

Allwell Care Company Ltd

Allwell Care Company

Inspection report

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16 May 2022

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Allwell Care Company is a domiciliary care agency. It provides personal care to people who live in their own houses or flats. It provides a service to adults.

Not everyone using Allwell Care Company receives the 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.

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

People's care calls were not well planned and could put people at risk. Staff sometimes needed to be in different places at the same time. One person told us, "I don't know when they are coming, I would prefer to know but they say they can't tell me." A relative said, "I have noticed a few calls recently it's about 11 to 11.15 am, well that's nearly getting to lunchtime, so that's a long time to wait (to get up). We don't know who is coming, it's been a lot of different people recently."

Staff recruitment processes needed to be improved and ensure they were in line with their company policy.

Medicine administration records were not consistently recorded, and for medicine prescribed as to be given as required, there were no instructions for staff on when or how they were to be given.

The manager had not yet re-applied to be registered with the commission. The provider was working with the local authority and had put in place an auditing system which was not yet embedded and had failed to identify some of the areas we identified that needed improvement.

Staff were aware of how to recognise potential abuse and report it. People and their relatives were positive about the caring nature of staff. Comments included; "I do feel safe with (staff), they do know what they are doing." And "I do have to say that the carers are very good."

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

Rating at last inspection

The last rating for this service was good (published 17 January 2019).

Why we inspected

The inspection was prompted in part due to concerns received about staffing, records and quality monitoring. A decision was made for us to inspect and examine those risks.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Allwell Care Company on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to staffing and the quality assurance system not being robust at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 undertaken by one inspector 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 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 not a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 April 2022 and ended on 16 May 2022 We visited the location's office on 27 April 2022.

What we did before the inspection

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

from the local authority and professionals who work with the service. The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and nine relatives about their experience of the care provided. We spoke with four members of staff including, the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider, the manager and care workers

We reviewed a range of records. This included two peoples care records. We looked at files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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. 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.

Staffing and recruitment

- People and their relatives told us that there was not always a consistency to call time arrivals or who their care worker will be. One person told us, "Well I'm still waiting for the (staff) to come to be got up and dressed. I sometimes wait a lot." Another person said, "Well they come I don't know when and I don't know who". One relative said, "We don't have a set time really but it's usually around 10:30 -11ish." Another relative told us, "Timing is a bit up and down, they usually come between 9-10 but they rang, to say someone is off sick so they will be here at 11:30am. They then cancel the lunchtime visit as there would be no point in coming." Another relative said, "(Staff) come twice a day, it is quite hit and miss at times, I have asked for a rota but sometimes it is just a work of fiction really, other times it's nearly right."
- Staff told us that when they received their rota of care calls at short notice, the timings were not always scheduled correctly which meant they were expected to be in more than one place at the same time.
- There had been a recent occasion where the service was unable to provide the correct staff that were able to carry out a professional recommendation for moving and handling. The person then remained in bed over the weekend. One person told us, "Only one staff turned up and I had to help him." People and relatives told us that the care staff were very good when they arrived and knew people well.

We found no evidence that people had been harmed. Although people could be at risk of harm from late administration of medicines or at risk from pressure sores. The above demonstrates a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

- Staff files showed that two out of the three files only had one reference each and did not demonstrate they were of good character and there was no further evidence that additional information had been sought as per their recruitment policy.
- Staff underwent a Disclosure and Barring Service (DBS) check prior to starting at the service. This check helped ensure applicants were suitable for the role of working with adults.

Using medicines safely

- People and their relatives told us they were safely supported by staff with their medicines.
- Staff had been trained to manage people's medicines safely. A person said, "(Staff) do my medicines."
- People who were on medicine prescribed as required, did not have the administration protocols in place. This meant that staff were not well informed about when or how they were to be given.
- Staff were not always signing the administration record within the person's home. Although we noted the electronic record showed a box with a tick to say medicine have been given. There was no detail of which medicine had been given in the daily records. The manager told us they would address this to ensure staff

record the medicine administered on each occasion.

- Audit process had been put in place, but it needs to be embedded to ensure that it works effectively.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. One relative said, "I think (relative) is safe, staff seem okay." Another relative said, "They are safe with (staff)."
- Staff had received training in safeguarding and were able to explain what they would need to report if they had any concerns or issues.
- The manager told us that when incidents occurred, they ensured that staff had the information to ensure all appropriate actions had been taken to prevent reoccurrence. Staff told us they received information and messages via their phones.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Clear guidance was in place to manage risks that had been identified. For example, there were environmental risk assessments for people's homes. Staff had received training in moving and handling including the use of hoists.
- People were positive in relation to staff's use of personal protective equipment (PPE). People told us, "(Staff) do wear their PPE and they do know what they are doing" and "All the carers wear PPE."
- Staff were able to explain the use of PPE.

Learning lessons when things go wrong

- The manager told us that they had learnt lessons from a number of late hospital discharges and now have contact with other agencies to better manage and support people's 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 requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent; 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; Continuous learning and improving care; Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At the last inspection the provider was working with the local authority to implement an action plan for developing the service. This has not been embedded and sustained.

- There was no registered manager in post. We had received an application in January for the current manager, this was rejected, and a further application had not been made.
- The manager was working with the local authority to implement an action plan for improving the service.
- Governance systems were being put in place; however, they were not yet embedded. Therefore, a number of issues we identified during our inspection in relation to staffing, medicine management and recruitment had not been identified.
- Spot checks had not taken place to review staff competences.
- People had mixed views about engagement with the office staff. One relative told us, "The office (staff) don't ring you back." One person said, "(Staff) do ring me from the office sometimes." Another relative said, "(Staff) usually ring me to tell me they are late. A second person told us, "(Name) comes from the office to chat to me from time to time." A third person said, "(Name) does come to see me sometimes and ask me questions." The inspector had difficulty contacting the office via phone and although emails were responded to this was not always in a timely way.
- Systems in place to monitor the delivery of care were not robust and this impacted on the care that people received, Staff rota were not always done in advance which meant staff were late in attending calls or incorrect staff were sent.

As systems or processes were not established and operated effectively to ensure compliance with the requirements, the above demonstrates a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

- The manager was open and honest about the improvements which were needed. The manager told us that they were aware they needed to increase staffing. They had some interviews set up for the recruitment

of staff. They had also started to look at the rota to help in ensuring that people whose needs may be time critical are prioritised. The manager told us that further recruitment was underway.

- The manager told us that a survey had been undertaken in February 2022, to get the view of the people about the quality of the service, although no analysis had been completed.
- The feedback about the staff that provided the care and support we received from people using the service and their relatives was positive. One relative said, "I cannot praise the staff enough, they have been marvellous, we know them all and they are lovely." One person told us, "(Staff) are very nice to me, very professional."
- Staff were mostly positive and told us they enjoyed working at the service. One staff member said, "We have a good team, although there is not enough of us."
- Staff told us the manager was approachable and their door was always open. One staff member said, "I am comfortable reporting concerns."
- Staff were not able to say when they last had a staff meeting. Important messages were sent via the work phone or email.

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 what needed to be notified to the Care Quality Commission.
 - The manager understood their role with regards to being open and transparent regarding issues at the service and had plans in place to address any concerns. Although improvements were still needed to ensure they were made in a timely way to ensure people remained safe.
- Compliments and complaints had started to be recorded and showed the action that had been taken to address them.

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 17 HSCA RA Regulations 2014 Good governance The registered provider had a lack of consistently effective systems in place to ensure good governance of the service.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure appropriate staffing was in place to meet people's needs Regulation 18 (1)