

Eleven Sisters Healthcare Ltd

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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

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, including some of whom were receiving end of life care.

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 15 people in the London Borough of Tower Hamlets.

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

Relatives praised the kind and compassionate attitude of their care workers and how they knew them well and kept them safe. One relative said, "I could not ask for better. Since being in this country I am so happy with the excellent care we have received. A big thank you to all the carers and the office."

People received person-centred care and records had detailed information for care workers to understand their needs and how they liked to be supported. New staff were introduced to people and their relatives and carried out shadowing and observations before they started working with them.

Staff monitored people's health and wellbeing and reported any changes or concerns. Where there were complex care needs, staff worked closely with the relevant health and social care professionals for additional support and guidance.

Relatives and health and social care professionals complimented the management of the service and felt confident and reassured with the level of care provided. The registered manager and support team were responsive and had regular communication with people and their relatives about the support they received.

Relatives felt comfortable contacting the registered manager if they needed to discuss any aspects of the service and were confident they would be listened to. People and their relatives were given opportunities to discuss their care and monitoring was in place to see if any improvements could be made.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were supported by a staff team who felt valued and respected and were positive about their inclusive working environment. Staff felt the provider ensured their safety and wellbeing whilst at work and

listened to any issues or concerns.

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

Rating at last inspection

The last rating for this service was inspected but not rated (published 9 December 2020).

The service was registered with us on 24 October 2017 but had been in periods of dormancy until the first inspection on 11 November 2020.

Due to the COVID-19 pandemic our ways of inspecting were being regularly reviewed and at the time of the last inspection we were carrying out focused inspections, where we were unable to rate the service. The inspection reviewed the key questions of Safe and Well-led only.

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 due to the length of time it had been registered and not rated.

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?

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 ●

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 consisted of 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 service.

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. 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 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 18 August 2021 and ended on 2 September 2021. We requested a range of documents related to people's care that were sent to us by the registered manager between 18 and 23 August 2021. We visited the office location on 19 August 2021 to see the management team and to review further records related to the service. We made calls to people and their relatives between 19 and 20 August 2021 and calls to care staff between 23 and 27 August 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 and reviewed the previous inspection report. We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records related to five people's care and support. This included people's care plans, risk assessments, medicines records and three staff files in relation to recruitment, training and supervision. We also reviewed records related to the management of the service, which included quality assurance checks, policies and procedures, incidents and accidents 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 14 people and spoke with seven relatives. The majority of people we called were unable to fully communicate with us over the telephone.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at electronic call monitoring (ECM) data for two people, recruitment records and further training and supervision records. We also spoke with two health and social care professionals who had experience of working with the service.

We provided formal feedback to the registered manager on 2 September 2021 over the telephone and via email.

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 good. At this inspection this key question has stayed the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were safeguarding procedures in place with information and guidance for staff to follow. Although there had been no safeguarding incidents since the last inspection, staff regularly discussed safeguarding issues and possible signs of concern during team meetings.
- Staff had a good understanding of their responsibilities, confirmed they completed safeguarding training and discussed it regularly with the management team. Staff were also very confident any concerns would be followed up. One care worker said, "They always remind us about recording and reporting and if I do raise any issues, they are acted upon."
- Comments from relatives were positive. One relative said, "Oh it is very safe. We've only had them for a month but we have them 24/7 and they do everything in a very safe way. I am very pleased."

Assessing risk, safety monitoring and management

- Risks to people's health continued to be assessed before the service started and the provider worked closely with the relevant health and social care professionals when referrals were received to ensure clear guidelines were in place.
- Where people were supported with more complex health conditions, there were detailed care records and instructions for care staff to follow to help keep them safe. This included one person who received 24/7 care and was supported with a tracheostomy. A tracheostomy is an opening created at the front of the neck so a tube can be inserted into the windpipe (trachea) to help the person breathe.
- Daily safety checks were completed with further guidelines in place from healthcare professionals about tracheostomy and airway care, which included action plans for managing acute respiratory deterioration and escalation plans in the event of an emergency.
- We spoke with this person's relative who confirmed staff provided this level of support in a very safe manner and could not thank them enough for how they kept their family member safe. Health and social care professionals were also confident in the provider's ability to provide this level of care and support.
- Staff had a good understanding of the support people needed and could explain in detail how they kept people safe and reduce any possible risks. Care workers told us they discussed people's care needs in detail and carried out shadowing shifts before they started working with people.

Preventing and controlling infection

- The provider had systems in place to ensure staff knew how to keep people and themselves safe and reduce any risk of COVID-19. Records of team meetings showed important reminders and advice about safe practices during the COVID-19 pandemic were always discussed and shared with all staff.
- Staff completed infection and prevention control (IPC) training and confirmed they regularly discussed

safe IPC practices and the correct use of personal protective equipment (PPE). All of the feedback we received confirmed staff always wore the appropriate PPE and disposed of it safely, helping to keep them and their family members safe.

- Staff told us they were involved in the weekly COVID-19 testing programme and the registered manager kept weekly records to ensure staff were following government guidelines. Staff were also given advice and supported to get the COVID-19 vaccine.
- Staff were very positive about the support from the management team throughout the COVID-19 pandemic and told us they always had access to supplies of PPE. Comments from staff included, "They have really supported us to keep us safe. We also have regular reminders in the WhatsApp group" and "I think they have done as much as they can to keep us safe."

Staffing and recruitment

- The provider had systems in place to monitor their staffing levels and ensure people received their care on time. The provider had recently started to use an Electronic Call Monitoring (ECM) system where care workers logged in and out of their visits, which was monitored from the office.
- We reviewed ECM data for two people and no concerns were found, with examples where care workers stayed longer than their scheduled visits. Where some calls were not being logged, the care coordinator explained as it was a new system, they were regularly reminding staff to log in and out for each call.
- Care workers generally had one or two regular calls, with some visits being a full shift so they did not have to travel between any calls. All the feedback we received about timekeeping was positive. Comments included, "The timing is good and no missed calls. They never leave early either" and "It's fine. They notify me if required but come without fail."
- 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. Any gaps in employment were discussed if applicants were successful at the interview stage.

Using medicines safely

- There continued to be procedures in place to ensure people received their medicines safely. Medicines risk assessments had information for staff to follow and recorded the level of support people required.
- Staff completed medicines training and had competency assessments to ensure they understood procedures to follow. Best practice and reminders about medicines responsibilities was also regularly discussed during supervision and team meetings to aid their understanding.
- 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.
- Relatives were confident with how medicines were managed. One relative said, "They do all their medicines. They give them with water and always watch to make sure they take them OK."

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 incident forms had been completed where necessary and shared with the relevant health and social care professionals.
- Staff discussed any issues they experienced across the service during supervisions and team meetings. We saw staff discussed an incident around best practice related to failed visits. One care worker said, "We also share ideas and discuss best practice from other staff."
- Another care worker added, "If I make a mistake, I'm supported to learn and make improvements in my work. We discuss it and can also have extra training or more shadowing."

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 of this key question for this 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 needs were assessed before they started using the service. The provider received important information about people's health conditions and wellbeing upon referral from health and social care professionals and met them in hospital which helped them complete their own assessments.
- The provider had information from NHS Trusts and Clinical Commissioning Groups (CCG) assessments and care plans for people with an overview of their health conditions, including guidelines for staff to follow. This included assessments from a tracheostomy practitioner and fast-track assessments where people were receiving end of life care.
- One health and social care professional told us the provider, especially the registered manager was very thorough with their initial assessments and would always feedback about any additional requirements or equipment to ensure people's needs would be met.

Staff support: induction, training, skills and experience

- People were supported by staff who completed an induction and training programme before they started working with people. This included completing shadowing shifts and discussing people's care needs in detail to ensure they could meet their needs. Training was focused around the Care Certificate, which sets the standard for the fundamental skills and knowledge expected from staff within a care environment.
- Staff also completed more specialist training if needed, with support from the registered manager and a range of health and social care professionals. Staff were assessed and signed off as competent before providing any complex care.
- Staff were extremely positive about their training and supervision and the support they received from the management team. Comments included, "I had three full days of shadowing, discussed all the care plans and reviewed the guidance" and "It was very thorough and they made sure we fully understood their needs. We also had booklets to read up on specific health conditions."
- Feedback from relatives was also very positive about the experience and understanding of their care workers. Comments included, "They are very well skilled and knowledgeable, with excellent attention to detail" and "They are well trained, including using a hoist. I have no worries about them doing anything."

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

- People were supported to eat and drink if this was part of their agreed care and support needs. People's care plans had information about people's preferences, nutritional risks and the level of support required. This included support provided by people's relatives.
- Staff were aware of the support people needed and explained the level of support they provided. One care worker told us they regularly discussed people's cultural food preferences and specific diets to make sure

people's needs were met.

- We saw many examples in people's daily records of the support they received and that all their needs were being met. We saw one example where a person had refused their food so the care worker provided a nutritious milkshake instead. Feedback from relatives was positive and confirmed their family member's nutritional needs were met.

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

- Staff worked closely with a range of health and social care professionals and were responsible for monitoring people's health and wellbeing. Records showed staff reported any concerns or changes in health to the relevant health and social care professionals and supported them to any necessary medical appointments.

- Care staff shared weekly reports for one person with a dedicated health and social care professional to ensure any changes in their health were being monitored and followed up. One health and social care professional told us staff responded quickly to any concerns and would always keep them updated with any changes in people's health and wellbeing.

- One care worker told us about an incident where they had to call emergency services and the registered manager provided further advice and support over the phone to help. They said this support was invaluable at the time and helped to keep the person safe and not put them in any further danger.

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 provider had systems in place to ensure people and their relatives had consented to their care and were always involved in the decisions about their care. Consent forms were signed and capacity assessments were completed with records in place if people's relatives, where appropriate, had been involved in best interest meetings.

- Staff completed MCA training as part of their training programme and understood why it was important people were involved in the care they received. Feedback about the training was positive. One care worker said, "The MCA training was explained very well and we are aware we need to give people choices and support them to be involved as much as we can."

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 of this key question for this 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 cared for by kind and caring staff who treated them with respect whilst in their homes. Relatives praised the attitudes of the whole staff team. Comments included, "I can't fault any of them. They are exceptionally caring and compassionate and instrumental to our daily living" and "They are wonderful. They listen and make [family member] happy. They have a smile on their face whenever they are here."
- Relatives also told us how valuable the moral support was they received, not just for their family member's, but also themselves. One relative added, "With this moral support, they can help calm them, talk to them gently and they respond well to this."
- The registered manager understood the importance of providing regular care staff to ensure continuity of care, which relatives confirmed was a positive aspect of the service. One relative said, "We have a group of four that split the shifts and they have all got to know [family member] really well already."

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

- People and their relatives, where appropriate, were involved in making decisions about their care. Records showed the provider sought people's and their relative's views and discussed their needs with them during initial assessments.
- Relatives confirmed this and told us they were always involved and given choices around the care that was provided. One relative said, "We are fully dependent on them and they have always talked to me about the things that need to be done." A comment from a person in a recent survey stated, 'I am happy we wrote the care plan and all my needs were carefully looked at and put in place.'

Respecting and promoting people's privacy, dignity and independence

- Staff were given training and support to ensure they understood the importance of respecting people's privacy and dignity when they supported them. Care records included reminders for staff to ensure their privacy and dignity was maintained during care visits and people should always be involved.
- Care workers confirmed this and told us it was a regular topic of discussion as part of their roles. One care worker said, "They teach us how important it is how we speak to people and how we can respect them." Spot checks also observed if staff were respectful and polite and engaged with people appropriately during the visit.
- All feedback was positive. Comments included, "They are good with this. They are very careful and close the door and curtains when washing them" and "They help them walk with their zimmer frame to give them more independence."

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 of this key question for this 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

- The provider developed person-centred care plans and worked closely with people, their relatives and the relevant health and social care professionals to ensure staff understood people's care needs and how they liked to be supported.
- Staff told us as they only supported a few people, generally on longer shifts, it gave them the opportunity to get to know people well and how they liked to be supported. One care worker told us they reviewed people's care plans in detail before starting. They added, "We also do shadow shifts and this is really helpful to give us a better understanding."
- Relatives told us they worked very closely with the staff team to ensure their family member's needs were met. Positive comments included, "As we have regular care staff, [family member] recognises them, is comfortable with them and they do know them so well" and "It is the attention to detail I find where they go above and beyond. They work so well and explained everything in detail."

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 assessed and recorded with information for staff to know how best to communicate with them. The registered manager said if needed, they could provide information in other formats if this was required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received support to access the local community or activities of interest if this was part of their agreed care. Samples of people's daily records showed one person enjoyed going for walks in the park to get some fresh air. We also saw staff provided moral support and helped avoid any social isolation.
- The provider was aware of people's cultural and religious needs. Staff helped one person to watch religious programmes when requested. Some people did not have English as their first language so it was important to try and match care staff to help people have a better understanding of the care they received.
- Staff had been specifically recruited to support people's cultural needs, such as staff that could prepare and cook cultural preferences and male care staff to carry out personal care. Daily logs for one person showed staff had an understanding of cultural preferences within the person's home.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and was shared with people and their relatives when they started using the service. The registered manager and staff team also asked for regular feedback about the service during telephone monitoring calls, spot checks, reviews and home visits.
- There had been no formal complaints since the last inspection. Relatives told us they would feel comfortable raising issues if they needed to and knew who to contact. One relative told us they had been very happy with how one issue had been dealt with which involved having to change a care worker. They added, "To be fair, as soon as I told them they stopped the carer coming and the one after was lovely."

End of life care and support

- Where people received care and support at this stage of their life, the provider worked closely with the relevant health and social care professionals who were also involved in their care to ensure their needs were fully met.
- The provider had correspondence with the local hospice regarding regular reviews with the palliative care team. People's care plans included important information about their current health condition, including guidance for staff to follow. Care plans included information about people's advanced wishes, such as wishing to stay and be cared for at home.
- Staff completed end of life training and told us they had opportunities to discuss any issues or concerns they had with the management team. One care worker told us they were invited into the office to discuss the care needs of one person on end of life care to ensure they would feel comfortable supporting them. They added, "The advice and guidance is good, what to do, what not to do and it gives us a very good understanding. I found this very supportive."
- Samples of daily logs also showed staff had a good understanding about supporting people and their families at this time. Examples included where staff tried to make people as comfortable as possible and ensuring care was not rushed, along with providing emotional support to people's relatives.
- One relative said, "They are very compassionate and caring and did their best to ensure they got the best quality of life." A thank you card from another relative where their family member had received care before they passed away said, 'Your wonderful carers, knowledge, expertise and warmth carried us through. You do a wonderful job.'

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 good. At this inspection this key question has stayed the same. 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

- Feedback from relatives was very positive about the management and culture of the service that helped to ensure their family members had a good experience related to their care. Comments included, "I can't fault them. I was so stressed at the start and worrying about having carers but they really put my mind at rest" and "They do their very best and am so grateful. They have gone above and beyond in getting this complex care package so perfect."
- We saw a compliment from one relative that said, 'I wanted to say we are absolutely delighted with our carer. She is so kind and caring and brilliant in everything they do. [Family member] has told me they feel incredibly happy, comfortable and safe, which is the most amazing and important news I've heard in weeks.'
- Staff were also very positive about the working environment and the support they received to ensure people received good care. Comments included, "The best thing is the environment, they look after us", "They are very focused about the care people receive so are helpful and supportive. They always make time for us, no matter how busy they are" and "They are understanding about our challenges so check in with us, ensuring we are OK and managing our workloads."

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

- Although there had been no notifiable incidents since the last inspection, the registered manager had a good understanding of their regulatory responsibilities and knew when notifications had to be submitted to the CQC. They also regularly met with people and relatives and knew the importance of being open and honest with them if there were any issues or concerns.
- Regular discussions and meetings between the management team and care workers provided updates and reminders for staff about their key responsibilities. Staff also discussed their code of conduct during their induction to help them understand important aspects of their role.
- Staff confirmed this and told us they were regularly reminded about their role and responsibilities. A care worker said, "They are always asking how we are caring and treating people, how the environment is, checking they are safe and checking we are completing all the records."
- A health and social care professional told us they had a lot of confidence in Eleven Sisters as there had not been any major issues or concerns and the registered manager would take matters on directly and would resolve them quickly if they did arise.

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

- People and their relatives continued to have opportunities to be involved in the service and give feedback about their care. A satisfaction survey had been completed since the last inspection, with samples of spot check and telephone monitoring records that continued to show people were very happy with their care.
- All of the feedback we reviewed was positive and people and their relatives complimented all members of the staff team. A comment from one survey said, 'Thank you Eleven Sisters for your care, respect and maintaining my dignity. I am very happy and want to remain with Eleven Sisters.'
- Staff were also positive and continued to praise the registered manager about how they felt valued, appreciated and everybody was treated the same with the upmost respect. Care workers also highlighted the registered manager focused on staff wellbeing. One care worker said, "Along with our clients, they look after us too which means a lot to me. It touched me they think of us and makes me feel very comfortable."

Continuous learning and improving care

- There were systems in place to monitor the service and ensure any improvements were made to the care people received. Monthly meetings and regular communication with people, relatives and staff ensured the provider had a good overview of any issues that occurred across the service.
- Regular spot checks and home visits were completed to ensure staff followed best practice and if any changes to people's care needed to be made. Care workers told us they found spot checks helpful and supportive to their role. A care worker added, "They do give us feedback from the visit and will let us know if there are any areas of improvement."
- 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. Samples of daily records reviewed were detailed and provided reassurance people received the care they needed.

Working in partnership with others

- The staff team worked closely with a range of health and social care professionals in relation to people's care and support. This included the registered manager completing assessments in the hospital and providing weekly update reports where required.
- Care staff also had training and worked in partnership with health and social care professionals in people's homes to ensure they were following best practice. We saw there was regular correspondence where people had complex care conditions and daily observation reports were shared for monitoring people's health and wellbeing.
- One relative told us they were also supported by district nurses due to the complex health conditions their family member had. They added, "The care staff I have work well with me and they also work well with the nurses we have as well, which was set up by the hospital and the social worker."