

PillarCare Agency Limited

# PillarCare Agency

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

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

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

Systems were in place to protect people from abuse. These included safeguarding policies and appropriate training for staff.

Personalised risk assessments were compiled around each person's specific care and support needs. This helped to keep each person safe and supported their independence.

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.

Safe recruitment procedures were detailed. The suitability of staff was assessed before they were recruited or started to care for people using the service.

Suitable infection control practices helped to prevent and control the spread of infections in people's own homes, including COVID-19.

People received consistent care from regular care staff who had a good understanding of their care needs and preferences.

Most people received support from live in care workers and for those that had care staff visit at different times of day the agency verified that care staff were punctual and stayed the agreed amount of time.

Quality checks monitored the care and support using a live database system so that the care being provided and recorded could be seen in real time. Improvements to the service were made when deficiencies were found.

### Rating at last inspection and update

The last rating for this service was Good (Published on 18/01/2018). This rating has not changed as a result of this focused inspection and the service continues to be rated good.

### Why we inspected

This was a focused inspection that examined areas of safe and well-led due to concerns received about pressure area care. Based on our inspection of these areas we found that the service had taken the

necessary action to respond to the concern raised and clarified the work undertaken by care staff. Please note that the legal entity of the service provider has changed since our previous inspection, although the service remains the same in terms of the location and the care service provided.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 safe

Further information is in the detailed findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Further information is in the detailed findings below.

**Good** ●

# PillarCare Agency

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this focused 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by a single inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a manager in post who was undergoing the registration process with CQC.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

The inspection took place on 26 July 2022.

#### During the inspection-

We received feedback from two relatives and two care staff about the agency. We also spoke with the manager (who was undertaking registration with CQC), the nominated individual and the head of human

resources.

We looked at a sample of risk assessments and care plans, focusing on risks of potential pressure ulcer areas developing, for five people and their medicines administration records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good, we have not changed this rating as a result of this inspection. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew what the potential risks of abuse were and acted to minimise any untoward event.
- A person using the service told us "Staff treat me well and they know me and are very sympathetic."
- We looked at information the provider showed us of records of complaints and incidents. Any concern that had been raised had been reported as required to the local authority and CQC and had been responded to appropriately.

Preventing and controlling infection

- We were assured the service was following current infection prevention and control (IPC) procedures, including those associated with COVID-19.
- Systems were in place to ensure people and care workers remained safe and protected from the spread of infection. There were policies on infection prevention and control and COVID-19 which were in line with national guidance.
- People received care in a way that minimised the risk of infection. A relative gave us an example of what care staff do when providing personal care, "They always wear gloves to protect my relative and themselves during personal care."
- Staff had received training about infection prevention and control including COVID-19. The agency had an effective system in place to ensure Personal Protective Equipment (PPE) supplies were readily available.
- Senior agency staff monitored care worker's compliance with infection control policies and procedures as part of their monitoring spot checks.

Assessing risk, safety monitoring and management

- The service assessed the potential risks that people faced and responded to risks that were identified and that emerged as people's needs changed.
- A relative told us "My [relative] lives with moderate dementia and cannot be left alone, the carer is very aware of this. When they go for a walk she is mindful of how [relative] judges the traffic, the balancing of rights and risks plays a large part in my [relative's] care."
- We focused on risk assessments specifically related to people who may face a risk of developing pressure ulcers and how they were supported to minimise that risk. A question had been raised by a local authority about whether there was suitable action being taken to recognise and respond to this risk.
- We found that the service liaised with specialist healthcare colleagues to obtain the most appropriate advice. For example, there had recently been clarification required about a person's that had developed a pressure area and the action needed to address this potential risk.

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 MCA 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. We found the service was working within the principles of the MCA.
- Most people had capacity to make their own decisions.
- People were supported to make choices and decisions about their lives. Care records identified whether people had the capacity to make decisions, which included daily living decisions.
- Staff completed training to help them understand the principles of the MCA. They understood the importance of gaining people's consent before providing care and support and promoting people's rights and choices. They knew that if a person did not have the capacity to make a decision it could be made in the person's best interests by relatives, healthcare professionals and others involved in the person's care.

#### Using medicines safely

- The provider had effective monitoring and auditing systems in place to ensure that medicines were administered safely. This was held electronically and could provide real time live information about whether people had received their medicines each day and at what time this had taken place.
- We looked at the medicines policy which was detailed and gave appropriate guidance for staff to follow. Staff were also regularly assessed to ensure they were competent to administer medicines safely.

#### Staffing and recruitment

- The provider's recruitment procedures ensured that staff members were suitable for the work they were undertaking. We looked at verification of five recently recruited staff identity and criminal records (DBS) checks and found that the correct procedures had been followed to promote the safety of people using the service, including the legal right to work in the UK, by preventing them from being cared for by unsuitable staff.

#### Learning lessons when things go wrong

- The provider had taken steps to remedy any risk of potential shortfalls at the service and learning from improvements that could enhance people's safety. Most recently they had done this by taking steps to minimise any potential lack of clarity with information shared about pressure area care.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The manager emphasised the service's vision which they shared with staff to ensure people received individualised focused care in a safe, effective and responsive way. The manager spoke passionately about the service and their responsibility to ensure they had clear oversight of the running of the service.
- A relative told us "The carers have all been a credit to PillarCare and my [relative's] quality of life has improved as a result."
- Staff told us they enjoyed working at the agency and felt valued. Staff were happy with how they worked collaboratively as a team. Care workers were provided with various tools to support them if they needed guidance or advice about their role. This helped to provide a positive working environment.

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

- The manager understood information sharing requirements, and knew that when concerns were raised, appropriate notifications should be sent to the CQC and the local authority.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Management had oversight about how the service operated. There was a continuous programme of auditing and responding to emerging or changing care and support needs and about the day to day operation of the service.
- A relative told us "In my experience PillarCare are conscientious, sensitive and professional in the care they provide. They provide 24/7 live in care and I have been more than satisfied with the carers they have sourced and placed over this time."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The manager was knowledgeable about the characteristics that are protected by the Equality Act 2010, which we saw had been fully considered in planning care. Peoples heritage and beliefs were documented and care planning took this into account in guiding care staff about how they delivered care.
- A relative told us "Pillar Care include me at [relative's] care plan reviews and send me a copy of the plan to comment on. I have always found them very helpful."
- People and their relatives were encouraged to provide the feedback about the quality of service they

received through visits to people at home, telephone interviews, surveys and quality assurance checks.

#### Continuous learning and improving care

- The manager responded to any opportunities to learn from people's experience of care by making the necessary changes which ensured people received support and care adapted to their individual needs.
- Staff received regular updates from the manager; this included up to date guidance on the COVID-19 pandemic.
- Care workers were given an opportunity to complete a staff survey and the manager told us that a new survey was about to get underway.

#### Working in partnership with others

- Policies and procedures were in place and updated as and when required to provide guidance to staff on how to deliver care safely, appropriately and in a way that promoted people's dignity and right to choose.
- We were shown evidence of contact with a local authority around an issue that had arisen for someone using the service. This information was complimentary about the way the service had responded.
- Care staff told us "I am happy at my work through the Support I get from our Office PillarCare" and "PillarCare make sure that we take care of the clients and ourselves. They are excellent."
- Staff received regular updates from the manager; this included up to date guidance on the COVID-19 pandemic and any changes to government guidance as this was announced.