

Three Sisters Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Three Sisters Care Ltd is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of our inspection 129 people were using the service. Most people who used the service resided in the London Boroughs of Redbridge and Barking and Dagenham, with approximately 20 people living in other local boroughs. 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.

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

People and their relatives mainly spoke positively about the quality of the service and how care staff supported them. However, the relative of one person told us their care staff did not have appropriate training and knowledge for their roles.

People and their relatives said they were offered choices about how they received their care and support.

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.

People were supported to receive safe care as risks to their safety were assessed and staff were provided with risk management guidance.

People were consulted by the provider about their needs and wishes and this information was used to develop their individual care plans.

People were safely supported with their medicine needs.

Systems were in place to audit the quality of people's care and support and the provider acted on their findings to make improvements.

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

Rating at last inspection

At the last inspection the service was rated as requires improvement (published 20 November 2020). We issued a Warning Notice in relation to the repeated breaches of regulations 11 (Need for consent) and 17 (Good governance). We also found a breach of regulation 12 (Safe care and treatment). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns.

They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

At this inspection enough improvement had been made and the provider had met the Warning Notice and the breach of regulation.

Please see the safe, effective and well-led sections of this report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Three Sisters Care Ltd on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question requires improvement.

We have not reviewed this rating at this inspection.

This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service effective?

At our last inspection we rated this key question requires improvement.

We have not reviewed this rating at this inspection.

This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question inadequate.

We have not reviewed this rating at this inspection.

This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Three Sisters Care Ltd

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 11 (Consent to care) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also checked whether the provider had met the breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Inspection team

This inspection was conducted by one inspector.

Service and service type

This service is a domiciliary care agency which provides personal care to people living in their own houses and flats. It provides a service for older adults and younger adults with disabilities and/or long-term health care needs.

At the time of the inspection the service did not have a manager registered with the Care Quality Commission. The manager was appointed to their position since the last inspection, having previously worked at the service as the deputy manager. They had applied to CQC for registration as the manager of the service.

Notice of inspection

We gave the service two days' notice of the inspection. This was because we needed to ensure that a member of the management team would be in the office to support the inspection. Prior to our visit we checked if it was safe for us to carry out a site visit, in accordance with our COVID-19 safety protocols. Inspection activity commenced on 21 April 2021 with a visit to the office location and concluded on 21 May 2021, following a remotely held feedback meeting with the provider.

What we did before the inspection

We reviewed the information we held about the service since the last inspection. This included the last inspection report and communications from a local authority that used the service. We also reviewed

notifications from the provider about important events relating to the service, which they are required by law to send us. We used all of this information to plan our inspection.

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.

During the inspection

We spoke with the manager and the chief executive officer. We looked at a selection of documents which included care plans for 16 people who used the service. We also reviewed a range of documents related to the management of the service which included quality assurance audits for care plans and medicine administration records

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke by telephone with one person who used the service and the relatives of four people to discuss their views about the quality of care and support from the agency. We also spoke by telephone with six care staff, the deputy manager, the operations auditor, the medicine lead and the in-house trainer about their roles and responsibilities. We held a remote meeting with the quality assurance team leader and the designated contracts officer from a local authority which uses the service for its residents, in order to seek their feedback.

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 requires improvement. We have not changed the rating of this key question, as we have only looked at part of the key question. The purpose of this inspection was to check if the provider had met the breach of regulation from the last inspection. We will assess all of the key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to appropriately assess the risks to people's safety. The lack of sufficient information and guidance for care staff in the risk assessments placed people at risk of avoidable harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had achieved sufficient improvement and was no longer in breach of regulation 12.

- Risks to people's safety and guidance to mitigate these risks were appropriately identified, kept under review and updated as necessary. Care plans contained risk assessments to address a range of concerns in relation to people's safety, for example choking, falls, deterioration in their mental health and susceptibility to developing pressure ulcers.
- People and their relatives told us they thought their care staff understood how to keep them safe when providing care and support.
- Care staff informed us their line managers spoke with them about the importance of protecting people from the risk of avoidable harm. Promoting people's safety was discussed with care staff during their individual supervision sessions and as part of the ongoing 'spot check' visits to people's homes to observe how care staff supported people.
- Risk assessments included information about the type of equipment people used for their mobility and moving and positioning needs, and details about who was responsible for its maintenance.

Using medicines safely

At our last inspection the provider did not demonstrate the ongoing use of thorough monitoring systems to check people were safely supported with their medicine needs, which placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result, we served a warning notice on the provider.

At this inspection we found the provider had achieved sufficient improvement and was no longer in breach of regulation 17.

- Systems were in place to safely support people with their prescribed medicines. The provider had introduced new care plans which explained exactly how people should be supported.
- Clear processes were operated to make sure medicines were administered safely. Staff had undertaken

new medicine training and their competency was assessed. The provider had appointed a 'medicine lead' who supported care staff to adhere to the provider's medicine policy and procedures through monitoring how they completed medicine administration records (MARs) and by carrying out 'spot check' visits to determine whether care staff were safely meeting people's medicine needs.

- The medicine lead also visited people at home for specific reasons, for example if they were new to using the service, had returned home from a hospital admission or were prescribed new medicines by their GP. This provided an opportunity for the service to gather up to date information about people's medicine needs and ensure care staff had current and correct instructions to follow within the MARs and care plans.
- People who used the service and relatives told us they were happy with how staff provided medicine support.
- Monthly auditing of the MARs was carried out and appropriate action was taken where issues with record keeping were identified.

Learning lessons when things go wrong

- The provider had effective systems in place to ensure lessons were learnt when things went wrong.
- For example, the provider had set up regular meetings and information sharing with social workers after analysing the root cause of issues.
- The provider analysed the outcomes of safeguarding concerns and complaints to establish what actions were needed to prevent a recurrence, and this learning was discussed at team meetings and circulated to staff. For example, the manager had spoken with care coordinators when it was found that a missed visit for a person was due to a scheduling error rather than a care worker failing to turn up.
- Incidents, accidents and other events were monitored and analysed to identify and address any concerning trends.

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 requires improvement. We have not changed the rating of this key question, as we have only looked at part of the key question. The purpose of this inspection was to check if the provider had met the breach of regulation from the last inspection. We will assess all of the key question at the next comprehensive inspection of the service.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

At our last inspection the provider did not present satisfactory records to demonstrate people consented to their care and where people lacked capacity to do so, consent was sought from the relevant person. This placed people at risk of receiving care they did not consent to. This was a continued breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result, we served a warning notice on the provider.

At this inspection we found the provider had achieved sufficient improvement and was no longer in breach of regulation 11.

- The provider had gained and recorded consent from people to provide their care. The provider had followed appropriate processes where people lacked capacity to consent to their care. People's wishes were understood and clearly recorded in their care plans.
- The provider had appropriate records to demonstrate where people had appointed deputies or attorneys to make decisions on their behalf. This ensured people's rights were protected.
- People and their relatives confirmed that staff sought consent before providing personal care. One relative commented, "They (care staff) understand [my relative] could object to being helped and will always ask permission first." People and relatives said staff offered them choices where possible about how they wished to be supported and the care plans showed the provider asked people about their preferences in relation to personal care and where applicable, food choices.

Staff support: induction, training, skills and experience

- Appropriate systems were in place to support staff and enable them to have the correct knowledge and

skills. Staff spoke positively about the training they received, which was a combination of classroom learning and online training.

- The training programme was designed to provide care staff with the skills and knowledge they required to meet the specific needs of the people they supported, including supporting people with a learning disability, mental health needs and people living with dementia.
- Individual face to face supervision sessions for staff were now taking place again, along with observations of staff practice during spot check visits to people's homes.
- We mainly received positive comments from people and their relatives about whether staff presented with appropriate training and skills to carry out their roles and responsibilities. A person using the service told us staff showed kindness and empathy about their health care need, which was important to them.

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 inadequate. We have not changed the rating of this key question, as we have only looked at part of the key question. The purpose of this inspection was to check if the provider had met the breach of regulation from the last inspection. We will assess all of the key question at the next comprehensive inspection of the service.

At our last inspection the provider did not demonstrate there were sufficiently robust systems in place to monitor the safety and quality of the service. This was a breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection we found the provider had achieved sufficient improvement and was no longer in breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The provider had implemented suitable systems to promote and improve upon the delivery of person-centred care.
- Routine spot checks were in place and additional spot checks were carried out where concerns were identified. Telephone monitoring was also in place to gather people's views.
- Suitable systems were in place for office based staff to regularly check how care workers completed people's records, for example the daily care plan records and medicine administration records. This enabled the provider to frequently monitor the quality of people's care and support.
- The manager and operations auditor completed further sampling of records to provide additional scrutiny and support to the service.
- The manager took appropriate action to improve care plans when issues were identified by audits. We saw a clear improvement in how care plans were written, for example people's own comments about their needs and circumstances were recorded and subsequently referred to in other parts of the care plan to ensure a person-centred approach.

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 provider worked in an informed and open manner to achieve positive outcomes for people.
- The service did not have a registered manager in post. The deputy manager of the service was newly appointed to the role and confirmed he was applying for registered manager status with CQC. The manager told us he was well supported by the chief executive officer.
- The provider appropriately informed CQC of notifiable events in line with legislation. There were clear systems for investigating complaints and concerns, and for recording and acting on lessons learnt.

- The provider acted in a transparent and open way. For example, during the inspection we received information from an anonymous source which alleged some staff were not being properly paid. We informed the provider of this and received a detailed and informative response which demonstrated fair and equitable processes were used for calculating staff pay.

Working in partnership with others

- The provider operated in a manner that promoted effective partnership working. We saw examples where staff reported concerns about people's health and wellbeing to their line managers who then contacted district nurses, occupational therapists and other professionals.
- The management team were addressing concerns they had identified in relation to how some staff completed daily records by offering training and language support to care staff who were not able to write in a fluid manner to demonstrate people received individual care.
- The manager and the chief executive officer told us they continued to actively develop links with local health and social care professionals and bodies. The provider was now engaged in providing domiciliary services to people with a wide range of needs within a local borough. The chief executive officer informed us they wanted to have closer working relationships with the social work teams so that people received a cohesive and smoother delivery of care and support, and this was being put in place at the time of the inspection.
- We spoke with representatives from the local authority who were keen to see the results of the provider's current investment in staff training, particularly to meet the individual needs of people with a learning disability and people with mental health needs. The local authority welcomed the arrangements for closer working with social services teams and trusted it would promote better outcomes for local residents.