Sisters Care Services CIC

Sisters Care Service Limited

Inspection report

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Date of inspection visit:
19 November 2019
20 November 2019

Date of publication:
23 December 2019

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?	Requires Improvement

Summary of findings

Overall summary

About the service
Sisters Care Services is a community health care agency providing treatment of disease, disorder and injury and personal care to 10 people living in their own homes, at the time of the inspection.

People's experience of using this service and what we found
The provider monitored the service to ensure it continued to provide a good quality care. However, quality monitoring audits had not been embedded into current working practices and required some improvement.

All the people, relatives, and staff we spoke with said the service provided good quality care. The culture of the service was open and honest and the provider, management team and staff were approachable.

Staff were knowledgeable and kind. Although people did not always have regular staff, they told us staff took the time to listen to them and understood their support needs. People and relatives told us how friendly and caring the staff were. Staff enjoyed their work and got on well with the people they supported who they valued and treated with dignity.

Staff provided responsive and flexible care to people in line with their preferences and choices. If people communicated non-verbally staff knew how to engage with them.

People were safe using the service. Staff knew how to protect people from harm and reduce the risk of accidents and incidents. The service was sufficiently staffed to ensure people's needs were met. Where staff supported people with their medicines, this was done safely. Staff understood how to prevent and control the spread of infection.

People were assessed before using the service to ensure their needs could be met. Assessments addressed people's physical and health needs, their cultural and language needs, and what was important to them. Staff worked with GPs, district nurses, and other health and social care professionals to ensure people's health and social care needs were met.

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; the policies and systems in the service supported this practice.

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 good (published 08 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

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 not always well-led. Details are in our well-Led findings below	**Requires Improvement**

Sisters Care Service Limited

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 carried out by one inspector and an assistant inspector.

Service and service type
This service is a community health care agency. It provides treatment of disease, disorder and injury and 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 service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19 November 2019 and ended on 20 November 2019. We visited the office location on 19 November and people and relatives, with their consent, were contacted by telephone and visited on the 20 November 2019.

What we did before the 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. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service. We sought feedback from the Local Authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with one person who used the service and two relatives to seek their views about their experiences of the care provided. We spoke with three care staff, the registered manager, the deputy manager and the administrator. The registered manager was also the registered provider.

We reviewed a range of records. This included five people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data, the provider's statement of purpose, contingency plans and a selection of policies.

Good

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
● Everyone we spoke with told us they felt safe with the staff entering and supporting them in their homes. One person said, "Yes, I do feel safe, they are good staff."
● The staff we spoke with were clear on their responsibilities to ensure people were kept safe from the risk of harm or abuse. One member of staff said, "I will write everything down that I see and then call my manager or the office to report it."
● There were effective systems in place to monitor and manage allegations of abuse or harm.

Assessing risk, safety monitoring and management
● Risk assessments were completed and were person centred. Staff knew people well and knew the appropriate steps to take to keep people safe from avoidable harm. For example, people at risk of seizures had clear protocols in place to explain to staff the prompt action they needed to take to keep the person safe from harm.
● We saw from care records we looked at, changes in people's needs were referred to the appropriate healthcare professionals to ensure people's support needs would continue to be met.

Staffing and recruitment
● There were some mixed opinions concerning staffing levels with one person telling us they felt the service was sometimes 'fire-fighting'. This was because staff members attending were not always consistent and were frequently late; although they also told us there had been some improvement in the last two months.
● Staff we spoke with told us staffing numbers was enough and they had sufficient time between their calls.
● There was one reported missed call and the person had raised it directly with the provider as a complaint and told us the matter had been appropriately dealt with. We saw from records, people that required support from two staff always received support from two staff.
● The provider had a recruitment process to prevent unsuitable staff working with vulnerable adults. This included pre-employment checks and checks with the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions.

Using medicines safely
● Staff had completed training on how to administer medicines. Where staff supported people with their medicines, records showed there were no areas of concern.
● Staff competency in relation to medicines was regularly checked.
Preventing and controlling infection
● Staff had access to protective clothing and equipment to reduce risk of cross contamination and infection.

Learning lessons when things go wrong
● Incidents and accidents were recorded and reviewed to learn from them and reduce risk of reoccurrence.

Good

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 good. At this inspection this key question has remained the same. 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 by the registered manager and deputy manager prior to joining the service, this included conducting checks around the home to ensure the environment was safe.
- The service had conducted reviews of people's needs to ensure the service continued to meet their individual requirements.
- Staff we spoke with were knowledgeable about people's day-to-day support needs.

Staff support: induction, training, skills and experience
- Staff told us they received training which they felt met people's needs. Feedback from people and relatives was positive regarding staff skills to support them. One person told us, "When they (staff) first come they can be a bit nervous but when they get used (to the equipment) they're fine."
- New staff received induction training when joining the service.
- Training records looked at documented care staff had received relevant training.
- Staff told us they had received support through supervision and spot checks on their working practices.

Supporting people to eat and drink enough to maintain a balanced diet
- Where staff provided support to people to maintain their diet, we found people's dietary needs were assessed. Staff understood these needs and gave additional support where required.
- Staff prepared meals and snacks for some people and were aware of people's cultural and individual preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- The provider and staff worked in partnership with people, relatives and health and social care professionals to maintain people's health. These included people's GP's and district nurses.
- Staff knew what to do if they had concerns about a person's health or if there was a medical emergency.

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 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.
● People and relatives told us staff sought consent from people before providing support to them.
● Staff had received training in the MCA and understood how to apply it when supporting people. One staff member said, "When you have supported people for a while you get to know them, their body language and facial expressions. You know when they are in pain or are happy, but I still always ask them and explain to them what I am doing."

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 and their relatives provided positive feedback about staff confirming they were treated with kindness and the staff's caring attitude. One relative said, "Yes, definitely (staff were kind). The staff go out of the way, sometimes [person] can be upset but they (staff) give [person] time and then come back (to provide care). Staff will constantly talk to [person]. High five them, personally talk to them."
● Staff spoke with kindness and compassion about the people they supported and told us they enjoyed their jobs. One member of staff told us, "I've work in care before. I am not doing this just for money but from my heart. To make the clients happy."

Supporting people to express their views and be involved in making decisions about their care
● People and relatives were involved in the development of care plans and risk assessments. One person told us, "I am very involved in my care I talk to the staff all the time and they listen to me."

Respecting and promoting people's privacy, dignity and independence
● People told us staff protected their right to receive care and support in a dignified way. One person said, "The staff always treat me with dignity, they are lovely staff."
● Staff gave us examples how they supported people to do as much as possible for themselves to encourage, where possible, people's independence. One staff member said, "We always try to encourage people as much as we can. If they can we ask them to try to turn themselves (in bed) if they get tired or can't do it, we use the slide sheet. Sometimes [person] can 'shuffle' up the bed sometimes they can't but we always encourage them first."
● People's information was kept securely to ensure their confidentiality was maintained. One staff member told us, "We make sure we don't talk about other people when we are in people's homes."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 plans we looked at were person centred and we could see people and their relatives had some involvement with the planning of care and support.
● Staff we spoke with were knowledgeable about people's care and support needs.
● Staff knew how to communicate with people where verbal communication was limited and ensured they used their knowledge about people when providing choices. A relative said, "I have said to the manager they have good carers here, they look at [person's] eyes for communication and just go by the way [person] feels comfortable."

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.
● Staff used different ways of communicating with people. For example, people had access to technology that supported them to speak with staff.
● The provider understood their responsibility to comply with the Accessible Information Standard (AIS) and assured us if there was anyone who required additional information in an accessible format, they had arrangements in place to provide this.

Improving care quality in response to complaints or concerns
● People and relatives we spoke with knew how to raise a complaint. One person said, "If I have any issues then [registered manager and/or deputy manager] are very good at coming to fix it." A relative told us, "I've not had any call to complain."
● The provider's procedures outlined the process for dealing with complaints. We saw there was a process in place to monitor complaints and record action taken to identify trends and improve the service for people.

End of life care and support
● The service was supporting one person thought to be end of life (EOL) at the time of the inspection. Although there was no individual EOL care plan, people's records included information as to their next of kin and general practitioner in case staff needed to contact them in an emergency.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service had undergone a significant change in the delivery of its service and personnel. The provider had moved away from domiciliary care towards more specialised community health care. This meant the provider had effectively started slowly taking on new people into the service since March 2019. The administrator demonstrated how they completed a variety of audits to assess the quality of care at the service. We were shown some examples of the types of audits completed, however information only dated from October 2019 onwards, therefore, the processes had not been embedded into the service and required some improvement.
- Although spot checks had identified signatures were missing from some Medicine Administration Records (MARs); it was not clear from audits what action had been taken to address this. People spoken with had confirmed to us there had been no missed medication.
- Records we looked at found there had been issues with late calls. There had been no process in place to monitor the calls to identify trends and patterns until October 2019. Staff we spoke with all told us they would contact the office if they were going to be late to their next call. However, on speaking with people, we found there was some inconsistency with this process as people did not always receive calls to inform them staff would be late. One person told us, "I never know who is coming or what time, it would be nice to get a rota." A relative said, "They (staff) can't keep to an exact time due to traffic, but if they are running late, they do not make us aware."
- Staff records we looked at showed there was some inconsistency with the completion of one application form. For example, although the provider requested a 10 year history, there was not always evidence to support references had been sought from the latest employer or voluntary position.
- References for one person had not been followed up after initial contact. The staff member had received supervision and spot checks with no concerns identified. The provider told us the referees would be contacted again or alternative references sought from the staff member.
- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to. They had training and supervisions to ensure they continued to provide good quality care and support to people. A staff member told us, "They're great [the registered manager and deputy manager] they do the calls with us, they come out when there is an emergency or we need help if someone phones in sick. They do everything, we are grateful we have them, they are kind and helpful."
- Changes to how the service operated were discussed at staff meetings to keep staff up to date.
- The management team conducted spot checks on the support provided by staff.

- The provider had a clear vision for the development of their service.
- The management team had contingency arrangements in place to ensure the service delivery was not interrupted by unforeseen events. For example, in the event of severe weather, there were plans in place to ensure staff would attend their visits.
- The registered manager had notified CQC and other agencies of any incidents which took place that affected people who used the service.

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

- People, relatives and all of the staff told us they felt listened to and the provider and management team was approachable.
- The provider and managers led by example completing care calls and spending time with people in their homes.
- The staff and management put people first and promoted their independence, enabling people to make choices about their lives.
- Staff we spoke with were positive about working for the service and said they would recommend the service to others
- The provider told us they only took on care packages if they were sure staff could meet people's needs and provide them with good quality care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team were open and honest and knew how to comply with the duty of candour. Duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- There were whistleblowing and safeguarding procedures in place and staff knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they needed to.

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

- People and relatives had the opportunity to share their views on the service provided. One person said, "I give them (staff) feedback all the time." A relative told us, "I have a feedback form but not completed it yet."
- Staff had meetings and supervisions to reflect on their work and shared ideas and suggestions. A staff member said, "For some staff they have completed supervisions but not mine yet. We have had a team meeting last month. They [the provider] shared good practice and wanted ideas about how to make the calls better to avoid any missed or late calls."

Working in partnership with others

- Staff worked in partnership with other health and social care professionals to ensure people had the care and support they were entitled to.