

My Pillar Limited

# My Pillar Limited

## Inspection report

77 Bridge Street  
Walsall  
WS1 1JQ

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11 December 2019

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

My Pillar Limited is registered to provide personal care to people within their own homes. On the day of the inspection ten people were being supported.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People received support that was not always well led. People's care records and other paperwork were combined which potentially posed a potential risk to care staff being able to understand people's support needs and risks clearly. The registered manager ensured spot checks and audits were carried out, so people would receive good quality support. People were engaged with to ensure their views were gathered as part of the quality of the service being maintained.

Care staff were trained so they could recognise signs of abuse. People told us they were safe. The registered manager ensured they had appropriate recruitment systems in place to ensure care staff were recruited safely. Care staff received training to support people safely with their medicines. The provider had sufficient care staff to support people and risks to people were identified. Care staff supported people in line with the provider's infection control procedures and where incidents or accidents happened trends were monitored. People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Care staff were inducted so they could support people appropriately. Care staff supported people in a caring and kind manner. People's privacy, dignity and independence were promoted.

People received support that was responsive to their needs. People were communicated with in ways they could understand. Assessments and support plans were used to ensure people's support was personalised. Reviews took place so changes to people's support could be identified. The provider had a complaints process in place.

### Rating at last inspection

The last rating for this service was Requires Improvement (Report published 16 January 2019).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received, 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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# My Pillar 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

This inspection was carried out by one inspector.

#### Service and service type

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

This inspection was announced. 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 and we could speak with people. We visited the office location on 11 November 2019.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. Prior to the inspection we reviewed information we held about the service since the last inspection. This included information about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We used all this information to plan our inspection.

#### During the inspection

During the inspection we spoke with two people, three relatives, three care staff and the registered manager who was also the provider. We reviewed a range of records, this included the records for three people being supported, care staff files and records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and other documentations the provider sent us.

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

Systems and processes to safeguard people from the risk of abuse

- A person said, "I do feel safe when the staff support me". The registered manager could explain how people were kept safe and told us all care staff had received training in safeguarding people.
- Care staff could explain what they would do to keep people safe and demonstrated their understanding by giving examples of the kind of abuse they looked out for. A care staff member said, "I would report abuse to the manager". Relatives we spoke with told us people were safe and they had no concerns. One relative said, "If I felt my relative was at risk I would not have the staff in my house".

Assessing risk, safety monitoring and management

- Care record sampled showed risk assessments were used to identify risks and the actions needed to reduce the risk. For example, where people were at risk of falling we saw this identified so care staff would know how to support people safely.
- Care staff confirmed they could access risk assessments in people's homes, so they would know how to support people safely.

Staffing and recruitment

- A person said, "There is enough staff, they always come on time". There were sufficient care staff to support people and relatives confirmed what people told us.
- Care staff told us there were sufficient care staff and they had enough time to support people without rushing. The provider used a call monitoring system which enabled them to manage the time care staff arrived and spent with people and ensured people were not missed.
- We found all care staff completed a Disclosure and Barring Service check and references carried out before they were appointed so people were supported by appropriate care staff. A DBS check was carried out to ensure the provider had employed suitable care staff to support people. Care staff we spoke with confirmed they completed these checks.

Using medicines safely

- A person said, "Staff do give me my medicines as they should". Medicines administration records were used to show that people had received their medicines appropriately and at the correct time of the day. Care staff told us they had to complete training before they could support people with their medicines.
- We saw examples of completed care staff medicines competency forms. This showed care staff were being checked to ensure they knew how to administer medicines safely. Care staff confirmed their competency was checked.
- We found one person was receiving medicines 'as and when' required but there was no guidance in place to ensure the medicines was administered consistently by all care staff. The registered manager sent a copy

of the guidance they had put in place following the inspection. This meant people would receive these medicines consistently in the future.

Preventing and controlling infection; Learning lessons when things go wrong

- People told us that care staff used gloves and aprons during personal care type tasks. Care staff confirmed they received infection control training and had access to unlimited personal protective equipment.
- We found that accident and incident records were completed and the registered manager checked these for trends. Care staff confirmed these were completed whenever there was an incident.



# 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 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

- A person said, "An assessment was done and I have a copy". We found that people's support needs were assessed so the provider could be sure they could support people's needs.
- People's preferences were identified as part of the assessment process. Care staff confirmed they could access people's assessments if needed in people's homes.

Staff support: induction, training, skills and experience

- Care staff told us the registered manager was very supportive. A care staff member said, "I do feel supported in my job by the manager, I can contact them whenever I need help".
- Care staff told us they attended an induction, completed the care certificate and attended training courses. The Care Certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life. We confirmed what care staff told us and saw from the training records the registered manager monitored when care staff attended training and when the training needed to be refreshed. This ensured care staff skills and knowledge would be up to date.
- People and relatives told us that care staff knew how to support them and had the skills to do so.

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

- While we found people did not need support to eat and drink, care staff received training in food hygiene and food nutrition, so they could support people if necessary.

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

- We found the registered manager liaised with other agencies and professionals as part of ensuring the support people received was effective, timely and safe. Professionals we spoke with confirmed this.
- A person said, "Staff do contact the doctor or nurse when I am not well". People were supported to access healthcare services when needed. Relatives told us they had no concern as care staff had always kept them informed if they found their relative was not well and informed the doctor or contacted paramedics.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

- We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. While care staff confirmed they had received training in the MCA and could explain DoLS, we found no one was lacking capacity.
- A person said, "Staff do ask before they do anything". We found people's consent was sought by care staff.

# 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 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

- A person said, "Staff are kind and caring and I very happy". Relatives we spoke with also told us how compassionate they found care staff.
- We found the registered manager understood the importance of supporting people in a way that demonstrated how they cared. For example, where they found people in pain they would always seek medical attention to ensure people were cared for appropriately and not left at risk or in pain. A person said, "When I am not well and I tell staff they always contact the nurse or doctor for me. They are all so caring".
- The registered manager understood the Equality Act and could explain how they captured information about people as part of the assessment process. We saw evidence of this in the assessment paperwork.

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

- A person said, "I like things done a certain way and staff do listen to what I want". People told us they decided how they were supported. A relative told us how care staff never decided for their relative but encouraged them to make decisions as to how they were supported.
- Care staff we spoke with understood the importance of people making their own decisions and being encouraged to do so and gave examples as to how this was done.

Respecting and promoting people's privacy, dignity and independence

- A person said, "Staff always close the curtains when they wash me". We found from what people told us that their privacy and dignity was respected.
- A relative told us that care staff encouraged their relative to do as much as they could. This meant people's independence was being promoted.
- Care staff gave examples as to how they promoted people's privacy, dignity and independence. They also told us they received training, which we confirmed through the training records.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

At our previous inspection we found people's care plans lacked sufficient information and guidance for care staff as to how people should be supported where their health had deteriorated, there was an history of distressed behaviour or needed to be supported in a particular way. Care plans were not person centred and lacked information about people's likes and dislikes. We found at this inspection the provider had made the required improvements, care staff were more knowledgeable and could explain people's support needs.

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

- We found care plans were much clearer and people's support needs illustrated. People's likes, dislikes and history was noted. People and relatives told us they were involved in the process and had a copy of their assessment and care plan. We found reviews were taking place whether people's support needs had changed or not. People and relatives, we spoke with confirmed this. A relative said, "I have attended reviews and had one only recently".

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.

- The registered manager had some understanding of the requirements of this legislation and showed how they ensured people were communicated with in a way they could understand. The people they supported were not publicly funded and would therefore not meet the requirements of this legislation. We did ensure that information relevant to people's needs were captured under the Equality Act 2010 and where needed adjustments made.

Improving care quality in response to complaints or concerns

- A person said, "I would complain to the manager, but I have never had to as I am happy with the service".
- While the provider could show they had a complaints process in place, so people could raise concerns. We found they had not had any complaints, were they to get complaints in the future they had a complaints log in place and could explain how complaints would be monitored for trends.

End of life care and support

- The provider told us they were not supporting anyone with end of life support but had plans in place to get all care staff trained in end of life care for the future. This would enable them to meet people's wishes and

preferences.

# 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 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.

At our previous inspection we found people's care plans had information that was not appropriate or upheld people's rights. For example, questions were asked consistently as to whether 'people binge drank or used drugs'. At this inspection we found this information was no longer being gathered.

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

- While we found the provider had made improvements as to the concerns identified at our last inspection. We continued to find concerns with the paperwork for assessments, care plans and risk assessments. We found these documents were all combined, which meant there was a potential risk care staff may not understand people's support needs and associated risks. For example, we found all this information was being kept within one document and we found it difficult to identify the assessment paperwork, care plans and or people's risk assessments. While the support people received was not impacted upon and care staff demonstrated they knew people's support needs, the provider did not ensure their care planning processes and documents were clear and easy to understand. This meant care staff would find it difficult to locate important information if needed to support people. We discussed this with the registered manager who explained they had misunderstood the concerns identified at their last inspection and as a result combined all the care records. The registered manager was open and honest with us and told us they would make the necessary changes immediately.
- The registered manager and care staff understood their roles and how to support people.
- The registered manager who was also the provider carried out regular checks and audits of the service and a record of any concerns were being identified to show how they were actioned.
- Care staff were spot checked during the administration of medicines to ensure medicines were being managed safely and we saw evidence of this. The registered manager told us where concerns were identified care staff would have to take part in training to refresh their knowledge.
- The registered manager showed they understood the legal requirements within the law to notify us of all incidents of concern, such as deaths, serious incidents and safeguarding alerts.
- Care staff were aware of the whistle blowing policy and could explain its purpose. A whistle blowing policy is intended to encourage employees to raise concerns where people are put at risk of harm.
- It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. We found our rating was displayed. This meant people, relatives and visitors were kept informed of the rating we had given.

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

outcomes for people

- A person said, "Staff support me how I want, I couldn't want for more". We found people received support that was person-centred, inclusive and empowered people to live their lives independently.
- We found the provider's service to be open and transparent. People told us where they raised a concern the registered manager acted promptly to resolve any concerns.
- People, relatives and staff told us the registered manager was approachable and was easily contacted when needed.

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 showed they understood their responsibility and we found how they handled concerns within the service that they were open and honest with people and made positive changes to how people were supported as required where people identified a concern.

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

- People and relatives told us they had completed questionnaires and received telephone calls about the service. We found the information gathered was analysed and an action plan was completed which was shared with people as to how improvements would be made.

Continuous learning and improving care; Working in partnership with others

- We found that the registered manager ensured care staff had access to learning on a regular basis as part of improving their skills and knowledge to support people. We found from the training records, training was made available and care staff confirmed this. This meant care staff would have the skills and knowledge to support people appropriately.
- A professional we spoke with confirmed that the registered manager and care staff worked closely with them and would seek advice when needed and respond to advice given to ensure people were supported safely and how they wanted.