

Eleven Sisters Healthcare Ltd

# Eleven Sisters Healthcare Ltd

## Inspection report

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13 November 2020  
18 November 2020

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Eleven Sisters Healthcare Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people, some living with dementia. It also supports people with more complex care needs who require regular monitoring and overnight support. Not everyone who used the service received personal care. 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.

At the time of the inspection the provider was supporting 14 people in the London Borough of Tower Hamlets.

### People's experience of using this service and what we found

People and their relatives were positive about the caring and compassionate attitude of their care workers and how they supported them to keep safe and well. One person said, "They are all very kind and they look after everything. They call me and visit me to check I'm OK. I'm very happy."

People and their relatives praised the way they had been supported during COVID-19 and how staff had followed infection control procedures very seriously. One relative said, "They turn up, get suited and booted with their gloves, aprons and masks, even protective shoe covers. It has been really good."

People and their relatives complimented the management of the service and felt confident and reassured with the level of care provided. The management team had a visible presence, visiting people in their homes and providing advice and support for the staff team.

People, their relatives and staff told us the registered manager was always available, always listened and responded to any concerns, providing important and timely advice when needed. One care worker said, "COVID-19 has not broken us. We have worked hard and she has always been there for us. Having this has made life so much easier for us."

People were supported by a motivated and dedicated staff team that appreciated the welcoming and supportive working environment, especially during challenging periods throughout the peak of the pandemic.

### Rating at last inspection

This service was registered with us on 24 October 2017 and this is the first inspection. It was scheduled to be inspected in August 2018 but the service was dormant at the time.

### Why we inspected

We carried out this inspection following a routine review of information we held about this service. Our

intelligence indicated there may be a higher level of risk at this service. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

#### Follow up

We will continue to monitor information we receive about the service. If we receive any concerning information we may return to inspect.

## 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Eleven Sisters Healthcare 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.

#### Service and service type

Eleven Sisters Healthcare Ltd is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. A registered manager is a person who is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the provider three days' notice because we needed to ensure somebody would be available to assist us with the inspection and to review records before the site visit.

Inspection activity started on 11 November and ended on 19 November 2020. We requested a range of documents related to people's care and policies and procedures that were sent to us by the registered manager between 11 and 12 November. We visited the office location on 13 November to see the management team and to review further records related to the service. We made calls to people and their relatives between 11 and 17 November and calls to care staff between 11 and 16 November 2020.

### What we did before the inspection

We reviewed information we had received about the service since their registration. This included any significant incidents that occurred at the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also contacted the local authority commissioning team. We used all of this information to plan our inspection.

### During the inspection

We reviewed a range of records related to six people's care and support. This included people's care plans, risk assessments, medicines records and five staff files in relation to recruitment and training. We also reviewed records related to the management of the service, which included safeguarding investigations, incidents and accidents, quality assurance checks and minutes of team meetings.

We spoke with seven staff members. This included the registered manager, two care coordinators and four care workers.

We made calls to eight people and spoke with three people and three relatives.

### After the inspection

We continued to seek clarification from the provider to validate evidence found related to the reporting of incidents and their follow up with the relevant health and social care professionals. We had a telephone call with the registered manager on 18 November 2020 to discuss information related to regulatory requirements and to provide formal feedback. We spoke with three health and social care professionals who had experience of working with the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- There were procedures in place to ensure people received their medicines safely. People had medicines risk assessments which included information about their medicines and the level of support required. Care plans also included photographs of people's medicines with instructions for care workers to follow.
- Staff completed medicines training and had competency assessments to ensure they understood procedures to follow. Medicines practice was also discussed during supervision and team meetings to aid their understanding.
- Staff had a good understanding of their responsibilities related to supporting people with their medicines and keeping accurate records. Comments from care workers included, "The manager is always checking this, making sure we understand what to do and if we get confused, we can always call the office" and "It did give me a lot of confidence and we always get reminders about what to do."
- Medicine administration records (MARs) were checked during home visits and spot checks, with a monthly audit completed when they were returned to the office to identify any issues. There was one minor discrepancy for a person's October MAR chart which the registered manager acknowledged as an error which had been followed up with the relevant care workers.
- People and their relatives commented positively about the support they received and were happy with how their medicines were managed. One relative said, "This is managed very well. Especially the manager, she is always on top of this."

### Learning lessons when things go wrong

- There were procedures in place for reporting incidents and accidents, with regular reminders to staff about their responsibilities. We saw examples of safeguarding case studies discussed at team meetings used as a learning experience and to remind staff about the importance of reporting concerns.
- Health and social care professionals confirmed the registered manager kept them updated and reported any issues or concerns. One health and social care professional felt the service was one of the best in the borough in communicating any changes or raising any issues.
- However, we saw minor improvements were needed as not all records of action that had been taken, such as discussions with care staff, had been formally recorded. The registered manager acknowledged this and said they would take it on board. Staff confirmed they did receive verbal feedback on areas where improvement was needed. One care worker added, "We discuss safeguarding concerns or incidents so we can learn how to manage them across the team. It is very helpful."

### Systems and processes to safeguard people from the risk of abuse

- There were safeguarding procedures in place and the registered manager had completed investigations and shared them with the relevant authorities when any allegations had been raised. The registered

manager had also raised safeguarding alerts when they identified concerns during initial assessments when starting new care packages.

- Staff completed safeguarding training and this item was discussed during team meetings and supervision. Staff had a good understanding of their responsibilities and were extremely confident any concerns they reported would be followed up immediately. One care worker said, "If I have concerns, we record it in the log book and report it to the office. I have full confidence they will respond straight away, there will be no delay. When it comes to safeguarding, they take it very seriously."
- People and their relatives told us they felt safe with the care they received and were comfortable with care workers being in their home. One person told us they felt very safe due to the support they received throughout the night. One relative said, "It feels like we have won the lottery getting these carers. They have made us feel very reassured when we can't always be around and they call us if they notice any changes."

#### Preventing and controlling infection

- The registered manager had an updated infection and prevention control (IPC) policy and sent out government guidelines around safe practices during the COVID-19 pandemic. This included the correct use of personal protective equipment (PPE) which was regularly shared with care workers via a messaging chat group and discussed in team meetings.
- Staff confirmed they completed IPC training and always had access to the necessary information to help keep people safe and reduce the risk of infection. One care worker added, "They have made sure our safety is a priority and we have lots of texts and calls about this. We have also explained to people why we are wearing PPE to make them feel less anxious."
- Staff praised the support from the management team during the pandemic and told us they always had access to sufficient supplies of PPE and if they had any questions they would always be answered. Spot checks and home visits continued to be carried out throughout the pandemic, not only to ensure staff were following best practice, but to provide reassurance and support during a challenging period.
- People and their relatives commented positively on how IPC protocols kept them safe in their home. One relative said, "They have taken this very seriously and they do wear their aprons and masks. They understand how vulnerable my [family member] is and take the necessary precautions to keep them safe, but also to keep themselves safe."

#### Staffing and recruitment

- There were sufficient levels of staff to support people and ensure they received their calls on time. The provider had been actively recruiting staff throughout the pandemic and had contingency plans in place to cover any sickness or absence due to COVID-19.
- Although the provider was not using an Electronic Call Monitoring system (ECM) at the time of the inspection, this was in the early stages of being implemented. Care coordinators told us regular telephone calls were carried out to check people were happy with the timekeeping and punctuality of their care workers.
- Care workers had one or two regular calls, with some visits being a full shift so they did not have to travel between any calls. People and their relatives were positive about the timekeeping of care visits, including the continuity of care. Comments included, "They arrive on time, they enter together, stay the full time and leave together" and "Having a constant team and the continuity of care has been so important. We are very lucky as it gives us peace of mind when they are looking after somebody you love."
- The provider followed safer recruitment procedures to ensure staff were suitable to work with people who used the service. All appropriate checks for staff had been completed and there was evidence of photographic proof of identity and verified references. Character references were requested if applicants had no previous experience in health and social care.



## Assessing risk, safety monitoring and management

- Risks to people's health were assessed before the service started and the provider worked closely with the relevant health and social care professionals when referrals were received. A health and social care professional told us they had no concerns when the provider started a new care package as they completed assessments and highlighted any additional input that was required.
- Areas of risk included people's mobility, skin integrity and behaviour that challenged the service. Information was in place for how care workers helped people mobilise safely and samples of detailed daily logs showed staff were aware of this and helped to reduce people having a fall.
- Where one person was a smoker with an increased fire safety risk due to their health conditions, the registered manager had liaised with the housing provider and the London Fire Brigade to ensure a home fire safety visit was completed with fire retardant equipment provided to reduce the fire risk. Although some of this information was not fully recorded in the care plan, the registered manager said they would update it immediately.
- Staff we spoke with had a good understanding of the support people needed and how they kept people safe. One care worker explained in detail how they supported the person where there were fire safety risks and how they minimised any risk during their care visits. We spoke with this person who told us they were very happy with their care and staff kept them safe.
- People and their relatives were positive about how care workers kept them and their family members' safe and understood their needs. One relative praised the staff and oversight of the registered manager in how they supported their family member when they became distressed, agitated or confused. They added, "They manage this extremely well, understand the patterns and with the help of [registered manager], they have learnt how to deal with this."

# 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.

This is the first inspection for this service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team were aware of their responsibilities regarding notifiable incidents and had followed procedures for safeguarding incidents and concerns since the service was registered. We also shared guidance about notifications and their regulatory responsibilities with the registered manager during a teleconference call on 18 November 2020.
- Regular communication with staff discussed their key tasks and responsibilities to ensure they knew how to carry out their roles. It was also discussed during supervision sessions and team meetings.
- A recent group supervision discussed the importance of their reporting responsibilities and reminders about codes of conducts and observing professional boundaries. One care worker said, "They always remind us to report any concern, even if it is just a small rash or a change in mood. We must report it so it can be followed up."

Continuous learning and improving care

- There were systems in place to monitor the service and ensure people were happy with their care. Team meetings and regular communication with care workers discussed issues that occurred across the service. Spot checks and telephone monitoring calls were also carried out to monitor staff competencies and get feedback about people's care.
- Assessor observation reports were completed during home visits to identify best practice and highlight areas where improvement was needed. Care workers told us this helped them to provide good care. One care worker added, "If they see something is wrong or could lead to harm, we discuss this and get further training for us to learn and improve. They are supportive with this to help guide us."
- People's daily records and MARs were reviewed during home visits and returned to the office to be checked for any errors or recording issues. Supervision sessions discussed log book records and how they needed to be completed. Daily records were clear and concise and provided a great level of detail in the care and support people received.
- People and their relatives confirmed they were regularly contacted by the registered manager or office to check in on them, especially during the peak of the pandemic. One relative added, "They come and check on [family member], check on the carers and to see how everything is. They were doing extra during lockdown, in really difficult times and they managed this extremely well."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- The registered manager was dedicated to her role and the staff team spoke of a kind and welcoming work environment, where they all felt like one big family. Feedback was overwhelmingly positive about the impact this had on people's health and wellbeing.
- People and their relatives told us they were very happy with the care and support they received. Comments included, "They have bent over backwards for us, they are superb", "Throughout the pandemic, nothing has ever been a problem" and "I don't know how they have managed so well in these circumstances. They never let us down. We don't know how lucky we are to have these caring people come into our life when we needed them the most."
- Staff were also very positive about the support they received and the culture the provider created across the organisation. Comments included, "There is a real sense of family, they are very open and they really care about the people they support. You can see this when they come out to visit" and "In my experience, I've never been disappointed and I'd recommend this agency very much as a company to work for."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives had plenty of opportunities to be involved in the service and give feedback about their care. Although questionnaires had not been sent out during the pandemic, samples of telephone monitoring records and spot checks showed people were very happy with their care. One person had commented the registered manager visited them twice a week.
- Staff praised the communication from the management team and how well they had been supported during the peak of the COVID-19 pandemic. Comments included, "They have certainly tried their best and put things in place. I can't think of anything else they could've done at the time" and "They've really helped us this year with the stress of COVID-19. They have looked after us and backed us up with whatever we needed."
- Care workers also highlighted how they always felt listened to and were always given the necessary advice and guidance when needed, with daily updates shared via a digital messaging chat group. One care worker also told us they felt the best thing was the support they had been given to progress and develop their skills within the sector.

Working in partnership with others

- The management team worked closely with a range of health and social care professionals in relation to people's care and support. We saw the registered manager had regular correspondence with the relevant health and social care professionals, providing updates and requesting further support if there were changes in people's needs.
- The registered manager was involved with several local provider forums and networks to discuss issues within the local area, share examples of best practice and seek further advice to help resolve any issues.
- Health and social care professionals were very positive about the working relationship they had with the registered manager and were confident in the service they provided. A relative told us the registered manager had been very supportive during joint meetings with health and social care professionals to discuss and review their family member's care.