Mr Jeffrey Robert Garnett

PillarCare Agency

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

PillarCare agency provides support and care for people in their own homes across a number of London boroughs, predominantly in the North of London. At the time of our previous inspection on 12 December 2015 the service was rated as requires improvement. His was due to not having undertaken detailed risk assessments for people using the service, a lack of suitable staff support and training, care plans in some cases not being reviewed regularly and no suitable systems were in place to seek views of people using the service other than annually. At this inspection we found that the service had made improvements in all of these areas. At the time of this inspection there were 15 people using the service.

At the time of our inspection the provider was also the registered manager. A registered manager is a person who has registered with the CQC 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 using the service told us they felt safe. People told us they were looked after by staff that knew them well and gave them individual attention.

Summary of findings

Staff respected people's privacy and dignity and their individual preferences. There were people of different nationalities using the service and people were not discriminated against due to their heritage, cultural or religious beliefs, illness or disability.

We found that staff received training to support them with their role when they joined the service and on a continuous basis, to ensure they could meet people's needs effectively.

People told us they were supported to maintain their independence and maintain their life skills with no more than the necessary support from staff that was required to help them retain their independence.

People received regular assessments of their needs and any identified risks. The service worked co-operatively with external agencies and people's families.

People using the service, families, staff and professionals who we had contact with spoke positively about the quality of care that the staff team provided. People thought the service was well organised and that their needs were met.

Summary of findings

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 we spoke with were confident about what they would do if someone was at risk of abuse and who to report it to. The provider assessed risks to individuals and gave staff clear guidelines on how to protect people in their home, although the service, in one case, had not carried out a disclosure and barring service checks for a member of staff before the date they actually commenced work.

Staff were trained in the safe handling of medicines and correct safeguarding procedures to enable them to keep people safe.

Is the service effective?

Good

The service was effective. People received care from staff who listened to what they wanted, knew the people they were caring for and treated them as individuals.

Staff were knowledgeable about the requirements of the Mental Capacity Act 2005, and knew what they needed to do to raise any concerns about capacity if these arose.

Staff received regular training, supervision and appraisal which ensured they had the skills and knowledge to meet people's needs.

Is the service caring?

Good

The service was caring. Our conversations with people using the service, and relatives showed that people felt they were well cared for and trusted those caring for them. People told us that they were treated with respect and dignity.

Staff we spoke with knew the people they supported and their preferences about how they were cared for.

Is the service responsive?

Good

The service was responsive. People's needs were reviewed regularly. Where the need for changes was identified care plans were updated in consultation with people, their relatives if required and external health and social care professionals.

People and others, for example their relatives, were given information about how to make a complaint and they felt confident to do so if needed.

Is the service well-led?

Good

The service was well-led. There was an opportunity for regular meetings with people using the service, their families and staff to provide views about the quality and performance of the service.

People using the service and their relatives said they felt that the service was well led and that the staff at the agency were approachable.

PillarCare Agency

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.

This inspection took place on 24 November 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by two inspectors and an expert by experience who telephoned a selection of people using the service and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses care services.

Before the inspection we reviewed the information we held about the service, which included notifications of significant events made to the Care Quality Commission.

During our inspection we spoke with two people using the service, five relatives, two care workers, three agency office staff, the provider and received feedback from one health and social care

professional who had involvement with the service.

We gathered evidence of people's experiences of the service by conversations we had with them and their relatives and reviewing other communication that the service had with these people, their families and other care professionals.

As part of this inspection we reviewed five people's care plans and care records. We looked at the induction, training and supervision records for seven of the care staff team. We also reviewed other records such as complaints information and quality monitoring and audit information.

Good

Is the service safe?

Our findings

All of the people we spoke with and their families told us they felt safe, felt involved and were able to make choices. They said “my carer takes me out I choose where we go sometimes we take the wheelchair it’s up to me”, “the care is good they take me out I can go to my family it’s up to me”, “yes I feel safe if there is anything wrong my carer calls the GP.” A relative told us ”I know (my relative) is safe they will fill in with someone else if the care worker can’t come.”

Those that received medicines with the assistance of staff told us that this happened safely with comments such as “yes (my care worker) makes sure I have taken my medicines” and “(my care worker) puts it in a cup and makes sure I take it”. All said that care workers stayed for the allotted time and finished the care task with them.

We saw that there was an up to date safeguarding policy and flow chart with guidance for staff on the steps to follow if they had concerns about the safety of anyone using the service. All staff had received up to date training and there was a programme of refresher training to ensure that staff knowledge was maintained and current. Staff we spoke with were able to describe what they would do if they thought someone was at risk of abuse and how they would raise any concerns. One staff member told us, “I always call the office or the care manager if anything changes or if there is any behaviour changes.”

Staff records demonstrated that the service had undertaken safe recruitment checks for each person that the provider employed. The provider obtained two written references and also checked various different types of documents to verify a person’s identification. Criminal records checks were completed for all staff that they recruited. However, on one occasion the service did not complete these checks prior to a staff member starting employment.

Staff understood the term whistleblowing and to whom concerns must be reported. One staff member told us that they would contact the Care Quality Commission if the service did not listen to their concerns.

At our previous inspection we found that in some cases the risk assessments that were in place were not updated regularly as some had not been updated for over twelve months. We had also found instances where risk assessments for particular people had no detail of what action could be taken to minimise the potential risk. We found that this had improved considerably. Risk assessments covered environmental and day to day risks and were being updated at regular intervals. All of those we looked at had been reviewed in the last six months.

The service was not responsible for obtaining medicines on behalf of anyone using the service unless this is specifically required for staff to assist with this individually. Where medicines were administered with staff support we found evidence that this was correctly logged on care records and administration charts.

Good

Is the service effective?

Our findings

All of the people using the service and their families who spoke with us said they had a care plan and knew what a care plan was and all said it was updated regularly and they felt involved in it. All said that communication with the office staff was good with comments such as "Yes care plan is updated and I'm very impressed" and "There is a high level of professionalism."

At our previous inspection we had found that staff had not been trained in all areas required for their work. This had improved and people were now receiving care and support from care staff who had the knowledge and skills needed to carry out their roles and responsibilities. New staff received training in mandatory areas including moving and handling, safeguarding, basic life support and health and safety. We looked at the training records for a sample of seven members of staff. The records confirmed that staff had received training in a variety of areas including risk assessment, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, nutrition awareness, dementia, report writing, challenging behaviour, medicines and there was evidence that these had been refreshed on a regular basis.

Each staff recruitment and personnel file also held a signed document by staff confirming that they had read understood the following policy and procedures: dementia, food and nutrition, medicines, safeguarding, DoLS (Deprivation of Liberty Safeguards), Human Rights and MCA 2005 (The Mental Capacity Act 2005). Staff we spoke with had an understanding of the Mental Capacity Act 2005. They told us that "if someone lacks capacity we speak to the manager and the family" and another staff member told us "If someone's needs change we call the office and contact the family." This is an improvement on what we found at our previous inspection.

Staff told us that they received regular supervision every two months and training was always offered and available. One care worker told us that "I come here every week and speak to the management." We found by reviewing a selection of staff records that supervision meetings were taking place and the frequency had improved since our previous inspection, but these were not consistent and in line with the service's policy of four times per year. When we raised this with the provider we were informed that a revised supervision system had only recently been implemented and that this would be addressed.

The care plans that we looked at showed that consent to care and support was being requested. Where people using the service were unable to provide this consent it was sought and obtained from a relative, advocate or health and social care professional on their behalf.

Where care workers were required to assist people to prepare a meal we found that they had training to do this. Someone using the service that required this assistance told us "(my care worker) cooks my dinner and I choose my meals."

The service did not take primary responsibility for ensuring that healthcare needs were addressed. However, the service required that any changes to people's condition observed by staff when caring for someone were reported. Care plans showed the provider had obtained the necessary detail about people's healthcare needs and had provided specific training and guidance to staff about how to support people to manage these conditions.

Good

Is the service caring?

Our findings

All of the people using the service and their families told us that the staff were very caring with comments such as “she is a companion not just a carer”, “I am quite happy with my (relative’s) care, they are well looked after, my (relative) always looks nice and is well dressed”. Another person using the service told us “my care worker is nice she takes me out sometimes we go to see my family which is important to me.” Other relatives told us “I am extremely happy with the care my (relative) receives”, “fantastic very caring and efficient” and “I am 100% happy and confident with the care.”

People’s individual care plans included information about people's cultural and religious heritage, daily activities, communication and guidance about how personal care should be provided. We found that staff knew about people’s unique heritage and had care plan’s which described what should be done to respect and involve people in maintaining their individuality and beliefs.

We asked people using the service and their relatives if they had been involved in decisions about care planning and if they had seen their care plan, understood it and been allowed to sign to agree the plan. People saidthat they had been involved in decision making as had associated professionals when relevant. Those we spoke with, and their relatives, raised no concerns about their rights to dignity, privacy, choice and autonomy being respected.

People’s privacy and dignity was respected and maintained. Staff we spoke with were able to explain the way they worked with people and focused on people’s needs being individual and that their role was to respect individuality and beliefs.

The provider’s service standards survey which was published in September 2015 showed that people’s experience of being supported by caring staff achieved a very high degree of satisfaction by people using the service.

Good

Is the service responsive?

Our findings

People using the service and their families told us that they had a care plan and knew what a care plan was. All said it was updated regularly and they felt involved. All said that communication with the office and manager was good with comments such as "yes my care plan is updated and I'm very impressed" and "there is a high level of professionalism, they do spot checks on the carers often." Another relative told us "they are competent and the (manager) is very good, warm and friendly if there is any sort of problem it gets sorted." One relative told us that the agency did not always let them know if care workers are going to be late for their visit but everyone else said they did.

People told us about their trust in office staff by saying "I like Pillar Care a lot, [the manager] comes to see me and we get along well", "you can always speak to them" and "[named two office staff] are wonderful always there to help".

Care workers we spoke with had a good understanding of maintaining people's rights and respecting the choices and decisions they made about their care. One staff member told us "you can't do care without asking them first, that's the most important thing you have to ask first." Another staff member told us "we have to ask permission, my client does not like me touching anything without asking their permission first."

The people who were using this service each had a care plan. We looked at the care plans for five of these people. The care plans covered personal, physical, social and emotional support needs. We found that care plans were unique to the person the care plan referred to. The plans described people's specific needs and reflected each person's lifestyle and preferences for how care was to be provided.

At our previous inspection we found that some care plans had not been updated for in excess of a year. At this inspection, we found that all care plans had been reviewed within the last year and in most cases within the last six months. The service kept a log of all contact made with people using the service and others in relation to their support and care. We looked at these logs for the people whose care plans we viewed and found that the service was able to clearly show what contact had been made and the action they had taken in response.

None of the people using the service or their families who we spoke with said they had reason to complain but that if there was a small matter it was always sorted out. People using the service, relatives and staff we spoke with were asked about whom they talk to about any concerns or complaints and if they thought they would be taken seriously. The comments that people made showed that people using the service, their relatives and staff felt able to speak with the agency office staff and their own care workers if they had anything they wished to raise.

We asked people we spoke with about whether or not they knew how to complain and if they felt confident that they would be listened to. We were told that people felt confident that they could complain. People told us that they were aware of the provider's complaints system and who to contact if the needed to.

Good

Is the service well-led?

Our findings

People who spoke with us said “the manager comes and visits regularly. They are a really nice company we have been with them now for a few years they are very competent” and “they are remarkable, marvellous.” Most people told us that they had questionnaires asking about people’s views on the quality of the service occasionally and said that they were visited regularly by a senior manager from the agency. We found that as a result of our previous inspection a two monthly spot check system had been implemented and the initial stages of this system showed that it was being operated effectively. Everyone we spoke with said they would recommend the agency and would rate them as very good to outstanding. The provider told us that they sought people’s views every two months, which we confirmed as a part of the spot check system.

Staff that we spoke to felt supported by the management. Two care workers told us “they (Management) are my pillar”, “management are very good and very supportive” and “the manager is very good, if you have any problems you just phone them up.” A staff survey was carried out in September and October 2015 and the responses backed up the view of the staff we spoke with.

The registered manager told us that the agency did not hold specific staff meetings but held a meeting at the end of each training day so that any issues arising or concerns could be discussed. These were not recorded, which we suggested may help keep a closed track on issues arising and the topics’ discussed. One staff member told us when asked about staff meetings “they must happen but I’m not aware of them happening.” However, another staff member did confirm that staff meetings were held as part of the training session as everyone was always present.

Each member of staff we spoke with demonstrated that they took their caring role seriously. People working at the service felt accountable for the way that care was delivered.

People’s views about their day to day care were sought. A survey was carried out earlier this year and the report from that survey was published in September 2015. The service received 64 % response rate from the survey. The responses were collated and the report showed that people were either usually or very satisfied with the quality of the service provided.