

My Pillar Limited

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Inspection report

52 New Forest Road
Walsall
West Midlands
WS3 1TR

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13 November 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 13 November 2018 and was an announced inspection. The provider was given 48 hours' notice to ensure someone would be available at the registered office. This was the providers first inspection following their registration March 2017.

My Pillar is a domiciliary care service which is registered to provide personal care services to people living in their own homes, including adults and older adults living with physical, learning and or mental health conditions such as dementia. At the time of our inspection they were providing personal care and support to 10 people.

The service had a registered manager who was present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by enough members of staff who had knowledge and skills they required to care for people safely and effectively.

We found people were protected from the risk of abuse and avoidable harm because staff received training and understood the different types of abuse and knew what actions were needed to keep people safe.

People were encouraged to be as independent as possible, where possible and were supported to have food that they enjoyed. People told us staff always sought their consent before delivering care. People told us staff were kind, caring and respectful and they took the time to get to know people and their families.

We found people received an assessment of their needs before staff commenced their visits. However, the information contained in the care plans were not detailed and some sections were inappropriate. Care plans also lacked information regarding people's needs however staff were very knowledgeable about the people they cared for.

The service had a robust recruitment process to help ensure people employed were suitable to work with vulnerable people.

People knew how to complain if they were unhappy and they were confident that their concerns would be responded to efficiently and effectively.

The provider had some management systems in place to assess and monitor the quality of the service provided to people. However, information gathered was not always used effectively to drive improvements within the service.

Staff reported to feel supported and valued within their work and felt that the provider maintained open, honest and transparent communication systems within the service.

There was a complaints policy in place, however at the time of our inspection, no complaints had been raised. This was confirmed by the people we spoke to with.

A range of policies and procedures were in place to ensure appropriate guidance could be sought when needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff understood their responsibility to keep people safe and there were procedures in place to protect people from risk of avoidable harm.

Care staff understood the risks relating to people's care and supported people safely.

There were enough experienced staff to provide the support people required.

People received their medicines as prescribed and there was a robust staff recruitment process.

Is the service effective?

Good ●

The service was effective.

People's rights were protected by staff that understood their responsibilities to care for people lawfully.

Most people were supported to have food and drink they enjoyed.

Is the service caring?

Good ●

The service was caring.

We received positive comments about the care being provided. People said they were treated with kindness, dignity and respect.

People were supported by staff that took the time to get to know them well and who understood the things that were important to them and their families.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People's care plans were not consistently person-centred and lacked information regarding peoples likes and dislikes.

Care plans we looked at had a lack of history about the people who used the service. However, staff were very knowledgeable about the people they supported. They were aware people's histories their health and support needs.

A complaints policy and procedure was in place.

People felt able to raise concerns with staff if they needed to.

Is the service well-led?

The service was not always well led.

The care plans we looked at contained inappropriate language and questions.

People and relatives told us that had a good relationship with the registered manager and staff.

The staff we spoke with told us they enjoyed working at the service and were supported in their role by the registered manager.

Requires Improvement ●

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Detailed findings

Background to this inspection

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

The inspection site visit took place on 13 November 2018 and was announced. The provider was given 48 hours' notice of the inspection because the location provides a small domiciliary care service and we needed to be sure that someone would be available to facilitate our inspection. The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC).

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and any improvements they plan to make. The provider submitted their PIR as required. We reviewed the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. Notifications are information the provider has to send us by law. We contacted any commissioners involved with the service to see if they had any information to share with us prior to the inspection.

At the time of our inspection approximately 11 people were using the service and receiving regulated activity which was 'Personal care'. We spoke with a range of people during the inspection including the registered manager, care coordinator, office administrator, and two care staff. We made telephone calls with 5 people who used the service, 3 relatives and 1 professional linked to the service between Wednesday 13 and Wednesday 21. This was in order to seek feedback about the quality of the service being provided.

We looked at a range of documentation during the inspection. This included four care plans, three staff recruitment records, two medication administration records (MAR) medication care plan documentation, medicine management processes and records maintained for training and the quality of the service.

Is the service safe?

Our findings

People who used the service told us they felt the service was safe, as did relatives we spoke with. One person said, "Yes, I feel safe, the (staff) are doing a good job". Another person said, "I've no concerns about safety, they are very good". A relative told us, "They are very good, they know what to do to ensure (name) is safe".

We looked at the systems in place to safeguard people from abuse. The registered manager and staff we spoke with had a good understanding of safeguarding procedures and how to raise concerns. Staff members also confirmed they had completed safeguarding training. One staff member said, "I've done safeguarding training. There are many different types of abuse such as financial, physical and emotional". Another staff member told us, "If I saw that someone had a bruise, I would first ask them how did that happen. I would then record it and speak to the manager". Another staff member told us, "If someone was harmed or at risk of harm from someone else I would raise a safeguarding. I would give the details to my manager, we can't keep the information a secret, we need to inform the local authority".

We checked to see if there were sufficient numbers of staff working for the service. There were six care staff and one care coordinator, the registered manager told us they had recently recruited another care staff member. At the time of the inspection the service did not use a call monitoring system for all the people who used the service. As a result, the office staff and registered manager were reliant on people who used the service, or their relatives contacting them in the event of a late, or missed calls. People we spoke to told us they had never experienced a missed visit. They were contacted by the service if a staff member was running late. One person told us, "I've never had a missed call, if they are running late I always get a phone call". One relative said, "No issues so far, never had a missed call. If they are running late we get a phone call. Generally, they are always on time".

Staff rotas were in place detailing where staff members needed to be during the week and their call times. The staff we spoke to during the inspection told us there were enough staff members working for the service and they had sufficient travel time between calls. One staff member told us, "The rotas are well managed, there is enough travel time between calls. The (registered manager) gives you calls that are either near to your home or near to calls you are already assigned to". Another staff member told us "We are a small service so call times are not a problem at the moment. The (registered manager) is very approachable and realistic, calls are assigned fairly and take into account people's ability to travel". Another staff member told us, "The area we cover is sometimes very rural so public transportation can sometimes be problematic however we support each and in the past, have given car lifts to staff members to ensure they get to call on time". The registered manager told us if the service expanded she would explore the possibility of having a designated driver to take carers to rural locations.

We looked at the systems in place to recruit new staff and reviewed two staff personnel files. The files contained completed application forms, references from previous employers. Disclosure and Barring (DBS) applications had been obtained for each staff member and photo identification (ID) had been obtained. A DBS check helps a service to ensure the applicants suitability to work with vulnerable people.

We looked at how the service managed risk. The risk assessments sent to us after the inspection contained a variety of risks specific to the individual such as, fire safety, falls, moving and handling, infection control, pressure and bed rails. The assessments were adequate for staff members to have information on how to meet people's needs. Furthermore, when speaking to staff members they were able to tell us the risks and needs of the people using the service. Risk assessments were reviewed and if required a risk reassessment was conducted.

We looked at the systems in place to manage people's medication. We looked at the MAR (Medication Administration Records) for three people who used the service. We saw the MAR were accurately completed and we did not find any missing signatures where staff had not signed that medicines had been given. The staff members we spoke to demonstrated a good understanding of how to administer medicines safely.

A log sheet of accidents was available however none had been recorded. The registered manager and care-coordinator told us no accidents had occurred and this was also confirmed through speaking with people who used the service and their relatives.

We looked at systems in place to manage infection control. Staff told us they had received training in this area and were also able to describe how they carried out safe infection control practices such as wearing protective equipment and the safe disposal of waste. Relatives we spoke to confirmed staff were wearing protective equipment when administering personal care.

Is the service effective?

Our findings

People's needs were assessed prior to support being provided. One person told us, "Before the carers started visiting me, the manager visited me and we discussed my needs". A relative told us, "The manager met with me and (Name) and we discussed (Name's) needs and our requirements, then the carers visited shortly after".

People told us that they were happy with the support they received and their needs were being met in line with their agreed assessment. One person said, "Yes they know what they are doing, very well skilled, I've no issues there". Another said, "They are very competent and know what they are doing". A relative told us, "They are fantastic, they appear to be well trained".

Staff we spoke to and records we viewed confirmed that had received sufficient training and they were confident they had the skills and knowledge to do their jobs safely and effectively. Staff members we spoke to told us they had completed an induction and were up to date with the training the provider had identified they needed as a minimum. Staff told us they received regular supervisions every four months. Staff records we looked at confirmed that all staff members were receiving regular supervision. One staff member said, "When I started I had an induction programme. I shadowed experienced staff members for two weeks, I also read the care plans of people. This ensured that I knew the people very well and their needs". Another staff member told us, "We have received peg feed training and the care certificate. It is really good because I feel confident that I can complete my tasks due to the training received". We reviewed documentation that confirmed some staff members had completed enteral feeding tube training.

Staff we spoke to told us they felt supported in their role and there was always someone available to offer help and advice. A staff member told us, "I've only been working here for 3 months however I can contact (registered manager) anytime and they will help me, I don't have to wait for a supervision session, this is very reassuring". Another staff member told us, "The registered manager is like a mother figure. She is always there to help, you can call her at any time and she will talk you through any issue. I can also go to her office any time for help".

People we spoke to told us they were supported to maintain good health. One relative told us, "The registered manager is fantastic, they have contacted GP and district nurses to ensure (Name) gets the right level of support. I feel very supported and confident they know (Name's) health needs".

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. Staff told us they had received training in MCA and DoLS and demonstrated adequate knowledge. Consent to care and treatment was documented in people's care records. The registered manager and staff were aware of Court of Protection rulings in place for some of the people they supported, for example managing a person's finances. We found that care was provided to people with their consent. People we spoke with told

us that staff involved them in making choices and decisions about their care. One person said, "They (staff) always ask before doing anything, very polite". A relative told us, "They (staff) always ask first, they never just do a task".

Is the service caring?

Our findings

People we spoke to told us that staff were caring, kind and patient. One person told us, "The staff are very nice people, always smiling and taking their time with me". Another person told us, "They are very pleasant, they are never short with me". A relative told us, "I'm always here during the calls, we have a laugh with them (staff) they are very friendly. They are caring with (Name), she can be challenging at times but they are never impatient with them, always caring and kind. When (Name) was discharged from hospital for short while we received an enablement service from the local authority, staff were very clinical and uninterested. The staff at My Pillar are completely different, they take an interest in me and (Name)".

People and staff, we spoke to and showed us that staff took the time to get to know people and they were able to develop good relationships with the people they care for. One person told us, "I've no interest in changing agencies, they are doing a good job, very accommodating. The manager comes to see me to check how things are, staff always ask is there anything you want me to do before I leave. I'm very happy with the service". Staff members we spoke to were very knowledgeable about the people who used the service and had a passion for caring for people. One staff member told us, "(Name) can sometimes get agitated if they are having a bad day. I leave (Name) alone and tend to things in the kitchen, when they have calmed down, I will then approach (Name) to see how they are doing. (Name) is hard of hearing and they don't like to repeat the words they use, I make sure I listen carefully to what they say so as to remove the need for them to repeat". Another staff member said, "We are here to help people, some don't have many visitors throughout the week so our interaction is very important, it's not just about completing tasks, it's about showing kindness to people".

Staff supported people to maintain their independence. One person told us, "They still encourage me to do things for myself, still being patient and not pushing me too far. I like to do some things for myself". A relative told us, "They encourage (Name) to do things, for example getting dressed, they will let (Name) do as much as they can and then assist". A staff member told us, "It's important for people to be an independent as possible, if they have lost confidence we are there to patiently encourage them".

People told us they were treated with respect, dignity and privacy. One person told us, "They (staff) always close the doors and curtains". Another person told us, "They always cover me with a towel and look away". A relative told us, "They are very respectful, always making sure (name) has a towel and speaking to (Name) in a respectful tone. I've never heard them speaking about other people in front of me or (Name)". Staff members also confirmed that respect, dignity and privacy were important to them and the service. One staff member told us, "During personal care we always ensure people are covered with a towel and doors are shut". Another staff member said, "Some people have lost control over aspects of their lives, it is so important that we treat them with dignity and respect. We always talk to them during personal care to make sure they are ok and that they feel valued.

People told us and records we reviewed confirmed that people were involved in the care they received and felt listened to. We saw care plans were reviewed and amendments made if required. One person told us, "The manager came out to see me and asked how things were going. I requested a change to the start time

of one of my calls and this was done".

People's care records were kept securely ensuring only care and management staff had access to them. This ensured the confidentiality of people's personal information.

Is the service responsive?

Our findings

We found assessments of people's needs were in place and relatives we spoke with confirmed people were involved in these assessments. However, we found care plans lacked guidance for staff members in relation to people needs. For example, a person's care plan indicated they had an ulcer on their heel. There was no mention in the care plan how to manage this and what to look out for and actions to take if the condition worsens. When questioned the registered manager stated the district nurses manage the ulcer however they were in agreement that the information in the care plan could be improved. Another person had a past history of alcohol and medication overdosing. There were no details in the person's care plan how to manage this and what actions to take if an overdose had taken place. Where people had a history of challenging behaviour, there were no instructions for staff members in relation to what action to take and how to minimise or calm the individual. We found some sections of the care plans had missing dates. Staff we spoke to were very knowledgeable about people needs, as a result the impact on people using the service was very low

However, people we spoke with told us they were receiving a service that was personalised and responsive to their needs. One person told us, "They do what I have to say, the service is based on what I want". A relative told us, "We have choice about the service, such as call times and number of carers. I'm confident that any amendments I requested to the manager would be dealt with". Another relative told us, "We picked the call times and what tasks are to be done".

Care plans we looked at had a lack of history about the people who used the service. However, Staff were very knowledgeable about the people they supported. They were aware of people's histories, their health and support needs. At the time of the inspection no one had any specific cultural or religious requirements.

We spoke to the provider about how they ensured people's diverse and equality needs were met, such as their sexuality. The registered manager advised that currently they were not supporting anyone who identified themselves as Lesbian, Gay, Bisexual or Transgender (LGBT). They informed us that they recognised the importance of respecting people's choices and preferences. The registered manager told us, "We always speak to people about their preferences and choices so that the care is tailored to their needs".

People told us they were encouraged to give their views and raise concerns or complaints. The provider had a complaints policy and procedure. At the time of the inspection the service had not received any complaints. The registered manager confirmed any concerns or complaints were taken seriously, investigated and responded to. People and their relatives told us they knew who they could go to with any concern or complaint and all felt that they would be listened to and that the concern would be addressed. One relative said, "I would call the office and speak to (registered manager) if I was unhappy or had a concern. I know they would deal with it right away". Another relative told us, "We have never felt the need to raise a complaint however if we did we would contact the manager".

We found systems in place to seek feedback from people who used the service and their relatives through the use of satisfaction surveys. We looked at a sample of these, all were positive about the service.

Is the service well-led?

Our findings

We found care plans were not detailed and some sections were inappropriate. For example, some care plans had no recorded likes and dislikes, when this was completed it lacked details and only gave basic information. We found questions asked as part of the assessment process did not ensure peoples rights were upheld. For example, we found the following questions in all the care plans, 'Are you prone to binge drinking', 'do you use recreational or street drugs' 'have you ever given yourself drugs with a needle'. A person using the service who had a history of alcohol dependency had the question 'Are you prone to binge drinking' marked as complete on their care plan indicating that the question had been asked during their assessment. The registered manager agreed these questions were inappropriate and stated they had stopped asking these questions. The registered manager confirmed they were going to remove the questions and completely redesign the assessment. Although the care plans were very limited in relation to accurate information, staff we spoke to were very knowledgeable about the people that use the service and how to minimise risks and manage challenging behaviour.

We found that the provider held some spot checks on staff members but these were not completed consistently. There were also no records to confirm team meetings had taken place however staff told us as a group they met regularly with the manager. The registered manager did not consistently record what actions had been taken when concerns were raised through quality assurance tools such as questionnaires. We raised these issues with the registered manager who confirmed that she conducted regular spot checks and team meetings but needed to record these so they could review and use as part of the service development. They said they would improve this in the future and record outcomes from questionnaires completed by people and their relatives.

At the time of our inspection a registered manager was in place. A registered manager is a person who has registered with CQC to manage the service.

People using the service told us they had positive relationships with the registered manager and staff members. One person told us, "The manager is great, they are always available and listen to what you have to say". A relative told us, "They (registered manager) is very approachable, and engages with me and (Name)".

Staff told us they enjoyed working for the service and felt valued and supported. One staff member told us, "They (registered manager) is not just doing it for the money, she has a passion to help people. They go out of her way to help people. I can contact them any time, they are always checking to see if I'm ok". Another staff member told us, "We are a good supportive team, we help each other out, it's a supportive culture".

Staff members told us they could raise issues at any time with the registered manager and felt involved in the decisions relating to the running of the service. They felt supported and listened to.

The registered manager had a good understanding of their role and responsibilities in relation to notifying the relevant bodies about serious injuries and safeguarding concerns. The registered manager was also able

to explain what their responsibilities were in respect of their duty of candour. Duty of candour is a requirement of the Health and Social Care Act 2008 (regulated activities) regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they receive.

The registered manager told us they are looking at improving the service and plan to have an office location rather than the current residential setting. In addition, at the time of the inspection they were piloting an online call monitoring application. This would support them to provide an safe and effective service. The registered manager told us they had received good feedback so far from staff that had used the application.

We found that the provider had developed good working relationships with external agencies to the benefit of the people they supported, including local GP's, district nurses, Occupational Therapists and social workers.