Allwell Care Company Ltd

Allwell Care Company

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?	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.

This service was registered on 13 December 2017. This was their first inspection.

At the time of this announced comprehensive inspection of 7 December 2018, there were 11 people who used the service and received 'personal care'. The provider was given 48 hours' notice because we wanted to be certain the manager and key staff would be available on the day of our inspection.

A registered manager was not in post. A registered manager is a person who has registered with the Care Quality Commission 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. The provider had recently appointed a manager to run the service and confirmed their registration application would be submitted to CQC.

The service was in transition, the manager was implementing systems to monitor the quality and safety of the service provided. Where we identified gaps in the recruitment processes and recording of people's medicines the manager took swift action to address this. They were working closely with social care professionals to implement improvements in the service, such as person-centred care plans, complaints process and audit system. This was a work in progress. Recording, auditing and documentation in these areas had recently been developed. However, these were not yet fully embedded into practice and at the time of the inspection we were unable to assess their effectiveness.

Feedback from people who used the service and their relatives was positive about the approach of the care workers and the service provided. They told us that the care workers were kind and compassionate, promoted people's independence and respected their privacy and dignity.

Systems were in place to minimise risks to people's safety, including from abuse and in relation to mobility, nutrition and with accessing the community. Care workers understood their roles and responsibilities in keeping people safe.

People were supported to have maximum choice and control of their lives and care workers supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Improvements had been made and were ongoing to ensure people's care records reflected individualised personalised care.

Where care workers had identified concerns in people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment. Where required people were safely supported with their dietary needs.

Recruitment checks were carried out with sufficient numbers of care workers employed, to maintain the schedule of visits and provide continuity of care for people. Care workers received supervision and training to support them to perform their role.

People received their medicines as prescribed. Care workers were provided with training in infection control and food hygiene and understood their responsibilities relating to these areas. Systems were in place to reduce the risks of cross infection.

There was a complaints procedure in place and people knew how to voice their concerns if they were unhappy with the care they received. People's feedback was valued and acted on.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Systems were in place to help protect people from the risk of abuse and avoidable harm.

Risks were identified and reviewed in a timely manner.

There were sufficient numbers of care workers who had been recruited safely to meet people's needs.

People received their medicines as prescribed.

Steps were taken to protect people from the risk of infection.

Is the service effective?

Good

The service was effective.

Care workers received supervision and training to support them to perform their role.

The service worked with other professionals to provide people with a consistent service.

Where required people were safely supported with their dietary needs.

People were supported to maintain good health and had access to appropriate services.

People were asked for their consent before any care, treatment and/or support was provided.

Is the service caring?

Good

The service was caring.

Care workers were caring and compassionate. They treated people with dignity and respect.

People were offered choice and had control over their care and

support.

Care workers encouraged and promoted people's independence.

Is the service responsive?

Good

The service was responsive.

People and their relatives, where appropriate, were involved in contributing to the planning of their care and support.

People's care needs were regularly reviewed and care packages were adjusted promptly if necessary.

People's views and opinions were used to improve the quality of the service

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Effective systems and procedures to monitor and improve the quality and safety of the service provided were not yet fully embedded.

The management team were approachable and had a visible presence in the service.

Care workers were encouraged and supported by the management team and were clear on their roles and responsibilities.

The service worked in partnership with other agencies.

Allwell Care Company

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.

Inspection activity started on 7 December 2018 when we visited the office premises and ended 13 December 2018 when we gave feedback to the manager and the provider's nominated individual.

This was an announced, comprehensive inspection carried out by one inspector. The provider was given 48 hours' notice because we wanted to be certain the manager and key staff would be available on the day of our inspection visit.

As part of our inspection planning, we requested that the provider complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was received from the provider. We also reviewed information we held about the service including feedback sent to us from other stakeholders, for example the Local Authority and members of the public. Providers are required to notify the Care Quality Commission (CQC) about matters relating to people's safety and the running of the service. We reviewed the notifications the provider had sent us.

The inspector visited the office location on 7 December 2018 and spoke with the provider's nominated individual, the manager and one care worker. We reviewed the care records of three people to check they were receiving their care as planned. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

On 10 and 11 December 2018, we carried out telephone interviews and spoke to three people who used the service, two relatives and one care worker. We also received electronic feedback from two community professionals.

Good

Is the service safe?

Our findings

People told us that they felt safe using the service and at ease with their care workers. One person said, "I feel totally safe and comfortable with my carers." A relative told us, "My [family member] is in safe hands with the carers. They are all charming and lovely. We both look forward to them coming."

People told us that the care workers wore their uniforms and identification badges so they were assured that the people arriving to their home were representatives of the service. One person said, "They are prompt on arrival and always look smart and presentable." People said that the care workers made sure that they secured their homes when they left, which made them feel safe and protected.

Systems designed to minimise the risks to people in relation to avoidable harm and abuse were in place. Care workers were provided with training in safeguarding people from the risk of abuse and they understood their roles and responsibilities regarding safeguarding, including how to report concerns.

Care workers were aware of people's needs and how to reduce risks to their safety. People's care records included risk assessments which identified what steps staff needed to take to minimise risks. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently. This included risk assessments associated with moving and handling, nutrition and risks that may arise in the environment of people's homes.

There were sufficient numbers of care workers available to meet the needs of people. This included the provider's nominated individual who was part of the small care team. People and relatives told us they saw the same care workers regularly and knew who would be visiting them. One person said, "I know exactly who to expect and at what time. It is regular like clockwork."

People and relatives told us that the care workers visited within the timescales agreed at the start of the care provision and at ongoing reviews. A relative told us, "We always know who is coming, it seldom changes but if it does one of the carers or the manager rings to let us know. I have no complaints, the carers come when they should and stay the correct amount of time." People and their relatives explained that on the odd occasion their regular carer was not at work or in the event of an emergency they were contacted by the office staff and another care worker attended the call.

The manager advised that visits where personal care was provided were for a minimum of 30 minutes and every effort was made to ensure people had regular care workers. This was confirmed by care workers who told us there was consistency in their visits so that they got to know people well. Care workers said there was adequate travelling time allocated between care calls which resulted in people receiving calls at their agreed times. Records showed that where instances of missed and late visits had occurred in the last 12 months, appropriate action had been taken to address this. The manager explained how they did not take on care packages unless they were assured they had the sufficient number of care workers to provide the care required and it was within an area where they had established visits. The manager also told us that they and the provider's nominated individual regularly delivered care to people which helped them to maintain

relationships with people and to check care workers were competent.

Systems were in place to check that care workers were of good character and were suitable to care for the people who used the service. Care workers employed at the service told us they had relevant pre-employment checks before they commenced work to check their suitability to work with people. For example, gaps in an applicant's employment history had been explored during the interview process and. a Disclosure and Barring Service Check (DBS) had been completed to verify whether applicants have any criminal records or were barred from working in care. However, two out of the three care workers staff files we looked at were missing the disclosure number and date it was issued. Instead they showed only a reference number. Following our visit to the office, the manager provided us with the relevant information and confirmed they had checked all staff files and ensured this information was properly recorded. In addition, they advised they were implementing a staff file check list to ensure best practice was followed.

People told us they received their medicines on time. One person said, "My care workers get it all ready for me to take. On time, every time." Another person commented, "I like a glass of water with my tablets and the girls will get that for me. They always ask if I have taken my pills before they do their paperwork." Care workers were provided with medicines training and regular checks of their competency had been carried out. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and support where required. Where people managed their own medicines, there were systems in place to check that this was done safely and to monitor if people's needs had changed and if they needed further support.

However, systems in place to record people's medicines were not robust. The medicines administration record (MAR) only stated 'contents of blister pack given'. There was no reference to or record of what medicines were in the blister pack. Information that provided guidance to care workers on the level of support each person required with their medicines and the prescribed medicines that each person took was not attached to the MAR. We discussed this with the management team. In response to this shortfall the manager took immediate action to ensure that a corresponding record to show what medicines had been prescribed and were being administered to people at any one time was in place for each person. The manager's swift response provided assurances that the service's medicines procedures and processes were safe. They also advised us as part of continual improvement to the service they were working with the local authority to develop their existing medicines audits.

Care workers received training in infection control and food hygiene and understood their responsibilities relating to these areas. There were systems in place to reduce the risks of cross infection including providing care workers with PPE (personal protection equipment), such as disposable gloves and aprons. One person said about their care workers, "They always come kitted out with everything they need." Care workers confirmed that PPE was readily available to them in the office and they could collect them when needed.

We looked at how accidents and incidents were managed. Although no recent concerns had been reported the manager said if any occurred they would review the actions they had taken to improve the quality and safety of the service provided to reduce the likelihood of them happening again. Care workers and office staff demonstrated an understanding of accident and incident reporting procedures.

Good

Is the service effective?

Our findings

People had an assessment of their needs before they received support from the service. They confirmed they were involved in developing their care record and said a copy of it was available in their home. Care records seen showed an assessment of many areas including personal care, medical history, dietary needs and physical, mental and social needs had been considered when developing people's care plans. Where required the service worked with other professionals involved in people's care to ensure that their individual needs were consistently met.

People and relatives confirmed that the care workers had the skills and knowledge to provide them with the care and support they needed. One person commented, "I think the carers are well trained, they always know what to do." A relative said, "From what I see they [care workers] seem to have the skills that they need to look after [family member]."

Care workers told us they were provided with the training that they needed to meet people's needs. This included an induction before they started working in the service which consisted of the provider's mandatory training such as moving and handling, medicines and safeguarding. Additional training to meet people's specific needs was also provided this included fluid and nutrition and diabetes. Refresher training was provided to maintain best practice.

People who used the service, relatives and care workers we spoke with told us that new employees completed training and shadowed shifts where they worked with more experienced colleagues as part of their induction. This was confirmed in the records seen. The manager explained how care workers were encouraged to professionally develop and were supported with their career progression. This included being put forward to obtain their care certificate if they were new to the health and social care industry. The care certificate is an agreed set of standards recognising the knowledge, skills and behaviours expected of specific roles within health and social care. The manager advised that if care workers wanted to complete nationally recognised accreditation courses and/or qualifications they would be supported to do so. These measures showed that training systems reflected best practice and supported staff with their continued learning and development.

Care workers told us that they were provided with one to one supervision meetings and a yearly appraisal which they described as supportive and effective. These are opportunities to discuss the way that they were working and to receive feedback on their work practice. Two care workers shared examples with us of how the management team had been supportive and understanding helping them both professionally and personally.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. One person said, "The carers will get me whatever I fancy to eat." A relative commented, "The carers make sure [family member] has a cup of tea and will leave snacks and a cold drink when they leave." Where care workers identified concerns, for example with people maintaining a safe and healthy weight or if people were at risk of choking, they contacted relevant health professionals for treatment and guidance. Where

guidance had been provided relating to people's dietary needs, care workers followed the instructions given and recorded this in people's care records to reflect how risks were being mitigated.

People were supported to live healthier lives by receiving on-going healthcare support. Records confirmed that people had received the help they needed to see their doctor and other healthcare professionals such as community nurses and occupational therapists. Care records reflected where care workers had noted concerns or changes in people's health, and the actions taken, in accordance with people's consent. This included prompt referrals and requests for advice and guidance, which was acted on to maintain people's health and wellbeing. One person told us, "I wouldn't be here today if it wasn't for [provider's nominated individual] and her girls. They helped me to look after myself. I had got into a right old mess and lost [a significant amount of weight] which I could ill afford to lose. They spoke to the doctor and the nurse and got things sorted. They helped me with my meals and to take my medicines properly. I have put that weight back on and feel so much better. Got my strength back. I remember the doctor telling me afterwards they didn't think I would make it but look at me now. That's down to Allwell Care."

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 Act 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. We checked if the service was working within the MCA principles.
Care workers and the management team demonstrated a good understanding of the MCA and what this meant in the ways they cared for people. Conversations and records seen confirmed that care workers had received training in the MCA. Guidance on best interest decisions in line with the MCA was available in the office as well as in the employee handbooks.

People told us they were asked for their consent before care workers delivered care to them, for example, with personal care or assisting them with their medicines. One person said, "My carers ask me if I am ready to start my day and what I need them to do." Where possible, people had signed their care records to show that they had consented to their planned care and terms and conditions of using the service.

Good

Is the service caring?

Our findings

People had developed positive and caring relationships with the care workers who supported them. This was reflected in the complimentary feedback we received. People told us that their care workers treated them with respect and kindness. One person said, "I am very happy with my carers. I couldn't be more so. I feel comfortable and safe in their presence. They listen to me and get on with it. I enjoy their company and having a chat with them." Another person commented, "The carers are delightful they make me feel relaxed and are all very kind." A relative commented, "I can't speak highly enough of the carers; couldn't ask for better. They are splendid. It is very heart-warming the relationship that has developed. They get on with [family member] so well. Through their practical application of care, by talking and conversing with her, engaging her all the time, I can honestly say that [family member's] physical, social and emotional needs are being met."

Care workers knew about people's individual needs and preferences and spoke about people in a caring and affectionate way. The office staff, care workers and management team spoke about people with consideration. They understood why it was important to respect people's dignity, privacy and choices.

People's care records identified their specific needs and how they were met. The records also provided guidance to care workers on people's choices regarding how their care was to be delivered. A relative shared with us how they had been involved in developing the ongoing care arrangements through regular reviews and this was reflected in their records. They said, "I am involved in the care arrangements. I do the medicines and the carers do everything else. We went through everything at the beginning and agreed what needed to do done. They [management] checked with me after things had settled into a routine to see how things were. I let them know I was satisfied and everything in place was working very well."

People and relatives told us that the support provided by the care workers helped people to be as independent as possible. One person said, "They help me to be steadier when I move around. I feel more confident when they are there. I am not 100% yet but getting there. They help me to do more for myself but at my speed." A relative commented, "The carers have been marvellous they got [family member] up and walking." People's records provided guidance to care workers on the areas of care that they could attend to independently.

People's right to privacy and dignity was respected and promoted. People and relatives shared with us how the care workers closed curtains and doors and used towels to cover people's modesty when supporting them with personal care. One relative said the care workers, "Maintain [person's] dignity throughout even when accidents occur they are dealt with discreetly with no fuss. [Person] is not made to feel bad or embarrassed, they are treated respectfully."

Good

Is the service responsive?

Our findings

People and their relatives where agreed, were involved in the assessment of their needs, before they began receiving care and support from the service. One person said, "We had a chat about what needed to be done at the start and it was all agreed." This was followed by regular care plan reviews to check the agreed care arrangements were appropriate. One person told us, "Everything that I asked for was included in the care plan. From time to time, if there is anything else that crops up, then I will usually mention it to [provider's nominated individual] and they'll look at updating the care plan accordingly." Another person said, "I am satisfied with the arrangements. I have a chat about how things are with [management team] every so often. Things are working well so no changes needed."

People's care records covered an individual's health, personal care needs, risks to their health and safety, and personal preferences. There were instructions of where the person needed assistance and when to encourage their independence. There were also prompts for the care workers to promote and respect people's dignity. The care plans included pre -assessments of care for people which had been completed before they used the service and reflected their diverse needs, such as specific conditions, communication and mobility needs.

As part of continual improvement, the service was working with the local authority in developing their care plans to make them more individualised and person centred and less task led. This included further details on people's life history, experiences, hobbies and interests. This would provide care workers with information about the individual and subjects they could talk about when providing care. This was a work in progress with not all the care plans updated at the time of the inspection. The management team explained how care records would further reflect people's diverse needs, specific routines and preferences so care workers were aware of how to support them in line with their wishes. For example, explaining the order a person preferred to be mobilised and details of the individual equipment required to transfer them safely. Enhanced documentation to reflect this approach including people's daily records was being devised with training in record keeping planned to support care workers to achieve this.

No one at the time of our visit was receiving palliative care. However, care records showed us that the service had sought the wishes and preferences of people including if they wanted to be resuscitated and these were kept under review. Care workers could tell us how they would ensure that a person had a comfortable and pain free death. The manager advised us they were planning further training and support to staff on advance care planning (ACP). ACP is used to describe the decisions between people, their families and those looking after them about their future wishes and priorities for care.

There had been several compliments received about the service within the last 12 months. Themes included 'caring staff approach', 'continuity of care' and 'good communication' by the service.

People and relatives told us that whilst they had not had to make a complaint, information about how they could raise complaints had been provided and they knew who to contact.

Records seen showed that comments and complaints received about the service in the last 12 months were acted on, with lessons learnt to avoid further reoccurrence and to develop the service. The management team demonstrated how they took immediate action if people indicated they were not happy with the care received. For example, changing a visit time. This swift response had reduced the number of formal complaints received. Records reflected how the service valued people's feedback and acted on their comments to improve the quality of the service provided. This included additional communications and providing staff with additional training.

Requires Improvement

Is the service well-led?

Our findings

The management team consisted of the manager and provider's nominated individual. They were active and visible in the service. They were working closely with the local authority to implement an action plan for developing the service. We saw that improvements had been made and were ongoing to the systems and procedures used to monitor and improve the quality and safety of the service provided. Incidents, accidents, complaints and missed visits were monitored and analysed. This supported the management team to identify any trends and patterns and to take appropriate action to reduce further reoccurrence. Where we had identified shortfalls in the recording of medicines and with personnel files the manager acted swiftly to resolve the concerns. A new reporting tool was being developed to provide the management team with the governance and oversight needed to identify any shortfalls and to act to address them. This needs to be fully embedded to ensure the service continues to develop and can independently identify shortfalls within the service.

The management team and the care workers were clear on their roles and responsibilities. Care workers said they felt supported and there was effective leadership in the service. One care worker said, "I love working here. I feel supported by [management team] and the other carers. I feel at home here. I found my calling; caring is what I do. I love my job. Good team; we work together and for each other. They [management team] are fair and listen to you. They treat their staff well, respect us."

People and relatives told us the management team were available and approachable. One person said, "I see [provider's nominated individual] all the time as they come to provide the care. So, if I need to speak to them I can I don't have to contact the office." A relative said, "I know all the carers, the manager and [provider's nominated individual]. I think it helps Allwell Care is a small company as it has the personal touch. If you ask for something it gets done. If you want to speak to someone you can straight away. Your treated with respect, that matters a lot."

People and where appropriate their representatives were regularly asked for their views about their experience of using the service. This included opportunities through regular care review meetings, telephone welfare calls and quality satisfaction questionnaires where people could share their experiences about the service they were provided with, anonymously if they chose to. We looked at the last quality satisfaction survey and feedback about people's experiences was positive.

Care workers told us they felt comfortable voicing their opinions with one another and the management team to ensure best practice was followed. They described how their feedback was encouraged and acted on and they were provided with the opportunity to comment on the service. A care worker shared with us, "We talk all the time and discuss what needs to change, what is working well. We are encouraged to pop into the office between calls to get a drink have a catch up and pick up some PPE. It is an open-door policy; very friendly. It is also a good way to keep up to date."

Where relevant the management team submitted appropriate notifications to inform us of any issues. The service worked in partnerships with various organisations including the local authority, hospital, community

nurses and GP surgeries to ensure they were following correct practice and providing a quality service. One community professional commented favourably about the positive working relationship they had with the service. They told us, "The management team listen and act on feedback given. They have actively engaged with us and are working hard on developing the agency and implementing the agreed actions."