

PillarCare Agency

# PillarCare Agency

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

This inspection was short notice which meant the provider and staff did not know we were coming until shortly before we visited the service. At the last inspection on 7th February 2014 the provider met all of the requirements we looked at.

At the time of our inspection the provider also acted in the role of the registered manager. 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.

From the telephone discussions we had with people using the service, relatives and care workers we found that people were usually satisfied with the service. People were confident about approaching the registered manager and staff to talk about the things that they wished to and people felt that there was openness in the way the service communicated with them.

# Summary of findings

We saw that there were policies, procedures and information available in relation to the Mental Capacity Act 2005 (MCA) to ensure that people who could not make decisions for themselves were protected. It should be noted that the agency would not have responsibility for making applications under this legislation, however, they would have responsibility for ensuring that any decision on MCA 2005 were complied with. That applications must be made to the Court of Protection. Whether any applications had been made to the Court of Protection and if so, whether the provider was complying with any Court Order. We saw from the records we looked at that the service was applying these safeguards appropriately where applications had been made and approved, however care staff lacked knowledge about these areas.

We found that people's health care needs were usually assessed, and care planned and delivered in a consistent way. People who used the service had a variety of support needs and from the six care plans that we looked at we found that the information and guidance provided to staff was clear. Any risks associated with people's care needs were usually assessed, with the exception that the risk assessments did not always cover areas of risk reduction measures. For example, risk assessments did not cover the risk reduction measures for people who were at risk of developing a pressure sore. We also found that in some cases the risk assessments that were in place could be updated more regularly.

During our review of care plans we found that these were usually tailored to people's unique and individual needs. We found that most, but not all, care plans were being reviewed regularly.

The service provided us with information about the level of qualifications amongst the 38 care workers currently employed. 14 care workers had already achieved health and social care qualifications and four had begun study

for the National Vocational Qualification (NVQ 2). We were provided with a list of courses that staff had undertaken in the last year although the provider could not confirm at the time of the inspection how many staff had undertaken these courses or when they were completed. We found that the registered person had not provided sufficient support for staff by arranging suitable opportunities for staff supervision.

We found that staff respected people's privacy and dignity and worked in ways that demonstrated this. From the conversations we had with people, and records we looked at, which showed us that people's preferences had been recorded and that staff worked well to ensure these preferences were respected.

Records which we viewed showed that people were able to complain and felt confident to do so if needed. We saw that where people had raised issues that these were taken seriously and dealt with appropriately. People could therefore feel confident that any concerns they had would be listened to.

People who used the service, relatives and other professionals who had regular contact with the service told us that they provided their views about the quality of the service to the registered manager or other staff. There was an annual quality assurance survey being conducted at the time of this inspection, however, there was no other way of monitoring the service performance more regularly than this.

We found the service was not fully addressing aspects of care such as compiling fully appropriate risk assessments, supporting and supervising staff or ensuring that staff were appropriately aware of the Mental Capacity Act 2005.

You can see the action that we have told the provider to take at the back of this report.

# 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?

The service was usually safe. However, we found that the service was not covering necessary areas within risk assessments or updating these consistently.

Relatives we spoke with all felt that people were safe using the service and also felt confident about raising any concerns if necessary.

Requires Improvement



### Is the service effective?

The service was usually effective. However, the lack of staff support through supervision was of concern.

The people who were using this service each had a care plan which included their healthcare needs.

Staff we spoke with were all able to describe how they recognised people's needs. They told us about how each person made their needs known, and where this was limited or not possible, what they did to make sure they spotted signs of anyone being unwell or not content.

Requires Improvement



### Is the service caring?

The service was caring. Our conversations with people using the service, relatives, stakeholders and staff showed that most people felt they were well cared for and trusted those caring for them.

Staff were able to describe and show to us how they worked in a way that ensured that people's dignity and privacy was maintained

Good



### Is the service responsive?

The service was usually responsive. People's care needs were assessed and care plans were individualised. However, care plans were not consistently updated at regular intervals for all people using the service.

People told us that they felt able to raise any concerns or issues about the service. We saw that issues raised were acted on.

Requires Improvement



### Is the service well-led?

The service was usually well-led. However, there was no opportunity for regular meetings or feedback from people using the service, their families, staff and other stakeholders to provide views about the quality and performance of the service. There was, however, a survey conducted each year.

Relatives and other people we spoke with said they felt that the service was well led.

Requires Improvement



# PillarCare Agency

## Detailed findings

### Background to this inspection

This inspection was short notice which meant the provider and staff did not know we were coming until shortly before we visited the service. The inspection took place on Friday 12th December 2014. The inspection team comprised of two inspectors.

Before the inspection we looked at notifications that we had received and communications with people's relatives and other professionals.

During our inspection we spoke with three people using the service, five relatives, three care workers, two care co-ordinator's, the provider and two health and social care professionals 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 six people's care plans and care records. We looked at the induction, training and supervision records for the staff team. We reviewed other records such as complaints information and quality monitoring and audit information.

# Is the service safe?

## Our findings

When we spoke with people who used the service and relatives about the care and support that the agency provided no one said they felt at risk. Any risks associated with people's needs were assessed, with the exception that the risk assessments did not cover areas of environmental safety hazards in people's own homes. For example, risk assessments did not cover the potential risk to people of excessive hot water temperatures or the possible harm this could cause if using the bath or shower without staff support. We also 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 also found instances where risk assessments for particular people had no detail of what action could be taken to minimise the potential risk. As an example, one person's risk assessment said to monitor skin integrity but did not then go on to describe to staff how this should be done or what action to take if there was a concern. The provider accepted that this was an area in which improvement was necessary.

**We found that the registered person had not protected people against the risk of unsafe care or treatment by not carrying out suitably detailed risk assessments or updating these at regular intervals. This was in breach of Regulation 9 (1) (b) (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Staff at the service had access to the organisational policy and procedure for protection of vulnerable adults from abuse. As the service provided care and support to people across a number of London boroughs we looked at whether the service knew who to contact if concerns arose and found that they had the information to enable this to occur. We asked staff about how they would recognise any

potential signs of abuse. The members of staff we spoke with said that they had training about protecting vulnerable adults from abuse and they were able to describe the action they would take if a concern arose.

It was the policy of the provider to ensure that staff had initial training which was then followed up with periodic refresher training. When we looked at staff training records we found that this had happened for all staff within the last twelve months.

At the time of this inspection there was a safeguarding concern under investigation. The agency was co-operating with this investigation.

The service had arrangements in place to deal with emergencies, whether they are due to an individual's needs, staffing shortfalls or other potential emergencies. We were told by people using the service and relatives that the service always responded to these events although they were rare. A relative told us "they cope with difficult situations admirably."

We asked the people using the service and relatives if they thought there were enough staff available at different times of the day to care for you or your relative? Everyone said there were enough staff. One person told us "Sometimes there are relief night carers but they fit in well."

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 are administered with staff support we found evidence that this was logged on care records and administration charts. We spoke with three care workers with regard to the process for handling and administering medicines although none of these staff were responsible for this procedure with the people they supported. The provider had a policy and procedure in place and the care co-ordinators were able to talk us through this. This policy had been most recently updated in November 2014 and covered the necessary areas that the service should consider. The provider may wish to note that staff training records showed that no staff had attended any medication training since October 2011.

# Is the service effective?

## Our findings

The service kept records that showed which training courses staff had done, but could not in most cases show when these had been completed. The three care workers we spoke with had a positive view of the way in which they were trained, although all referred to this as yearly core training but nothing else.

The service kept records that showed which training courses staff had done, but could not in most cases show when these had been completed. The three care workers we spoke with had a positive view of the way in which they were trained, although all referred to this as yearly core training but nothing else.

However, from the seven individual staff training records we looked at we found that a member of staff had attended a course about Parkinson's disease in order to gain increased awareness of the care of the person they worked with. The relative of one person we spoke with said they felt "They seem well-trained in dementia" and another said "Without a doubt, she understands my mother's needs and has had enough training."

One member of staff told us "'I see them about once a month, either here or at the office.' 'We talk all the time- every day.'" Another told us they had not had an induction but had been introduced to the person they provided care for and had been provided with information. We were also told that "'I never really talk to them. We communicate through the care plan. Once a month at the most we talk.'" When we asked the provider and care co-ordinator's about this they accepted that no formal process existed to provide support through supervision. As many of the care workers were live in care workers their role can be isolating. We found there was no formal or coherent programme of staff supervision.

**We found that the registered person had not provided sufficient support for staff by arranging suitable opportunities for staff supervision. This was in breach of Regulation 23 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We found that regular staff meetings occurred, usually every two weeks, for office based staff but for care workers this opportunity did not exist outside of meeting other staff at training sessions.

We saw that there were policies, procedures and information available in relation to the Mental Capacity Act 2005 (MCA) to ensure that people who could not make decisions for themselves were protected. It should be noted that the agency would not have responsibility for making applications under this legislation, however, they would have responsibility for ensuring that any decision on MCA 2005 were complied with. That applications must be made to the Court of Protection. Whether any applications had been made to the Court of Protection and If so, whether the provider was complying with any Court Order. We saw from the records we looked at that the service was applying these safeguards appropriately where applications had been made and approved, however care staff lacked knowledge about these areas.

**We found that the registered person had not provided sufficient training for staff to equip them with suitable knowledge about protection of people subject to the Mental Capacity Act (2005). This was in breach of Regulation 11 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

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 or advocate on their behalf.

Meals were prepared by care workers in most cases. We found that people's specific preferences were adhered to and one person told us their relative was "'quite adventurous with food, enjoys going out to eat and cafes and restaurants'" and we found that this was confirmed in the person's care plan. We were informed that staff had received training in nutrition and food in April 2014 and then nutrition and health between July and December 2014. However, the provider was unable to evidence how many staff had completed this and at what point in the last year other than to say that training had occurred.

## Is the service effective?

People who used the service and relatives who we spoke with had no concerns with regard to the provider's ability to meet health care needs quickly and appropriately. A relative told us "they all seem very patient and understanding of (their relative's) condition." Care plans we

viewed showed the provider had obtained the necessary detail about people's health care needs and had when necessary provided specific training and guidance to staff about how to support people to manage these conditions.

# Is the service caring?

## Our findings

We spoke with three care workers about how people who used the service communicated. Staff were able to tell us all the methods used and were aware of how best to communicate with each person. People using the service and relatives said “she’s very good (their care worker). We can talk to each other about anything”, “they’re very caring”, “they’ve all been caring” and “they really care.” We spoke with three care workers in relation to how people who used the service communicated. Staff were able to tell us all the methods used and were aware of how best to communicate with each person. However, a relative of someone who had used the service told us that “the only thing we could rely on about the care provided was that someone was there, ensuring that (relative) was safe and not alone.” This person had been critical about staff communication and the quality of assistance provided by staff in other ways, saying in their view that “the care was minimal, consisting of shopping, and cooking. No bathing, no dressing.”

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 plans which described what should be done to respect and involve people in maintaining their individuality and beliefs.

We asked people who used 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 we spoke with had been involved in decision making as had associated professionals when relevant. We were told how the provider kept people informed. One person stated “they always ring me if there’s any problem at all” and another said “they’ve developed a plan that is very well thought-out and focused.”

People’s independence was promoted. On the day of the inspection there were 23 people using the service. Those we spoke with, and their relatives, raised no concerns about their rights to dignity, privacy, choice and autonomy being respected. We were told “they’re all very professional and hardworking”, “they’re very patient and efficient” and “she (care worker) does everything for (my relative). I trust her. There are no improvements necessary.” Staff we spoke with talked about people in a polite and respectful way and told us about positive relationships they had developed with the people they cared for and their relatives. From these conversations we were left with no concern about the attitude of staff towards those they supported.



# Is the service responsive?

## Our findings

The people who were using this service each had a care plan. We looked at the care plans for six of these people. The care plans covered personal, physical, social and emotional support needs. , Care plans largely individualised and 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 provided.

In most cases care plans were updated at regular intervals to ensure that information remained accurate and reflected each person's current care and support needs. However, we found that some care plans had not been updated for over a year.

Most of the people who used the service and relatives we spoke with were happy with interaction from the staff at the service. People told us "they're very responsive, they've always acted on any problem, however minor. They go

above and beyond to solve any problem", "Whenever I've had to bring up issues, they've always been extremely helpful" and "I always speak to the same person at the agency. They put things right very quickly once when a carer didn't turn up." However, a relative told us that they were far less satisfied with the service saying that in the time their relative had used it "it was rare to find a carer in the room with (Relative), little was done to encourage any constructive interaction or development of a relationship with our (Relative).

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 although no one told us that they had ever felt the need to. People told us that they were aware of the provider's complaints system and who to contact if the needed to. A local authority care manager told us "I've had no complaints from the family (of the person they placed with the service)."

# Is the service well-led?

## Our findings

People using the service and relatives we spoke with told us “We have regular meetings with the carer and the managers”, “they’re a jewel in the care agency crown”, and “overall, I’m very pleased indeed.”

People who used the service, relatives and staff we spoke with were asked about who they talk to about any concerns and if they thought they would be taken seriously. The comments that people made showed that people and their relatives felt able to speak with the staff at the agency and their care workers. However, care workers felt less confident about the level of contact, one saying “the manager doesn’t always listen to me” and another that they did not have any more than monthly contact via changes made to the person’s care plan.

Meetings with people who used the service and their families to discuss the day to day operation of the service did not happen consistently. Although people told us that they felt communication was usually good there was no formal process for regular monitoring visits or other

processes in use at the service. The provider told us that most people would find this intrusive and that care co-ordinator staff at the office were responsive to requests from families to discuss issues.

Staff demonstrated that they took their caring role seriously and felt accountable for the way that care was delivered.

The provider told us that they sought people’s views every two months, discussed this but did not record any action taken. The latest report from this survey that we were provided with was dated as “Summer 2013” and we were informed that a survey was underway at the time of this inspection, this was subsequently published in January 2015 and showed a high degree of satisfaction from people using the service. However, we were told that there was no other formalised system for carrying out monitoring or receiving feedback from people who used the service, relatives or other professionals. Subsequent to this inspection the provider informed us that they would introduce a system which we will review at our next inspection. People who spoke with us felt able to approach the service with their views.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>Regulation 9 (1) (b) (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered person had not protected people against the risk of unsafe care or treatment by not carrying out suitably detailed risk assessments or updating these at regular intervals.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff</p> <p>Regulation 23 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>We found that the registered person had not provided sufficient support for staff by arranging suitable opportunities for staff supervision.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse</p> <p>Regulation 11 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

## Action we have told the provider to take

We found that the registered person had not provided sufficient training for staff to equip them with suitable knowledge about the Mental Capacity Act (2005).