

Allwell Care Company Ltd

Allwell Care Company

Inspection report

19 Riverside Industrial Park
Rapier Street
Ipswich
Suffolk
IP2 8JX

Tel: 01473907695

Date of inspection visit:
12 December 2023
04 January 2024
11 January 2024

Date of publication:
04 March 2024

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Allwell Care Company is a domiciliary care service providing personal care to people in their own homes in Ipswich and surrounding area. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of this inspection there were 8 people using the service who were in receipt of personal care.

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

The provider was unable to demonstrate they had robust systems in place to identify and manage risks or sustain improvements. The service was significantly smaller than at our previous inspection but learning had not been embedded across the service or a positive culture promoted. Safeguarding concerns were not always escalated or subject to sufficient scrutiny.

Systems to support medicine and risk management did not always identify shortfalls. Risk was not always recognised, minimised or acted on. As a result, people were not protected from the risk of harm.

Relatives told us that staff were generally on time and stayed for the time that had been previously agreed. However, staffing levels lacked resilience which meant that when things went wrong or not as planned, the provider did not always have sufficient capacity or an effective plan in place.

Recruitment processes had been strengthened and pre employment checks were undertaken on staff prior to their employment. We have made a recommendation about risk assessments for staff.

Staff received training but the arrangements to check their understanding of what they had learnt, and their competency was not fully effective.

Care plans outlined the professionals who were involved in the wider care and support of the person. We saw that staff made referrals to health professionals such as the district nurse and falls team.

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.

Supervisions and appraisals were undertaken with staff to discuss their performance. Spot checks to monitor staff performance were completed.

There had been 3 managers in the last year and a new manager had recently been appointed. However, management responsibilities were unclear, and relationships strained and there was no shared understanding of organisational risk. Quality and safety monitoring processes were in place but failed to identify the shortfalls we found.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 09 March 2023). There were breaches of regulation. At this inspection we found the provider remained in breach of regulations.

This service has been in Special Measures since the last inspection, and it remains in special measures as it continues to be rated inadequate in well led. This means we will keep the service under review, and if we do not propose to cancel the providers registration, we will re-inspect to check for significant improvements. If the provider has not made enough improvement within the timeframe and there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating the service. This will usually lead to cancellation of their registration or to varying the conditions of registration. For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it, and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We have found evidence that the provider needs to make improvements and found breaches in relation to safeguarding, the management of risk and governance. You can see what action we have asked the provider to take at the end of this full report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

You can read the report from our last comprehensive inspection, by selecting the 'All inspection reports and timeline' link for Allwell on our website at 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Inadequate ●

Allwell Care Company

Detailed findings

Background to this inspection

The inspection

We carried out this 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 2 Inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A manager had been appointed but had not yet made an application for registration to CQC.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and office staff are often out and we wanted to be sure there would be staff to speak with us.

Inspection activity started on 12 December 2023 and ended on 11 January 2024. We visited the location's office on 12 December 2023. As part of the inspection, we carried out telephone calls to people, their relatives and staff. We spoke with other professionals, the manager and provider and concluded the inspection in calls to the provider on 4 and 11 January 2024.

What we did before inspection

We reviewed information we had received about the service since the last inspection.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well and improvements they plan to make. We took this into account when we inspected the service and made judgements in this report.

We sought feedback from the local authority and professionals who work with the service.

During the inspection

During our on-site visit which took place on the 12 December 2023 we reviewed a range of records, such as 4 people's care records including daily records and medication records. We looked at 4 staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. Following the site visit, the provider sent us documentation by email.

We spoke with both directors including the nominated individual who is responsible for supervising the management of the service. The nominated individual and the director work at the service as care staff. We also spoke with 1 person who used the service and 6 relatives/ friends by telephone about their experience of the care provided. We also spoke with 2 members of care staff and the new manager.

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 inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

At the last inspection we found that safeguarding systems were not robust. This was a breach of Regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found insufficient improvement had been made and the provider remained in breach of the regulation.

- Safeguarding systems remained ineffective and did not ensure people were consistently protected from the risk of abuse. Where concerns had resulted in safeguarding investigations, the provider could not demonstrate lessons learnt or that sufficient scrutiny had been applied and the protection of people prioritised.
- Since the last inspection the local authority had been working with the service following a safeguarding investigation. Despite this when subsequent concerns were raised the provider could not always demonstrate they had taken action in line with local safeguarding protocols.

This was a continued breach of Regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff we spoke with told us they had completed training and were able to outline local safeguarding procedures. A member of staff described how they had raised alerts in the past and the impact on them. They told us, "I did get a backlash, but I know I did the right thing."
- The provider told us they did not currently support people with shopping tasks but had a policy in place to ensure people were safeguarded from financial abuse.

Assessing risk, safety monitoring and management, learning lessons when things go wrong

At the last inspection we found systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that whilst improvements had been made, the provider remained in breach of the regulation.

- Risk management systems were not embedded or consistent across all areas. At our previous inspection we identified concerns about how people were being supported to manage the risk associated with their diabetes. At this inspection we found that this remained unresolved and identified, 2 people who did not

have a risk assessment or guidance in their care plan as to the management of their diabetes. The lack of clear guidance for staff meant that the risks associated with diabetes such as Hypoglycemia had not been considered.

- Where the risk management plan indicated on going monitoring, evidence was not always available that this was being undertaken

This was a repeat breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Environmental risk assessments were in place and there were risk assessments in place for skin damage and falls. We saw staff were more alert to changes in people's wellbeing and had escalated changes in people's skin to health professionals to reduce the likelihood of a pressure ulcer.
- People told us risks were better managed. A person's relative told us, "If there is ever a problem like [relative] needs the doctor they will let us know and stay with [relative] until one of us gets there. One night there had been a power cut and the bed and electric mattress wasn't working, they kept checking on my relative and rang me to update me on what was going on. I think they go above what I had expected."
- Staff completed incident and accident forms and body maps.

Staffing and recruitment

At our last 2 inspections the provider had failed to ensure staff were available to meet people's needs in a timely way. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, (Staffing.) At this inspection we found improvements, and the provider was no longer in breach of regulation, but further efforts are needed to strengthen contingency arrangements.

- The numbers of people the service were supporting had dropped significantly as the Local Authority had stopped contracting with the agency. There were sufficient staff to meet the needs of the 8 people using the service. However, we did not see evidence of sufficient resilience in staffing levels to ensure this was consistently maintained when things did not go as planned and staff were not available due to sickness or other reasons.
- Overall, however people's experience of using the agency was improved and they told us they were supported by regular staff who arrived for their visits when they were supposed to and stayed for the allocated time. A person said, "There are 4 staff who come regularly. I think consistency is key, it is 1 of the reasons I wanted to stay with the company." A relative told us, "They are usually on time but if they are stuck somewhere for example if something has happened, they will ring and let me know. They stay the full time, in fact sometimes it runs over it depends on how [relative] is on the day."
- There was clearer oversight of staffing to ensure visits were undertaken in a timely way. Staff told us they had time allocated to travel between visits. A member of staff told us, "Previously there wasn't a lot of travel time, but now there is. It's so much better than it was... I hope it will stay like this when we get more clients."
- We undertook call analysis and found that in contrast to our previous inspection, most visits were delivered within the planned time and there had been no missed visits.

At our last inspection we found systems were either not in place or robust enough to demonstrate safe recruitment, training and support. This was a breach of Regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found some improvement at this inspection and the provider was no longer in breach of regulation 19.

- The provider had improved its recruitment processes. References and disclosure and barring checks had

been obtained for newly appointed staff. A full employment history had been obtained for new staff, although there remained gaps for longstanding staff.

- For newly employed staff there was evidence of induction training and staff told us they shadowed a more experienced colleague before working independently.
- Whilst some risk assessments were completed for staff, we identified areas where there were gaps, such as where staff had dyslexia or health conditions

We recommend that the provider reviews all staff records and ensures that risk assessments are undertaken in line with current guidance for employers.

Using medicines safely

At the last inspection we found that systems were either not in place or robust enough to demonstrate that medicines were effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made but further work is needed to embed learning and oversight.

- Staff had received training on medicines and competency checks were undertaken to check on staff understanding. The competency checks were not fully effective and did not identify where staff were not following the providers' policy. For example, there was a lack of clarity about whether staff were prompting or administering people's medicines.
- Audits were being undertaken and these focused on highlighting issues such as signature gaps on medicine administration charts. However, the audits had not always identified other issues which we identified as part of the inspection, such as the failure to record the administration of prescribed patches.
- Most of the medicine shortfalls we observed had been identified in the preceding days of our inspection by the newly appointed manager who assured us they were addressing the issues and we saw records to evidence this.
- People received more timely visits which meant time sensitive medicine was given in line with the prescriber instructions.

Preventing and controlling infection

- The provider had arrangements in place for preventing and controlling infection.
- Staff confirmed they had access to personal protective equipment (PPE). People told us staff wore gloves and aprons when providing personal care.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At the last inspection we found the provider had failed to ensure staff were trained and competent. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that some improvement had been made but the provider remained in breach of the regulations.

- At the last inspection we found training for staff, supervision and the monitoring of staff performance was not effective. At this inspection we found some improvements had been made but training had not been embedded as staff were not consistently following the provider policy, in areas such as medicine administration.
- Competency assessments for medicines were undertaken but were not effective and had not identified any shortfalls. The staff member completing the assessments had not received any additional training to enable them to undertake these additional responsibilities and review competency.

This is a continued breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider operated 2 systems to record and oversee staff training, but both had gaps in different areas, and neither were accurate or compatible.
- Certificates checked however, did evidence that staff had completed training. Staff spoken with told us about the training they completed which included moving and handling, emergency first aid, fire safety and medication awareness. Most of the training was online. New staff confirmed they completed an induction and shadowed more experienced staff to learn about people and their needs.
- People and their relatives expressed greater confidence in the skills of care staff. Although some thought they would benefit from more training in dementia care. A person's relative told us, "They know exactly how to approach my relative and understand them... There was a new carer, and [they] came with [another staff member] to see what [relative's] needs were... I felt really involved and I trust them to make sure staff are supported properly."
- Concerns about moving and handling had been identified through the spot checking process. We were assured by the manager they had a plan to address this.
- Supervisions and appraisals were undertaken with staff to discuss their performance and identify any training support needs. Spot checks to monitor staff performance were completed.

Ensuring consent to care and treatment in line with law and guidance

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At the last inspection we made a recommendation about mental capacity assessments and best interest decisions and we saw that improvements had been made.

- 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. Care and risk management planning included an assessment of people's mental capacity.
- Staff had been provided with training in understanding their roles and responsibilities in relation to the Mental Capacity Act (2005).
- Confirmation was not always in place regarding power of attorney and the provider told us they would follow this up and ensure that there was greater clarity.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Relatives told us that their family members were supported to access health care and changes to their health and wellbeing were escalated.
- Care plans outlined the professionals who were involved in the wider care and support of the person. We saw staff had made referrals to health professionals such as the district nurse and falls team.
- Staff told us they would report any concerns in relation to the person's health to the management team and we saw records evidencing this.

Supporting people to eat and drink enough to maintain a balanced diet

- Support was provided with meal preparation as outlined in people's assessment. Most meals prepared were either sandwiches or heated microwave meals.
- Where there were concerns about choking or aspiration, risk assessments were completed and referrals to the dietitian.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans and assessments were in place, although some were not up to date. Staff however had a good understanding of people's needs and people told us they were supported by regular staff who knew them well.

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 inadequate. At this inspection the rating has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; 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

At our 2 previous inspections the provider had failed to ensure systems were established and operated effectively to ensure compliance with the requirements, which was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that whilst some improvement had been made the provider remained in breach of the regulations.

- The provider was unable to demonstrate they had robust systems in place to manage risks and sustain improvement. Learning had not been embedded across the service and a positive culture promoted. We identified continued breaches of regulation relating to safeguarding and staff training and the provider failed to ensure governance systems were effective in identifying and addressing shortfalls.
- There was no registered manager in place and since the last inspection there had been 3 managers, with most recent commencing their role a few weeks prior to the inspection. The providers directly delivered care and the delegation of management responsibilities was unclear, impacting on the management dynamics and decision making. Relationships were strained and there was no shared understanding of organisational risk.
- Safeguarding procedures were not robust and did not consistently protect people from abuse. There was a culture within the service where safeguarding and whistleblowing was not prioritised.
- The number of people being supported had significantly reduced after the last inspection when the local authority had relocated people to other services. The reduced numbers of people being supported had led to improvements to the timings of visits, but staffing levels lacked resilience which meant when things went wrong or not as planned, they did not always have sufficient capacity or a plan to respond to emergencies and provide protection to people.
- Medicine shortfalls which had been identified at the last inspection had not been fully resolved. Competency checks were being undertaken by staff who had not had the training to fulfil these responsibilities.
- There continued to be gaps in risk assessment processes and improvements were not embedded.
- There was a system in place for out of hours support but there continued to be no records maintained. The provider told us this was because none had been received but staff told us that they had used on call systems. The failure to maintain accurate records means that important information about people's needs

may not be recorded, handed over and acted on.

- The local authority had been supporting the service with processes and action planning but since they ceased their support, the action plan had not been updated or sustained. After we raised concerns, the manager responded by sending us an updated plan.
- Audits were being undertaken on areas such as medicines, but they had not identified some of the shortfalls we found at the inspection.
- The provider understood their responsibilities to be open and transparent but none the less did not disclose that a serious safeguarding allegation had been made in a meeting with us about the inspection. Requests for assurance about staffing levels were not always responded to.

This was a repeated breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The new manager had not had a formal induction but despite this they assisted with the inspection process, and we saw they had started to identify shortfalls in areas such as medicines and moving and handling, through the spot checking process.
- The service was significantly smaller than previously, and people's experience had improved. A person told us, "They are so kind and good, worth their weight in gold. I think we get particularly good care from this agency. I'm very fussy and am very happy."
- Spot checks to check on staff performance were planned and undertaken. Staff had access to supervision, annual appraisal and staff meetings to discuss care delivery and performance.
- Since the last inspection we had received notifications such as safeguarding concerns as required.

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

- People had more confidence in the provider and the management systems. A person told us, "If I had a concern, I think they would deal with it effectively." Another said, "They are doing regular follow ups now. I have been called several times to give feedback. The manager seems approachable so if I had any issues, I would go to them or (the provider). I am sure they would sort it out."
- Surveys to ascertain people's experience had been undertaken since the last inspection and were overwhelmingly positive.
- The provider was integrated into local community networks and had working relationships with a range of professionals. Alongside the service they ran a food bank supporting staff, people using the service and the community.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure risks were effectively managed
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Safeguarding systems were not effectively operated
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were not effective
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered person did not have effective systems in place to ensure that staff were effectively trained and competent