

My Pillar Limited

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Inspection report

77 Bridge Street
Walsall
WS1 1JQ

Date of inspection visit:
25 August 2021

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11 October 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

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 a domiciliary service which provides personal care to adults with a range of support needs in their own houses and flats. At the time of this inspection the service was supporting four people with personal 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.

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

The provider had failed to regularly audit and check certain areas of the service. Care records needed improvement to ensure they contained enough information to guide staff about people's support needs. The provider completed employment checks to ensure staff were suitable to deliver care and support before they started work. They need to strengthen the process further and ensure a full employment history was completed for all staff.

Improvement was needed to the systems for preventing and controlling infection. During our visit to the office we had to remind staff several times to wear their masks correctly. We also identified that the provider's COVID-19 policy was not reflective of current guidance.

Staff had received training in infection control and demonstrated an understanding of what personal protective equipment (PPE) should be used when supporting people. Relatives confirmed that staff wore PPE (personal protective equipment) when coming into people's homes.

Staffing levels were sufficient. There were enough trained staff within the service to ensure people's planned care needs were met. Relatives told us staff were on time for planned care calls.

People were protected from abuse and relatives told us their loved ones received safe care. People received support from a regular staff team. Staff were trained in administering medicines safely. Competency checks had been completed to ensure staff were following safe practices.

Staff had good knowledge about the people they supported and told us they enjoyed working at the service. People's independence was promoted and respected. Staff supported people with eating, drinking and to access healthcare support. Staff treated people with respect and dignity, and feedback we received from relatives was positive about the care their family member received.

People and their relatives were able to give feedback about their care in a variety of ways. Examples included care reviews and during spot checks monitoring staff performance.

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

This service was last inspected on 11 December 2019 and was rated Good.

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

Enforcement

We have identified a breach in relation to good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 not always safe.

Requires Improvement ●

Is the service effective?

The service was effective.

Good ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was not always well led.

Requires Improvement ●

My Pillar Limited

Detailed findings

Background to this inspection

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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 two inspectors. One inspector visited the office location and a second inspector spoke to some staff on the telephone. An expert by experience also spoke with relatives on the telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency and also supports people in a supported living setting. Care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living. At the time of our inspection we were informed that the service was not providing personal care to people living in supported living settings.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. 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 25 August 2021 and ended on 1 September 2021. We visited the office location on 25 August 2021.

What we did before inspection

We checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us. 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.

During the inspection

We spoke with five members of staff including the registered manager, care co-ordinator and care workers. We spoke with four relatives of people using the service on the telephone about their experience of the care provided. We reviewed a range of records. This included three people's care records. We looked at five 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.

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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- Improvement was needed to the systems for preventing and controlling infection.
- The provider had systems, procedures and policies in place regarding infection prevention and control (IPC). However the COVID-19 policy was not always reflective of current government guidance. The registered manager told us they would ensure this was updated.
- During our visit we had to remind office staff to wear a mask and make several reminders to staff to wear their masks correctly.
- Staff had received IPC training and updated guidance based on how to manage risks associated with COVID-19.
- Care staff confirmed they wore the correct personal protective equipment (PPE) when supporting people.
- Relatives of people who used the service confirmed staff wore appropriate PPE when they visited their family member. One relative told us, "Yes, they are very careful and during COVID we had a full discussion on precautions."
- The registered manager told us that some staff were not currently at work as they were clinically vulnerable. The provider had a format for assessing risks to staff, but these had not been fully completed.
- Regular testing of staff for COVID-19 took place.

Assessing risk, safety monitoring and management

- Staff told us how they supported people safely and understood people's risks, but care records were not always fully reflective of people's needs and how risks should be managed.
- One person's care plan recorded they had epilepsy but there was no further information to include the action staff should take to keep the person safe should a seizure occur. The registered manager told us the record was incorrect and the person did not have epilepsy. Staff who supported the person confirmed they had epilepsy but knew the action to take should a seizure occur.
- One person had diabetes but there was no detail in the care records about how to keep the person safe from the risks associated with the health condition. The registered manager took action during the inspection to update the person's care records.
- Some people needed support to include the use of hoists. Information in their care records were not detailed about how any risks should be managed and in some parts were conflicting about the equipment needed.
- Relatives told us they felt their family members received safe support and that staff were competent in meeting their needs. One relative told us, "They [staff] are competent with the hoist I feel safe with them using it."

Staffing and recruitment

- The provider needed to strengthen their recruitment process.
- The provider had not always followed their own recruitment procedure in relation to obtaining a full employment history prior to employing new staff and there was no explanation of gaps in employment.
- Staff did not work unsupervised with people until references and disclosure and barring service checks (DBS) had been received. A DBS would inform the service if a person had any criminal convictions which may prevent them from working with vulnerable adults.
- At the time of the inspection there were enough staff to support people's needs.
- All staff spoken with told us there were enough staff and they had enough time to support people.
- Relatives told us their family members had not experienced any missed calls and saw the same staff who were usually on time. One relative told us, "They are punctual and stay for the agreed time." Another relative told us, "If a new carer comes in even if it is just to cover holidays, they introduce them to me."

Systems and processes to safeguard people from the risk of abuse

- Staff had completed safeguarding training and were able to explain what they would do if they came across abuse happening. One staff member said, "I would report any abuse to my manager" and another said, "I would tell the council's safeguarding team."

Using medicines safely

- At the time of the inspection only a limited number of people who used the service required support from care staff with their medicines.
- Staff were trained in administering medicines safely and medicine records indicated people had received their prescribed medicines.
- Competency checks had been completed to ensure staff were following safe practices. One staff member said, "The manager comes out with me and watches what I do when I am giving medicines."

Learning lessons when things go wrong

- The service had a system to analyse accidents and incidents, and learn lessons should things go wrong. Due to the small size of the service there had not been many significant incidents.

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 preferences likes and dislikes, past life histories and background information were recorded in their care documentation.
- Relatives confirmed that an assessment had been completed before care commenced. One relative told us, "We had a meeting with them, they came around to visit mum and did an assessment."

Staff support: induction, training, skills and experience

- Staff we spoke with told us the training was thorough and provided them with the skills to undertake their role.
- An induction was in place to support new staff. This included on-line training and shadowing more experienced staff.
- Relatives informed us they felt staff had the right skills and knowledge to support people.

Supporting people to eat and drink enough to maintain a balanced diet: Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Not all people using the service required support from care staff with their eating and drinking needs.
- Staff assisted some people with the preparation of a favourite meal, drink or food. Relatives confirmed people received the right support from staff, where needed, to ensure they had enough to eat and drink.
- People were supported by staff who were aware of their healthcare needs.
- Staff worked closely with health and social care professionals to ensure people's changing needs were addressed, and people received the support they needed. One relative told us, "They let us know when [person] was unwell on one occasion, they called an ambulance and stayed with her."

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

- People and their relatives had been involved, consulted with and had agreed with the level of care and treatment.
- Staff told us how they sought peoples consent and offered choices to people during their care.

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

- Relatives spoke positively about the caring nature of staff. One relative told us, "They are considerate, there is a lot of respect. The issue with [person] is she has to be persuaded to have personal care and it can take time to lead her to the task they need her to do, and they never rush her."
- Staff spoke with kindness about the people they supported.
- The service was committed to meeting the cultural and religious needs of people with specific protected characteristics.
- Staff demonstrated an understanding of people's care needs and the importance of respecting diversity. A relative told us the way in which staff addressed their family member was respectful of their cultural background.

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

- Care plans were developed with input from people and their family members.
- Conversations with staff demonstrated an understanding of people's needs and how they encouraged people to make choices about their care. One relative told us, "They [staff] always ask if [person] is ready to be hoisted and other personal care tasks."

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's independence wherever possible. One member of staff told us, "When I wash someone, I let them do as much as they can to support their independence and curtains are closed where needed and doors shut to respect dignity."
- Relatives confirmed that people's independence was promoted. One relative told us, "This morning for instance, they [staff] encouraged [person] to wash her own face. Their first port of call is to get her to try and do things for herself."
- People's right to confidentiality was respected and protected appropriately in accordance with General Data Protection Regulation (GDPR). We saw people's confidential private information was respected and kept secure.

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 now 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

- Relatives confirmed they were happy with the care and support provided to their family members.
- People received care that was person centred and responsive to their needs. One relative told us that their family members needs had changed. They told us, "The timing has been increased, after discussion with myself social services and the carers."

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.

- Information on people's individual methods of communication was included in their care plan.
- The registered manager informed us the service could provide adapted information for people, and information in different formats such as large print if required.

Improving care quality in response to complaints or concerns

- Information was provided to people on how to raise concerns or make a complaint. The registered manager told us no formal complaints had been received but if any complaints were received, they would be used to help improve the service.
- Relatives told us they had not had to make any complaints and felt able to raise any concerns. One relative told us, "I know who to contact if there is a problem."

End of life care and support

- At the time of the inspection, no one supported by the service was receiving end of life care.
- The registered manager had received training in end of life care and told us they would work closely with relatives and healthcare professionals, including GPs to support people at the end of their life.

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.

This is the third inspection where this key question has been rated as requires improvement.

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

- Governance systems were not always effective.
- Systems had not identified recruitment practice needed improvement as full employment histories were not available for some staff. Staff file checks had been completed but had not identified this issue.
- Systems had not identified that improvements were needed to infection control policy and practice.
- The provider ensured spot checks and observations on staff in people's homes were carried out to monitor performance, but systems to ensure the correct use of face masks by staff working in the office were not effective.
- A lack of oversight and auditing meant gaps in care records and inaccurate information about managing risks to people's health and safety were not identified. Improvements were needed to ensure risks were monitored, reviewed and records updated.
- Processes to quality assure records and ensure they remained accurate and up to date were not robust. For example, some care records referred to people by an incorrect name and records of call times indicated that these had not been reviewed. For one person, the recorded call times for a month were at exactly the same time each day with no deviation. This if accurate would be an unusual occurrence but the provider had not undertaken any checks to ensure the record was accurate.

This lack of adequate documentation and checks in the above areas was a breach of Regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was no electronic monitoring in place for the registered manager to check on staff call timings, but regular contact was made with relatives to ask if staff were on time. The registered manager told us they had purchased an electronic call monitoring system for future use.
- The registered manager understood their role and legal responsibilities, including appropriately notifying CQC about any important events that happened in the service.

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

- The registered manager and staff were passionate about providing people with a personalised service. This was evident throughout our inspection and from the positive feedback we received.

- Feedback from relatives was extremely positive. One relative told us, "They are very knowledgeable the manager calls out and keeps an eye on them and comes up with solutions and ideas and it is wonderful to have someone with such health knowledge." Another relative told us, "Any issues the manager rings me to address them whether big or small the communication is brilliant."

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

- We saw evidence of the registered manager asking people's and relative's views about the service. One relative told us, "We see each other every day and have a verbal discussion on how things are going." Another relative told us, "We do surveys. I don't think there are any points I raised as we are in constant touch anyway."
- Staff were encouraged to raise concerns about the care provided, including whistleblowing. Staff felt they could support people effectively because the manager was supportive 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

- A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- The registered manager understood their responsibilities under duty of candour.

Working in partnership with others

- The service continued to work in partnership with health and social care professionals such as GP's, mental health teams and the local authority.
- We saw the service acted quickly when there was a concern for people's health, for example getting in contact with health professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems were not always effective and the provider had failed to adequately audit and check areas within the service.</p>