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

Summary of findings

Overall summary

PillarCare agency provides support and care for people in their own homes across a number of London boroughs, predominantly in the north, west and south west London.

This inspection was at short notice, which meant the provider and staff did not know we were coming until 48 hours before we visited the service. At the last inspection on 24 November 2015 the provider met all of the legal requirements we looked at and was rated good.

At this inspection we found the service remained Good.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and a small number of younger disabled adults.

Not everyone using PillarCare agency receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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 and their relatives told us they felt safe. People were looked after by staff who knew them well and gave them the time and attention they required.

Any risks associated with people's care needs were assessed, and the action needed to minimise risks was recorded and were updated regularly. Staff were aware of the potential risks that people may face.

Staff respected people's privacy and dignity and their individual preferences. The people using the service were mostly of the Jewish faith although people of other faiths were also cared for. People were not discriminated against due to their heritage, cultural or religious beliefs, illness or disability.

Staff told us they 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. Staff training records confirmed this and there was an emphasis on staff obtaining qualifications in health and social care.

The service was diligent with ensuring that the requirements of the Mental Capacity Act (2005) were complied with and proper consultation took place to help protect people's human rights.

People were encouraged and supported to maintain their independence 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 the service worked co-operatively with people's families and other health and social care providers.

People who used the service, relatives and stakeholders had opportunities to provide their views about the quality of the service. The provider worked well to ensure that people were included in decisions about their care. People's views about how the service was run were respected and taken seriously.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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 8 December 2017. 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 one inspector 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 any notifications of significant events and other contact the provider may have had with the Care Quality Commission.

During our inspection we spoke with one person using the service as other people preferred we contacted a relative or friend and we spoke with eight of these people. We also spoke with three care workers (and received e mail feedback from nine other care workers), three agency office staff and the provider and received feedback from one health and social care professional.

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 four people's care plans and care records. We looked at the induction, training and supervision records for four recently recruited staff and the training and supervision records for all 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

The people we spoke with, or their relatives, told us they felt safe with the care staff that supported them. They said, "Absolutely safe. I can't rate them highly enough and they're really, really responsive and quite hands-on" and, "[Name of carer] is fine and I'm comfortable with [relative]; with people from different cultures, you need a bit of time to work with them".

When we asked about whether care staff needed to use equipment when providing care we were told by people that, "Yes. [relative] is hoisted to commode and they maintain her turning charts; she can't do anything for herself" and, "There are no problems at all and they help to keep [the equipment] well-maintained."

Very few people required assistance to take their medicines and no one we spoke with made any comments about this. However, we did look at medicines records for two people and these were completed correctly. Once completed each month these were delivered by care staff to the agency to keep on people's care plan records. Spot checks also included examination of medicines storage, safe keeping and recording and these spot checks had not highlighted any issues regarding medicines management.

The provider had a 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 annual refresher training and the staff we spoke with knew about this and that they were required to undertake this training, and had done so. Staff we spoke with described what they would do if they thought someone was at risk of abuse and how they would raise any concerns. A member of the care staff team told us, "I totally would raise any concerns without doubt." This person had confidence in feeling able to do so and that they would get a response from the agency. No safeguarding concerns had been raised with the Care Quality Commission (CQC) since the previous inspection. Another member of the care staff team said, "There is good communication between the carers and the management. The management always look for their staff safety as well as the clients."

We looked at four staff recruitment records and the provider demonstrated that the service had undertaken safe recruitment checks for each person. These checks included a criminal record and Disclosure and Barring Service (DBS) check. The provider obtained two written references and also checked documents, such a passport or driving licence, to verify a person's identity and permission if required to work in the UK.

Risk assessments were clear, detailed and specific to the needs of people who used the service. The service had common risk assessments such as falls; manual handling and medicines. These risk assessments then went on to describe other risks associated with people's day to day needs. Risk assessments were reviewed regularly and were updated at any time that people's care needs and any associated risk had needed to change.

Staff received hygiene and infection control training. We were told that no one using the service had any condition that required specific infection control measures to be used. However, personal protective

equipment such as gloves and aprons was readily available for staff when carrying out personal physical care tasks.

Good

Is the service effective?

Our findings

In terms of how the service effectively supported people a relative told us, "We interview all the carers and we've had stability for long periods, [relative] has had the service for about five years." Another relative said, "My [relative] is an intellectual and [name of carer worker] finds things that are of interest to him."

People received 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 and health and safety. We looked at the training records for the whole staff team. The records confirmed that staff had received training in a variety of areas including risk assessment, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards and managing medicines.

Each staff personnel file contained a signed document by staff confirming that they had read and understood policies and procedures, for example, dementia, medicines, safeguarding and human rights. Care staff we spoke with were very clear about the rights of the people they supported to be consulted about their care. A member of the care staff team told us, "I attend useful training which helped me to understand people with special needs. I have also completed studies in Health and Social Care Level 2 and 3 is in progress." Another member of care staff told us, "Training plays a vital role in the agency, I was made aware from the onset that no Pillar staff are assigned work until they have satisfactorily completed the Care Certificate." The service that was committed to having a trained and supported staff team.

Staff told us that they received regular supervision every two months and training was always offered and available. One member of staff told us, "I meet with the community care manager at least once a month anyway and we talk about my client and other things." Staff supervision records showed that this occurred on average once every two to three months, for part time staff this was usually at three monthly intervals and for live in care staff this was more frequent.

Care plans that we looked at showed that consent to care and support was being obtained. Almost everyone using the service was able to provide independent consent to care and had done so. 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.

People who lacked mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this was in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS), however, DoLS does not apply in a service of this kind. At the time of our inspection only one person was subject to appointeeship by their family and this approval was documented by the service and the person's family were consulted about decisions regarding their care.

Where care workers were required to assist people to prepare a meal they had training to do this. People told us "Yes, [care staff] is careful with food preparation; my [relative] needs small portions" and "[relative's] food has to be blended and needs feeding, she can't do anything and she is lovingly fed".

Everybody at the service was registered with their own GP and staff supported people who were unable to attend the surgery themselves or arrange home visits. Details of people's appointments were documented on care files for reference. Not everyone using the service required this support although this was more relevant for people who had live in care staff supporting them. We saw examples of where people had been assisted to make medical appointments and seek advice.

Good

Is the service caring?

Our findings

Almost all of the people who spoke with us were positive about the service and their experience of care and support from staff. One person raised a question about unfamiliar staff at times but overall they were none the less satisfied with the staff that usually supported them.

A person using the service said, "They listen to me. They really look after me. I like talking a lot! I have nothing to complain about. The care staff are looking after me really good." Relatives told us, "Yes she's [care staff] compassionate towards my mum" and, "Yes definitely caring especially maintaining [relative's] dignity with personal care."

A social care professional who contacted us said, "I had contact with PillarCare regarding one client about a year ago. During this interaction the worker was very professional and had the client best interest at the centre of all conversations we had."

These comments showed that people's experience whether using the service, or having contact with it, was that the staff and the service cared about people and respected their privacy and dignity.

People's individual care plans included information about their cultural and religious heritage, daily activities, communication and guidance about how personal care should be provided. In conversation with care staff it was evident that they knew what should be done to respect and involve people in maintaining their individuality and beliefs. One member of the care staff team we spoke with lived with the person they supported. They told us they had been closely matched with the person, not least as they were fluent in the Hebrew language which their client preferred to speak.

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 said that they had been involved in decision making and their views were listened to. Those we spoke with, and their relatives, raised no concerns about their rights to dignity, privacy, choice and autonomy being respected and were highly complementary about how care staff, and the agency, respected and valued them.

People's privacy and dignity were 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 service did not specialise in providing end of life care. However, this important issue was not ignored and in one case a member of the care staff team told us that they were in regular contact with a palliative care nurse who was working with their client.

Good

Is the service responsive?

Our findings

Care plans were specific to the agreed care that staff were required to provide in line with the assessment of care needs. The service had a daily log recording the care provided to people at each visit. These completed log sheets were held in the person's home and the older log sheets were returned by care staff at regular intervals for review and holding on each person's central care records.

A person using the service told us, "[Name of community care manager] writes a care plan every three months. I have no complaints about them. They are very good, all of them are and I know they help a lot of people."

Relatives told us "We've had several surveys [referring to being asked for their views about care]; I think six monthly, we had one three weeks ago" and, "Yes, we got a survey recently."

The four care plans we looked at showed that everyone had a care plan and/or assessment from the placing local authority as well as the agency. If people were requesting the agency's care service privately the service carried out their own assessment of need and developed a care plan. Assessments and care plans were undertaken in consultation with people using the service with relatives also being involved if required. Care plans were clearly recorded and information was readily and easily accessible. The care plans gave guidance to staff on how to support each person and about the independence and ability that each person maintained. Care plans and risk assessments contained review dates and each had been reviewed when this was due.

Care staff were aware of the information which needed to be recorded such as accidents, incidents, risk management and safeguarding and were aware of their reporting channels. There was regular communication between agency office based staff and care staff, who confirmed this.

Each member of staff we had contact with, either personally or via e mail, demonstrated by their comments that they took their caring role seriously. People working at the service felt accountable for the way that care was delivered. The provider told us that they sought people's views every two months, which we confirmed as a part of the spot check system. Care staff told us, "Pillar care organizes everything, making sure that the service user has a care worker and the carer will provide the high quality service so the service user will have their needs met" and, "This service is very good, caring and the response is very good and positive. The service is very safe and helpful."

There was a complaints policy which clearly outlined what the provider would do to listen to and respond to complaints. People and relatives were provided with information on how to make a complaint when they began using the service. From the feedback that we received above it was evident that people had felt able to raise concerns when they felt the need to. People told us that this had not been in the way of formal or specific complaints as people did feel they were listened to and were provided with an appropriate response.

Good

Is the service well-led?

Our findings

People using the service did not make any comments about the way the service was managed. However, relatives told us, "What they do best is about being responsive, supportive and they are very professional; they work with us to provide the best care possible" and, "What they do best is that they are organised and they are quite good at matching people. We have three weeks with one carer and then one week with another."

The registered provider also managed the service. They were supported by a community care manager and a head of care as well as administrative staff. They were in regular communication with each other and we observed this during our inspection. We observed discussions about what was happening during the day and any action that needed to be taken, in one case regarding a person that had just been referred to the service.

Staff told us they felt well supported by the management team, not least when staff worked alone and those that lived with the people they supported. Staff contributed to how the service was run, through staff team meetings and regular training sessions. The staff we spoke with knew their roles, the lines of accountability and what was expected from them.

There were systems in place to monitor the service. For example, the manager and other members of the management team carried out audits across a range of areas. These included medicines, care plans, monitoring staff training and staff performance. There were also systems in place for regular review of day to day care needs and audits of care plans, risk assessments and medicines management all took place. A two monthly spot check system was in place and we found that this was being operated effectively.

The provider predominantly provided a service to people who paid for their own care, although in some cases there were people who were publicly funded. Relationships with outside agencies and stakeholders were managed. The provider carried out regular consultation with people using the service, relatives and other interested parties and published a twice yearly satisfaction survey. We looked at those that had taken place since our previous inspection and it was a consistent theme that people thought the service operated well and cared for people.

The service had appropriate, up to date policies and procedures in place which were available to staff to guide on various areas of their work. The policies included hygiene and infection control, safeguarding people from abuse, equal opportunity, medicines management and complaints.

The provider was open and transparent in looking at the service performance and identifying areas for improvement, learning from events that occurred and making changes. How they would do this was shared with people which demonstrated honesty in the approach the service took to plan for change.