoke with told us they had access to information and training to ensure they had the skills and knowledge for their role and understood the needs of the people using the service. One staff member that had recently commenced employment with this service told us, "I completed training and started the care certificate. I then went out to shadow more experienced staff, and to meet people. This was good as it meant I was able to be introduced to people and to get to know their care needs before I then started providing their support on my own". The care certificate is a set of induction standards designed to assist staff to gain the skills and knowledge they need to provide people's care. Another staff member said, "I have worked at the service for a few years now and they are very good with the training. We have regular updates and training specific to the needs of the people we support such as dementia. They are very good at supporting my development and I have just completed national vocational training at level two". Records we reviewed confirmed that staff had received training relevant to their role. The registered manager had told us in the provider information return they had submitted, that they intended for all staff to complete the care certificate to ensure staff had the required updated knowledge for their role.

Staff confirmed they felt supported by the management team and by each other. Staff told us they had supervisions which provided them with an opportunity to discuss any issues they had, and they received feedback on their performance. One staff member said, "I feel very well supported in this role. In my last job I didn't get supervision or an appraisal so it is much better here as I get all the support I need". Another staff member told us, "I do feel supported the managers are really good and always contactable. We can just pop in the office to see them if we want to discuss anything or just for a chat".

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found that no-one using the service was being deprived of their liberty.

The nominated individual and all the staff we spoke with were aware of the principles of the MCA and DoLS. Staff understood the need to ask people's consent, and were able to explain how they obtained consent to provide care on a daily basis. One staff member said, "I always check first and ask for permission before providing care to anyone. If someone was to refuse I would respect their decision, record this and inform the registered manager".

People told us they were "Happy" and "Satisfied" with the support they received with meal preparation. One person said, "The staff always ask me what I want for all of my meals and then they prepare it for me. They do a good job in the time they have". Another person told us, "The staff always ask my choice of what food I would like to have. They also leave me snacks and a drink when they leave and ask me what I would like, they are very good".

We saw from the records we reviewed that some people were at risk of not eating and drinking enough. The care plan for these people identified the support staff needed to provide. Staff we spoke with told us they ensured they monitored people's fluid and food intake where this was needed and completed the appropriate records.

People told us that staff supported them with their healthcare needs. For example, checking their skin was not sore. People's health needs were identified in their care plans and records demonstrated that staff monitored people's needs to ensure that appropriate medical intervention could be sought as needed. People confirmed that staff noticed if they were unwell and sought medical help as appropriate. One person said, "If I am unwell the staff would know and they would ask if I would like them to contact the doctor".

## Is the service caring?

### Our findings

One person told us, "The staff are excellent and provide really good care". Another person said, "They are lovely, kind, friendly and very caring". A relative told us, "The staff are professional, respectful, and provide good care. We are really happy with the service our family member receives. We have peace of mind that they are receiving good care when we are not there".

All of the people we spoke with told us they were well cared for and that staff were very kind and compassionate. People confirmed that staff were careful to ensure their care was delivered in a manner that promoted their dignity and privacy. One person said, "The staff make sure my dignity is maintained when they wash me. They always make sure the door is shut and the curtains are closed and they keep me covered. They are very good". People felt that they mattered as individuals and that the staff were there to care for them in the manner that they wanted to be cared for. People told us that staff greeted them and checked that they were well before they started to deliver care. Staff that we spoke with had a good understanding of people's needs and were able to tell us how they cared for people in a dignified way. They were able to describe to us how they respected people's privacy and dignity when providing personal care to them. We found that care records reflected people's preferences and the way they wanted their support to be provided.

Staff told us they were careful not to undermine the independence of people. One staff member we spoke with said, "I always try and encourage people to do as much for themselves as possible. I always say to them, if you don't use it you may lose it. This usually makes them laugh and they then try and do things for themselves". Another staff member said, "It is important to encourage people to do things for themselves. We covered this in our induction, so I always ask people what they want to do for themselves and what they would like me to do". We found that staff were respectful of people's cultural and spiritual needs and this information was recorded in people's care records.

The nominated individual advised that she was unaware if anyone that used the service were involved with advocacy services. Advocacy is about enabling people who may have difficulty speaking out to have support to make their own, informed, independent choices about decisions that affect their lives. The nominated individual confirmed that they would make referrals to the local authority as and when people needed the service.

## Is the service responsive?

### Our findings

People confirmed that staff met their needs and completed all of the required tasks as agreed in their care plan. One person said, "Before I used the service the managers came and asked me lots of questions about the support I needed. They then devised a care plan which I have signed and have a copy here for the staff to follow". A relative we spoke with told us, "We had a meeting with the registered manager of the service and we discussed the support we needed for our family member before the service started. We were involved and agreed the care plan which is kept under review. We are very happy with the way the service is provided and they are very responsive to our needs. Changes have been made where needed, for example call times and the duration of the calls".

All of the people who used the service had a care plan in place which they or their family members had contributed to. These were up to date and were reviewed on a regular basis. People we spoke with confirmed that staff arrived at their home at the agreed times and always stayed the required amount of time. One person said, "The staff come when I want them to and they always stay the allocated time. If they have completed all the tasks and there is still time left, they complete any additional tasks such as making my bed or doing a bit of washing up". People we spoke with confirmed that the service had not missed a visit and if staff were running a little late they would usually be contacted and informed about this.

There were systems in place for staff to report any concerns they had about any changes to people's needs. The service responded to these by visiting and reassessing people's needs to ensure the care plan and times of the calls met their needs. A staff member told us, "I spoke to the registered manager about someone I supported as their needs had changed and they needed more support. They were reassessed and the call time was extended to give us more time so we did not have to rush them when providing personal care". People told us that the service was flexible and they responded to any need to change the time of the care visit where possible. For example if a person needed to attend an appointment. One relative told us, "I called the office to see if I could have an additional call I didn't expect they would be able to facilitate this but they did which helped us out a lot, they are flexible and responsive to our needs".

People we spoke with told us they had received a copy of the complaints procedure in the information pack that was provided when they started using the service. One person said, "I have the procedure and if I have any concerns I would speak to the registered manager who I know would sort it out". Another person told us, "When I started using the service I had a few niggles which I raised and these were addressed quickly and to my satisfaction". A relative we spoke with said, "I have not had any cause to complain but if I did I am totally confident it would be addressed by the three sisters that manage and run this service".

Staff told us that any complaints or concerns shared with them would be reported to the registered manager. We saw that a complaints procedure was in place and a system to record any complaints the service received. We saw that issues that had been raised had been responded to appropriately. The service had also received compliments about the quality of the service and the caring approach of the staff.

## Is the service well-led?

### Our findings

The registered manager had failed to notify us about incidents that had occurred and affected people who used the service. We reviewed the notifications received from the service and we found that two incidents had not been reported. As the incidents related to safeguarding issues, the registered manager had a legal responsibility to report these to us. The nominated individual confirmed that the notifications would be submitted to us retrospectively, and since the inspection we have received these.

We found that some improvements were required with the records. We found that mental capacity assessments had not been completed for people who lacked some capacity to consent to their care. This information and best interest decisions was not included in people's care plans. We were told that most of these people had family members or advocates who had legal power of attorney for them which enabled them to make decisions on their behalf in their best interests. However this information was also not included in people's care records. We found that some people had behaviours that challenge. Information and protocols about this was not available in some of the care records we looked at. We found that some people who were prescribed 'as required' medicines did not have supporting information in place to guide staff in the signs and symptoms which might indicate people needed their medicine. Discussions with staff members demonstrated that they had the knowledge about people's needs despite the lack of written guidance. We also found that medicine charts contained gaps due to the medicines being administered by family members. We discussed this with the nominated individual and the importance that the records reflected who had administered a person's medicine on each day.

People we spoke with told us they thought the service was well managed. One person told us, "The service is really good and I am really happy with everything the staff do for me". Another person said, "I am very satisfied it is managed really well and I am really happy with everything". A relative we spoke with said, "This is by far the best service we have had. We have been with other agencies so we know what we are talking about. The standard of care is really good and the way the service is managed is really good, top marks all round". Another relative told us, "They are excellent I recommend them to everyone".

The service is a family run business and the registered manager and the nominated individual all undertook care calls themselves. One person told us, "I have met all three sisters they are lovely and approachable. They have all come and delivered my care at some point or another". Another person said, "The registered manager who assessed me came and provided my care on the first visit to make sure my care plan was correct, I was impressed with that".

All of the staff we spoke with confirmed they felt supported by the registered manager. One staff member told us, "All three sisters are really approachable and supportive; they are hands on so they can understand what we are talking about and this means they can provide good informed advice. I am really happy in my role and this is the best service I have worked for". Another staff member said, "The service is managed well, the communication is really good and everyone is open and transparent in the way we work and share information. I am really happy here".

Staff we spoke with confirmed they had regular meetings where they were able to discuss the service provided and people's needs. Staff confirmed they felt listened to and able to share ideas. We saw that following a training event with staff they were asked how the service was meeting the five key questions and feedback from staff was sought. In respect of well led staff shared ideas for improvements which have since been implemented. For example staff now received text messages or telephone calls informing them of any key changes to people's needs or their rotas.

We saw there were clear lines of accountability in the way the service was managed. The registered manager was supported by the nominated individual and senior carer. Tasks were delegated to ensure that the service was monitored and staff support systems were in place. Staff demonstrated that they understood their roles and responsibilities.

We saw that surveys were in place to obtain people's feedback. We looked at the results of the recent survey that had been undertaken. Feedback was really positive and demonstrated that people were happy with the support provided. Comments provided included, "Excellent care tailored to meet my family member's needs", and "We are more than pleased with the care and support you give and we would highly recommend you to others. Five stars from us and keep up the good work". We saw that where improvements had been identified the service had recorded the action they would take to address these. For example looking at the rotas to ensure sufficient travel time is provided for staff.

We found that systems were in place to monitor accidents and incidents, which were analysed to identify any patterns or trends. Audits were undertaken to monitor the safety, effectiveness and quality of the service provided. However we saw that records to demonstrate this were not always in place. For example the nominated individual advised that well-being records and medicine records were checked before they were filed but there were no records to support this. We did see that where shortfalls were identified action was taken, which included speaking to staff about their performance.

We asked the provider to complete 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 improvements they plan to make. The form was completed and returned to us within the timescale we agreed.