

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## PillarCare Agency

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

**Respecting and involving people who use services** ✓ Met this standard

**Care and welfare of people who use services** ✓ Met this standard

**Safeguarding people who use services from abuse** ✓ Met this standard

**Requirements relating to workers** ✓ Met this standard

**Staffing** ✓ Met this standard

**Assessing and monitoring the quality of service provision** ✓ Met this standard

## Details about this location

Registered Provider	Mr Jeffrey Robert Garnett
Overview of the service	This is a domiciliary care agency which offers care to people in their own homes across London but predominantly in North London. At the time of the inspection it provided personal care to 20-30 with a wide range of care needs.
Type of service	Domiciliary care service
Regulated activity	Personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	5
Care and welfare of people who use services	6
Safeguarding people who use services from abuse	7
Requirements relating to workers	8
Staffing	9
Assessing and monitoring the quality of service provision	10
<b>About CQC Inspections</b>	11
<b>How we define our judgements</b>	12
<b>Glossary of terms we use in this report</b>	14
<b>Contact us</b>	16

## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 February 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

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### What people told us and what we found

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We spoke with two people who used the service and four relatives. One person told us "They are on the ball" and another person said "I consider myself very fortunate with the service I receive." A relative described the carers as "excellent" and said "all care is on an individual basis." We visited the office and spoke with management and looked through the care plans of five people who use the service and four members of staff. We found that the care plans and risk assessments were up to date and reflected the individual needs of the people who used the service. We found that care workers were able to access training regularly to ensure their skills were up to date. One care worker told us that "they are really supportive and helpful." There were regular surveys which ensured quality assurance and provided opportunities for people who use the service to feed back information which is used to develop the service.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

People who use the service understood the care choices available to them. One relative told us the care is "all done on an individual basis" and one person who used the service told us they "keep me in the loop" regarding their service.

People who used the service received an assessment of their care needs before care started. People and their families were central to the assessment. We saw care plans which clearly displayed individual preferences and were up to date. They had been signed by people who used the service or by relatives on their behalf. We saw the service user guide that people were given before they received a service from Pillar Care. This presented information clearly about the service and what they could expect in terms of service delivery. One person who used the service told us the provider was very clear when giving them information about what their options were. People who used the service and their relatives were involved in initial assessments and were given information about their preferences and the way care was provided.

We spoke with care workers who explained how they respect specific cultural and religious needs of the people they work with. One care worker explained how they were able to provide specific appropriate support to someone with particular cultural needs. Pillar Care commissioned an external company to carry out quality assurance questionnaires at least once a year. We saw from the feedback of the last survey that people found the information provided about the service was very good. Feedback seen from questionnaires completed and returned by people who used the services and their relatives in the last year, told us that all respondents felt that carers treated them with dignity and respect.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed and care was planned and delivered in line with their individual care plan. We spoke with one relative who told us "considering the care agencies we have used, they are the best." One person who used the service told us "My experience has all been good" another person told us "it's 100% service."

We saw detailed care plans with specific needs of people who used the service. We saw that the information in the care plans was presented in a way which put the person at the centre of the care that they received as it detailed the care which was needed and the individual preferences and background history of the people who used the service. The provider ensured that people who used the service had copies of their care plans and documentation in their own homes. Care plans were reviewed at least once a year and people who used the service and their relatives were involved in this process and signed the reviews. We spoke with four care workers who told us they were given adequate information about the people they would be working with before starting to work with them.

Care workers we spoke with were able to explain how they met the needs of people who used services in an individual way and how they support them. One care worker we spoke with told us she read the care plans and had shadowed another care worker before starting to work with one person who uses the service. They were able to describe the needs of the people who they worked with.

The provider told us that in all but emergency situations care workers would be matched and chosen by the person who used the services before starting to work with them. The provider told us most people who used the service had secondary care workers when the usual care worker was on planned leave and they have care workers available to cover for emergency situations when necessary. One relative told us when they had asked for a care worker to be changed this had happened quickly. One person who used the service told us "they phone and tell us if there are any changes" of care workers attending.

**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### **Reasons for our judgement**

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We saw records of five care workers which showed they had updated training relating to adult safeguarding. We spoke with four care workers who showed an awareness of safeguarding. There was information about the whistle-blowing policy for staff members in the folders which are kept in the home of every person who used the service. Care workers we spoke with were aware of this policy.

We spoke with two people who used the service and to three relatives and they felt safe with the care workers that were provided by Pillar Care.

There were local safeguarding policies in place and care workers were aware of the procedures that they needed to follow in case of concern. There were procedures in place for recording support people receive with money matters, such as care workers doing their shopping or paying their bills, to ensure that people are protected from the risk of financial abuse.

There had been no reported safeguarding alerts or complaints regarding Pillar Care between the last inspection and this inspection.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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We spoke with four care workers. We checked the employment records of five care workers. We found that appropriate pre-employment checks were completed and up to date. Care workers had a period of induction for a week which included training on basic life support, moving and handling and health and safety and shadowing other care workers at work. All care workers were required to attend training annually to ensure their knowledge was kept up to date. Most care workers had vocational qualifications in health and social care.

## Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

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Most people who use the service had named care workers whom they knew and who were matched to them. There were contingency plans in place for when a care worker was not available which meant that people were supported by a consistent staff team who were able to meet their needs. One person who used the service told us they were very happy with the 'team of carers' around them. There were care workers available on 'standby' who were able to cover for emergencies.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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The provider commissioned an external independent company to send quality assessment surveys to people using the service and their relatives and to process the returned questionnaires. These surveys were carried out twice over the last year. The reports of the surveys highlighted aspects of the service in which the provider had performed well together with areas where improvements could be made. We saw that some policies regarding sharing information about secondary care workers had been changed as a result of feedback from a previous year.

Care review meetings took place at least one a year. People took part in their review meetings and were able to feedback information. There was regular contact between the office and care workers so that any information or feedback could be given informally as necessary.

We looked at the complaints procedure which was available in the folder which everyone who uses the service had in their home. No complaints had been received over the past year.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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