

Sisterly Care Limited

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Inspection report

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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: Sisterly Care is a domiciliary care agency that was providing personal care to 36 people at the time of the inspection. People supported by this service included; older people, people living with dementia, younger adults and those with a physical disability and a sensory impairment.

People's experience of using this service:

- Following our previous inspection on 6 February 2018 the provider had acted to make improvements to the service and meet their regulatory requirements. An effective system was in place to monitor and assess the service, and this had been used to drive continuous improvement and deliver a good quality of care. Recruitment checks were completed to protect people from the employment of unsuitable staff.

- People and their relatives told us they received a good quality, safe and effective service. People summarised their experience in comments such as "Their (provider) service is reliable and fantastic and given with care and compassion." Another person said, "They're always bright and cheerful and helpful." People said they would recommend this service to others.

- People's needs were met by kind and caring staff and care plans described the person-centred care people required to meet their needs.

- People and their relatives spoke highly of the leadership of the service and described this as "very good". Staff told us they were supported in their role and acted in line with the provider ethos to deliver a supportive, person centred approach which placed meeting people's needs at the heart of the service.

Rating at last inspection: At the last inspection this service was rated Requires Improvement (23/03/2018). At this inspection the overall rating has improved to Good.

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

Follow up: We will continue to monitor this service and plan our next inspection in line with our methodology unless we receive any information of concern in which case we may bring this inspection forward.

For more details, please see the full report which is on the CQC 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?

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 ●

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Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

- This inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert for this inspection has personal experience of caring for an older person living with dementia who used regulated services.

Service and service type:

- Sisterly Care is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults, including people living with dementia, younger adults, people with a sensory impairment and a physical disability. Not everyone using Sisterly Care received the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.
- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

- We gave the service 48 hours' notice of the inspection to make sure the manager and people we needed to speak with would be available.
- Inspection site visit activity started on 20 March 2019 and ended on 27 March 2019. We visited the office location on 27 March 2019 to see the registered manager and staff; and to review care records and policies and procedures.

What we did:

- Prior to the inspection we reviewed the action plan the provider had submitted about the actions they had taken because of the requires improvement rating at last inspection. We reviewed any notifications we had received from the service. A notification is information about important events which the service is required to tell us about by law. We looked at the Provider Information Return (PIR). Providers are required to send us key information about their service what they do well, and improvements they plan to make.

During the inspection we spoke with 9 people and 3 relatives, the registered manager, the nominated individual and 3 care workers.

We looked at the following records;

- Five people's care records and Medicine Administration Records (MAR)
- Records of accidents, incidents and complaints
- Audits and quality assurance reports,
- Three staff recruitment records.
- We looked at the provider's training matrix, supervision, appraisal and spot check matrix.
- Policies and procedures including; Safeguarding, recruitment, end of life care, and the mental Capacity Act (2005).

Following the inspection, we asked the registered manager for further information regarding the recruitment of staff and we received this.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the care staff who supported them and a person said "Yes I do (feel safe). They're all so good at what they're doing, they're all so cheerful and make you feel safe. "
- Staff we spoke with knew how to recognise the signs of abuse and how to report any concerns regarding abuse. Staff explained how safe moving and handling practice and monitoring people's emotional wellbeing were important factors in promoting people's safety. Staff completed training in safeguarding.
- The registered manager understood and acted on their responsibility to investigate and report any allegations of abuse to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people were assessed and plans to mitigate risks to people were in place.
- Staff we spoke with confirmed there was adequate guidance in people's care plans to support them to provide safe and appropriate care and people told us they were cared for safely.
- For example, people told us the right number of staff supported them with their moving and handling needs and used the right equipment. A person said, "I need a hoist and they do know how to use it" and, "I don't have to explain to them; they all know what colours I have hooked up." (hoist equipment).
- A staff member said, "Risk assessments are in the care plan and we do this on our job when we walk in we check its safe for the client and for me". We saw assessments were carried out regarding the safety of the environment and for any potential fire hazards.

Staffing and recruitment

- At our previous inspection on 6 February 2018 we found that not all the information required by Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 was available for each staff member. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the required information was available except for one recruitment check which was incomplete. The registered manager took immediate action to rectify this and we have seen confirmation of this. The registered manager also made further immediate improvements to the system to ensure this error would not reoccur.
- There were sufficient staff to meet people's needs. The registered manager told us they aimed to deliver calls within 30 minutes of people's preferred times. People confirmed staff were usually on time or within this time frame. People told us they were informed if calls were later and no one had experienced a missed call. People were given a weekly schedule so they knew who was coming and when.

Using medicines safely

- People's medicines were managed safely; medicines systems were organised and people were receiving

their medicines when they should. Improvements had been made to the monitoring of people's Medication Administration Records (MAR's) to ensure the recording of medicine administration, was accurate and complete.

- Staff completed training in the care and administration of medicines and were observed and assessed as competent to administer people's medicines. We noted the medicines competency assessment required further detail to ensure all the criteria for safe medicine administration was covered with staff. We spoke to the registered manager about this who told us they would include further detail to provide a more comprehensive assessment of staff competency.

Preventing and controlling infection

- People told us that staff practiced safe infection control by using Personal Protective Equipment (PPE). This included the use of gloves and aprons to protect people from the spread of infection. Staff completed training in infection control and a staff member said, "I constantly wash my hands, use gloves and aprons as well, sometimes I would use a mask for example if I had a cold."

Learning lessons when things go wrong

- There was a system in place to record and analyse incidents, information was shared between the registered manager, nominated individual and supervisory staff to check appropriate actions were taken and to address any action required as a result.
- We discussed an incident with the registered manager. An investigation into the incident had been carried out and an analysis of the incident had taken place to identify how to prevent a reoccurrence. The registered manager explained the learning from the incident and how this was used to improve staff practice to promote people's safety.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

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

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

- People's needs were assessed prior to using the service. People told us they had received a visit from the registered manager or/and other senior staff to carry out a needs assessment. People's comments included, "Yes indeed. I explained what they [needs] were and they provided it" and "The boss came to see me and I told her what I would like."
- Needs assessment included people's protected characteristics, under the Equalities Act (2010) except for people's sexual orientation. We spoke with the registered manager about this. They told us how they would discuss people's needs in relation to their sexual orientation if this was mentioned by them. They gave us an example of how they had supported people in the past who had shared this information. During the inspection, the registered manager included people's sexual orientation as part of the needs assessment to ensure people had the opportunity to discuss their needs should it be relevant to them.

Staff support: induction, training, skills and experience

- We continued to receive positive feedback from people about the competence of care staff. People told us their needs were met by staff with the right skills and experience and when new staff were introduced they shadowed more experienced staff prior to supporting people alone.
- Training records confirmed staff completed training in subjects relevant to people's needs and this included topics such as catheter and stoma care and dementia awareness. A staff member told us how useful an experiential dementia awareness course had been in supporting them to understand the experience of people living with dementia. They said, "it was quite scary and this showed you how people felt it was really eye opening and made you understand things more." A person's relative said "Oh yes. My (relative) has a stoma bag, but they are all trained to look after that."
- Staff were supported in their role through supervision and appraisals. Staff told us they received the support they needed on a day to day basis from care coordinators or the registered manager.

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

- People we spoke with who were supported with eating and drinking told us they were satisfied with the support they received. A person said "They tell me off if they think I'm not eating or drinking enough [laughed]. I have drinks left at the side of my chair for the day."
- People's needs and preferences for food and drinks were recorded in their care plans.

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- People told us that staff acted on any healthcare concerns. One person said, "I needed to see the GP on an urgent basis yesterday morning and I just rang 'Sisterly Care' who sent a carer straight away." Other people

said staff monitored their skin for any changes which could mean they required healthcare support.

- Records showed people were supported by other healthcare professional as required, for example for the treatment of any pressure sores. The service also worked with occupational therapists to ensure staff were trained in the moving and handling needs of people and to support people with their changing mobility needs.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- People told us staff asked for their consent with meeting their needs. People's comments included, "They all tell me what they're going to do and ask me if I'm OK with that. They don't do anything without my approval" and, "Oh, they explain everything."
- Staff completed training in the MCA we those staff we spoke with understood the principles of the act and how they used these to support people with making their own choices, and decisions. One staff member said "Its (MCA) is to try and still give people their independence and choice with a little helping hand you shouldn't take away peoples' choices."
- In the care plans we reviewed we saw evidence that people had consented to their plan of care. Where people had a legal representative, we saw the service checked this person's authority to act on their behalf.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they continued to receive support from caring, kind and compassionate staff. People's comments included, "Last week I had a fall outside and one of the carers was passing in the car and she stopped to help me. Somebody else took me home but she called in on her way back to make sure I was alright. And she made me a cup of tea!" Another person said, "My husband turned 80 last year and every single carer who visits us came around to give him a card. Even the boss came around with a card and bottle of wine" and "They talk to him all the time in a nice way. They have a laugh together. He cannot speak to them, but they talk to him all the time."
- Staff we spoke with knew people well they could tell us about people's likes, dislikes and interests. Staff spoke about people with respect and affection and one staff member told us how they dusted a person's teddy bear collection as the person had said, "Poor things they all need dusting." Other staff told us about a person's history in the air force and described this as 'fascinating'. Another staff member told us about additional support they offered to a person at times because "(person) has nobody, whatever I do for people I do well and I always make sure they are happy and that I'm a smiley face and brighten their day - being a carer is not just about the physical side of things it about making people feel good."
- We saw that people's diverse needs were considered by staff, for example, needs relating to people's age and gender and people's spiritual or religious beliefs.

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

- A person said, "Oh yes. I'll say I like something done a certain way and they'll do it." Another person said, "I used to be able to feed myself, but as I lost the use of my arms, they listened to my need for care times to be altered." Other people told us staff listened to them and respected their decisions.
- People and their relatives were involved in developing their planned care and they confirmed this process began at a needs assessment and that staff met their changed needs in line with their wishes and decisions.

Respecting and promoting people's privacy, dignity and independence

- All the people we spoke with told us staff treated them with dignity and respect. A person said, "They're excellent at dealing with all situations including embarrassing ones. They'll put me in my shower chair, soap my sponge, switch my shower on and leave me on my own to make my bed or something and only come back when I need them."
- Staff we spoke with understood the importance of providing dignified and respectful care. Spot checks of staff enabled the registered manager to monitor the registered manager checked staff treated people with dignity and respect during observed spot checks.

Is the service responsive?

Our findings

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

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

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

- People continued to receive responsive and person-centred care. People told us they were supported by consistent staff and received the care they needed in the way they preferred. A person said, "I have little foibles and they always deal with those as well." People also told us they were supported to maintain their independence which they valued.
- New care plans were being introduced which meant that all people's needs were currently being reviewed to check they were accurate and up to date. The registered manager told us "We think it's more detailed and more personalised".
- We found care plans included people's preferences, interests and personal histories. These guided staff on how to meet people's individual needs. A staff member said, "We are made aware of anything major or information is in the folder (care plan) I was always told when I first started to read the folder and not just wing it - people histories are there and they are all their own characters."
- People's communication needs were included in their care plans. This included how staff should communicate with people to promote their understanding and decision-making ability.
- The provider told us they would produce information in accessible formats for people should they require this and had done so using large print for example.

Improving care quality in response to complaints or concerns

- The registered manager told us they had not received any formal complaints since our previous inspection. Concerns raised by people were monitored and audited as part of the quality assurance process. People told us when they had raised a concern it had been dealt with promptly and to their satisfaction.
- A complaints procedure continued to be available to people should they need to use it.

End of life care and support

- No one was receiving end of life care at the time of our inspection. A policy and procedures were in place to guide staff as to the actions they should take in the event of a person requiring end of life care. This included the development of a holistic, person centred care plan to meet people's specific needs at this time.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

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

- At our previous inspection on 6 February 2018 we found that the provider had not made sufficient improvements in their quality monitoring system to identify shortfalls in the quality of the service people received and this was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection we found the provider had acted to improve their quality monitoring system. The provider had implemented a system whereby the registered manager and nominated individual checked monthly audits completed by care coordinators to ensure the information reviewed had been processed correctly and any issues identified and acted on. These included medication, care notes and call monitoring as to whether people's preferred visit times had been delivered, any concerns or changes in a person's wellbeing.
- The nominated individual and registered manager carried out a schedule of audits on a quarterly cycle which looked at areas such as; staff training, care plans, risk assessment and medication, safeguarding and complaints and quality assurance feedback from people and staff.
- Overall this system had resulted in a more robust framework to assess and monitor the quality of the service, and was no longer a breach of the regulation.
- Improvements were identified and actions taken because of quality monitoring. For example, the care plan audit had resulted in the development of a more personalised format and all care plans were updated.
- The registered manager worked closely with the nominated individual, as directors of the company to lead the team and support the improvements made since our last inspection. The registered manager said, "We put management training (for care coordinators) in place and were clear about our expectations, this needs to be ongoing – how we expect things to be done."
- Staff we spoke with told us they were supported in their role and were confident that any issues they raised would be listened to by the registered manager. A staff member said, "She (registered manager) is approachable and fair she would always call you straight back if you needed to speak to her and if you say its private she respects that."

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

- Staff were supported to provide person centred high quality care through supervision and team meetings. Staff told us the culture promoted by the provider was to be focused on supporting people to the best of their (staff) ability and a staff member said the priority was; "Being supportive to clients because that's what

they need and I will go over and above my job to support people and I would say all the carers are like that."

- The registered manager understood their duty of candour and we discussed an incident where they had acted on this and demonstrated an open and transparent approach to investigating, reporting and apologising for a notifiable safety incident.
- People and their relatives told us they received a personalised service from Sisterly Care. People's comments included, "(person) care is very personalised" and "Yes. I don't know what to say, but they do everything that I need and I can't fault them."

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

- The provider carried out quality assurance assessment with people and staff. We reviewed the results of these surveys and saw they showed a mostly positive feedback about a caring and responsive service. Where information had been given about shortfalls these had been responded to. For example, where people had fed back some difficulty in getting hold of office staff on occasion, they had been given information on how to use an automated service to contact office staff.
- Staff were asked if there was anything else the company could offer in terms of support with the caring role. One staff member had raised a concern which impacted on their ability to provide effective care and this had been immediately responded to.

Continuous learning and improving care

- The provider conducted an annual overview of the company, this showed how they had used learning from audits and other quality assessments to reflect on learning and plan improvements for the following year. For example, the provider had decided, based on staff feedback to discontinue care calls that were less than 30 minutes duration as these were not effective for people, unless they were purely for a welfare check.
- Actions from audits were identified and completed to show improvements had been made when required.

Working in partnership with others

- The provider worked in partnership with other health and social care professionals to achieve good outcomes for people. This included the local authority, district nurses and occupational therapists for example. A person's relative said, "Things are changing very rapidly at the moment with my (relative) dementia and my health problems are going downhill. 'Sisterly Care' are well aware and are trying to get more staff to give me more time." Another person had benefitted from the service working in partnership with the occupational therapist to find solutions to their mobility problems which they told us had supported them to maintain some independence.