

Sister Dorothy Limited

# Sister Dorothy Healthcare

## Inspection report

41A Lancaster Gardens  
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Essex  
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Tel: 07447455450

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21 June 2021  
20 August 2021

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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

Sister Dorothy Healthcare is a domiciliary care service. At the time of our inspection they were providing support to one person.

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

People told us they felt well supported by the service.

People's care needs were assessed and planned to support their needs safely. Staff had received safeguarding training and knew how to report any concerns. Safe recruitment systems were in place to ensure suitable staff were employed. People told us they were supported by regular staff. Systems were in place to support people with their prescribed medicines. Infection control processes were in place and staff had access to personal protective equipment (PPE) which they used when supporting people.

People were supported by staff who were well trained. Newly appointed staff received an induction and on-going training and supervision to develop their skills and knowledge.

People spoke positively about the kind, caring attitude of staff and were satisfied with the care and support they received. Staff treated people with dignity and respect and people's independence was promoted.

Care plans were person centred, detailing people's preferences and how they liked to be supported. People were consulted over their care and support needs and were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was well led. The registered manager had systems in place to monitor the quality and safety of the service.

We have made a recommendation about staff recruitment.

### Rating at last inspection

This service was registered with us on 8 August 2017 and this is their first inspection.

### Why we inspected

This was a planned inspection.

### Follow up

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Sister Dorothy Healthcare

## 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

The inspection was conducted by one inspector.

#### Service and service type

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

The 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 21 June 2021 and ended on 20 August 2021. We visited the office location on these dates.

#### What we did before the inspection

The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

#### During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with

four members of staff including the registered manager, deputy manager and two care workers.

We reviewed a range of information. This included care records and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had a safeguarding and whistle blowing policy for staff to follow.
- Staff had received training in how to identify safeguarding issues and what they should do to raise these to keep people safe.

Assessing risk, safety monitoring and management

- There were systems in place to assess people's risks and minimise these.
- Care records included risk assessments which identified the risks associated with people's daily living and provided guidance for staff on how to reduce these. Assessments included people's risk of falls, nutrition, moving and handling, skin integrity and the environment.
- Risk assessments were reviewed regularly to ensure they were up to date.
- Staff were aware of how to report any changes about people's care and support needs so that any changes could be catered for.

Staffing and recruitment

- The registered manager was in the processes of recruiting more staff as the service expanded.
- People received support from a consistent team of staff which enabled continuity of care. One person said, "They know what to do when they come in, they have been helping me for a longtime now."
- The deputy manager showed us the recruitment processes they were following to ensure safe recruitment of new staff. This included checks to ensure staff were of good character and suitable to support people who may be vulnerable.
- We found some staff files to be missing recruitment paperwork. The deputy manager told us they had not been unable to locate these following an office move and were in the process of getting renewed documentations from staff.

We recommend the registered manager ensures recruitment checks are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which provides reference to the recruitment checks and documents required when appointing staff and that they have copies of these available at all times.

Using medicines safely

- Systems were in place to support people to take their medicines safely. The registered manager had risk assessments to assess people's medicines needs.
- Staff had received training to support people safely with their medicines. One person said, "[staff name]

helps me reorder my medicines and keeps an eye on me."

#### Preventing and controlling infection

- Staff had received training in prevention and infection control. Training had been updated to include training on Covid-19 pandemic.
- Risk assessments were in place for Covid-19 and staff were undertaking regular tests in-line with guidance.
- One member of staff said, "We have plenty of PPE, aprons, masks and hand sanitiser to use."

#### Learning lessons when things go wrong

- The registered manager told us they shared information with staff through emails, phone calls and in person when they meet.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support needs were assessed prior to them using the service to make sure they could be met. The registered manager met with people and relatives to discuss their support requirements.
- People's care continued to be assessed and reviewed to ensure they had a good quality of life with choice and positive outcomes for them. One person told us, "[staff name] goes through all the paperwork with me and discussed my care package."
- People's protected characteristics under the Equality Act 2010 were identified as part of the assessment process. This included people's religious beliefs, backgrounds and personal preferences.

Staff support: induction, training, skills and experience

- Staff were supported to obtain the skills they needed to provide care.
- Staff were supported with an induction and training to equip them with the knowledge they needed to support people. One member of staff told us, "I have completed all my mandatory training and have completed the care certificate."
- The registered manager told us they met with staff, and at times, worked together to provide supervision and support with their work.

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

- Assessments were completed to ensure people's nutritional needs were considered and they could eat food safely. This included assessments for the risk of choking and malnutrition.
- Staff had received training to give them the knowledge to handle food safely for people.
- No one currently using the service was at risk of malnutrition or had any specific dietary or cultural requirements.

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

- The registered manager said they could support people to access healthcare appointments if necessary and would work with other agencies to help provide effective healthcare.

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

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

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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.

We checked whether the service was working within the principles of the MCA.

- The registered manager understood their responsibility to ensure people were being supported in line with the principles of MCA.
- People were asked for their consent for care to be carried out and support given by staff.
- People currently using the service had capacity to make their own decisions on the care and support they required and this was recorded in their care plan.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by a consistent staff team who knew them well. One person told us, "I am very pleased with the service they are very good."
- Staff respected people's wishes and had received training in equality and diversity.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- The registered manager visited people and completed a full assessment of their needs. People were supported to make their own decisions about how they wished to be supported and their independence maintained.
- One person said, "They have helped me to walk again initially with two sticks and then one stick." They went on to say, "[Staff name] rings me to make sure everything is okay, and they come in to see me and check. The staff even kept coming through all the storms and the bad weather."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was planned in a person-centred way to ensure it met people's choices and preferences.
- Before people started using the service the registered manager met with them and their relatives to ensure the service could meet their needs.
- The registered manager regularly met, with people to review their care needs to see if any changes needed to be made and to ensure they were happy with the service.
- People were supported by a consistent team who knew their needs well.

Meeting people's communication needs

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

- People's communication needs were supported.
- During the initial assessment the registered manager identified people's communication needs and any support needed was recorded in the care plan.

Improving care quality in response to complaints or concerns

- The registered manager had a complaints procedure in place and policy to follow should the need arise to respond to complaints.
- People were provided with all the information they needed to make a complaint including to external bodies outside of the service.

End of life care and support

- The registered manager had received training in end of life care and this training was being provided to staff.
- The registered manager said they could support people at the end of their life and respect their wishes.

# 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 newly registered 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager worked with people to provide the support they needed that was inclusive and empowering and achieved the best outcomes for them. One person told us, "They do a good job."
- The registered manager understood their responsibility under duty of candour to be open and honest and investigate when things go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff felt well supported by the registered manager and were clear about their roles.
- The registered manager understood risks and regulatory requirements.
- There was a clear vision for the service. The registered manager said they wished to make sure people were cared for, "Effectively and safely, whilst being treated with dignity and respect."
- There were systems in place to gain people's feedback on the service they received.
- Care plans and assessments considered people's equality characteristics.

Continuous learning and improving care; Working in partnership with others

- Staff were supported with regular training to keep them up to date with practice.
- The registered manager was completing a train the trainer course so that they could deliver training to staff.
- There were systems in place to audit the service to work towards continual improvement and to review the care people received.
- Where indicated the service was open to working in partnership with others, such as the palliative care team or GPs.