Akos Care Limited

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Inspection report

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Eastway
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10 November 2022

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

About the service
Akos Care Limited is a supported living service providing personal care for 2 people. The service provides support to people living in their own home. At the time of our inspection there were 4 people using the service. The home is shared by 4 people, each person had their own bedroom, the bathrooms and kitchen were shared.

Not everyone who used the service received personal care. 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.

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

Right Support:
Staff supported people with their medicines however this was not done safely. One person's medicine record was not completed accurately. People's medicines were not listed in their care plans and there was no guidance for staff to follow in the event of an error. Staff communicated with people in ways that met their needs, however communication needs had not been assessed by the provider. Staff supported people to make some decisions about their care, however there was no record of these decisions and how people were involved. People's risk assessments lacked details for staff to follow, this put people at risk of harm. People were supported by staff to pursue their interests, individual activity plans were in place for people. Staff supported people to play an active role in maintaining their own health and wellbeing.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Right Care:
The service did not have a robust safeguarding process in place, this put people at risk of harm. People's care plans were not personalised, nor were people's preferences recorded. The service had enough

appropriately skilled staff to meet people's needs. People told us staff were caring and kind. The provider promoted people's independence.

Right Culture:
The quality of care was not monitored by the provider, this meant improvements could not be made to the care being delivered. The service did not involve people, relatives or staff in the running of the service. Staff did not seek people's views which meant people did not have a voice. The provider had not assessed people needs prior to using the service, therefore we cannot say who was involved in people's care planning. There was not a clear complaints process in place, we have recommended the provider review their current complaints process.

This service was registered with us on 27/01/2022 and this is the first inspection.

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

Rating at last inspection
This is the first rating for this service.

Why we inspected
The inspection was prompted in part due to concerns received about the management of medicine, safeguarding procedures, governance and risk management plans. A decision was made for us to inspect and examine those risks.

Enforcement
We have identified breaches in relation to safe care and treatment, good governance, safeguarding and person-centred care, 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 Safe.	**Requires Improvement**
Is the service effective? The service was not always Effective.	**Requires Improvement**
Is the service caring? The service was not always Caring.	**Requires Improvement**
Is the service responsive? The service was not always Responsive.	**Requires Improvement**
Is the service well-led? The service was not always Well-led.	**Requires Improvement**

Akos Care Limited

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
The inspection was conducted by one inspector.

Service and service type
Akos Care Limited is a supported living service. This service provides care and support to people living in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 a registered manager in post.

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

Inspection activity started on the 31 October and ended on the 10 November 2022. We visited the location's office/service on the 31 October 2022.

What we did before the inspection
We reviewed information we had received about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 06 October 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection
We spoke with 2 people who lived at the home. We spoke with 2 support staff, the registered manager and the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 2 people's care records including risk assessments and 3 staff files in relation to recruitment. We also reviewed a range of management records including staff training and supervision, medicines and complaints.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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

- The provider did not have an effective system in place to protect people from harm. The provider had raised concerns about abuse to the local authority but could not show us how these concerns had been investigated or what measures had been put in place to protect people from harm. In addition, CQC had not been notified of these concerns as the provider is required to do.

A robust system was not in place to safeguard people from risk of harm. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt the home was a safe place and staff were kind.
- Staff we spoke with were able to explain signs of abuse and how to report it.
- Staff had completed training in safeguarding and records reviewed confirmed this.
- The provider had a safeguarding policy in place that enabled staff to know what to do if they needed to report abuse.

Assessing risk, safety monitoring and management; Using medicines safely

- Risks to people were not fully assessed to ensure identified risks could be safely managed. Where concerns were identified it was not evident how these were safely reduced or managed. People's care plans showed that they had some health conditions, but they did not include enough detail on what action staff should take or how they should be monitored in case further action was needed.
- The provider was unable to show us risk assessments in relation to moving and handling or the use of equipment. This meant people were at risk of harm, as staff did not have guidance in place to support them to provide safe care, for example, when transferring people.
- The provider did have some risk assessments in place covering areas such as self-neglect, medicine, malnutrition and pressure sores. There was some guidance for staff to follow, however there was not enough information to fully mitigate risks identified.
- Medicines were not managed safely.
- We reviewed one person's medicine record and found several gaps. The record showed only 1 staff signature for 3 weeks in October, we spoke to the nominated individual about this however they were unable to explain the gaps and were not clear if the medicine had been administered. This meant we could not be assured people received their medicines as prescribed. After our inspection visit we spoke to the registered manager who confirmed that staff had supported the person to take the medicine, but staff had not signed the record at the time.

● People's care records did not have details of medicines prescribed and their side effects. There were no guidelines in place for staff to follow in the event of an error occurring.
● Staff did not have a medicine competency check done, this meant people were at risk of harm due to in competencies or poor practice.
●There were no audits of medicine carried out at the service, which meant errors had not been picked up. This left people at risk of harm.

The provider failed to ensure risks to people were fully assessed, incidents were analysed and medicines were managed safely. This put people at risk of receiving unsafe care. This was a breach of Regulation 12 (Safe care and treatment) HSCA RA Regulations 2014.

● Staff had training in administering medicine, training records reviewed confirmed this.

Staffing and recruitment
● Staff were recruited safely.
● The provider had a recruitment system in place, which included carrying out checks such as employment references, employment history, proof of identification and criminal record checks. Staff files reviewed confirmed this.
● The registered manager told us they had a staff rota in place which was planned around the needs of individuals. During our visit we observed there was enough staff on duty to meet people's needs. Staff were patient with people, staff were not rushed and offered support in a timely manner.

Preventing and controlling infection
● The provider had a system in place to prevent the spread of infections, however during our visit we observed that staff were not wearing face masks. We spoke to the nominated individual about this and they told us they were not aware this was still a requirement. They took immediate action to rectify this.
● Staff told us they wore PPE when providing care for people including gloves and aprons. One staff told us, "Always make sure that once we arrive, we wash the hands, we put on apron, gloves, cover our shoes, the PPE supplies are fine and always here."
● Staff had training in infection and control measures, training records reviewed confirmed this.
● The provider had an infection and control policy in place to guide staff on preventing the spread of infections.

Learning lessons when things go wrong
● The provider did not have an effective system for learning lessons when things went wrong.
● The registered manager told us there had been some incidents and complaints in the last 6 months; although these were recorded, there was no clear indication that learning had taken place following these incidents.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet

- People's needs were not assessed before using the service. The registered manager told us they had taken down some notes about people's needs on their first visit but had misplaced them. There was no way of knowing what information was gathered at the pre-admission stage as there was no assessment process in place.
- People's care records did not contain enough information about people's preferences or how to deliver care for people, for example, there was no catheter care plan in place for one person. The provider's nominated individual told us the person was able to manage this without support however staff told us they gave support to the person in this area.
- People's nutrition and hydration needs were not assessed, therefore it was not clear if people were able to maintain a balanced diet. People's likes and dislikes for food and drinks were not recorded in their care records.
- Daily care notes had very little information about what meals or drinks people had. It was unclear what level of support was given around meals.

The provider did not ensure that people using the service received care and treatment which was appropriate, met their needs and reflected their preferences. This was a breach of Regulation 9 (Person centred care) HSCA RA Regulations 2014.

- Care plans for people covered areas such as personal care needs, background, food and nutrition, living environment, finances, medicine and medical appointments.
- People told us they liked the food, one person said, "I like the home, I have nice things to eat, they [staff] do my shopping and get me what I want to eat."
- Staff told us there was a weekly menu done and everyone could make choices about the meals they would like. People were supported to shop and cook their meals when they wanted them. Staff encouraged people to eat regularly to help maintain a balanced diet. Food, drinks and snacks were available at any time for people.

Staff support: induction, training, skills and experience

- People received care and support from staff who were appropriately trained, however staff did not receive regular supervision and there was a lack of recording of information in regard to team meetings.
- Staff files did not contain details of inductions or shadowing, it was unclear if these had taken place. The

registered manager told us staff had an induction and this included a shadowing period to get to know and understand their role, however we did not see any record of these in staff files we reviewed.

● Staff had training to carry out their role, training considered mandatory by the provider. Areas covered were fire safety, The Mental Capacity Act 2005, conflict resolution, infection control, medicine, food hygiene and moving and handling.
● Staff told us they felt supported by their manager and had regular meetings however staff records did not reflect this. Supervisions were not carried out on a regular basis.
● Staff and the nominated individual told us they had regular team meetings however these had not been recorded.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● The provider worked with other agencies including the local authority and health care professionals to meet people's health needs. □
● Staff attended medical appointments with people, one person said, "The staff are very caring, staff are good with medical appointments and time keeping, as I struggle." □□□□□
● The provider had made referrals to health care professionals where needs were identified.
● The provider was in regular contact with the local authority, meetings with social workers took place regularly to help meet people's health needs and share information.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental capacity assessments (MCA).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.
● The provider was working within the principles of the Mental Capacity Act.
● Staff told us they would ask people permission before offering support.
● We saw a best interest meeting had taken place for one person. A social worker and advocate were also involved in the meeting. The outcome was not known at the time of the inspection.
● Staff had received training in the Mental Capacity Act 2005, however not all staff could fully explain the principles of the act.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity
- People were treated with respect and kindness.
- Feedback from people using the service was very positive, they told us they were treated well and staff were caring and kind. One person said, "I love the staff they are great and very caring."
- We observed interactions between staff and people which were cheerful, respectful and friendly.
- Care records did not have any information about people's religion or cultural background. This meant staff could not meet people's needs in this area. The registered manager told us people living at the service did not observe any religion.

Supporting people to express their views and be involved in making decisions about their care
- The provider had not established a clear process for people and relatives to express their views. People were involved in making decisions about their care, but some of these decisions were not clearly documented.
- Staff told us people were able to make decisions about their care for example, what activities they wanted to do and what meals to have. People's care plans did not have details about daily routines and how they preferred to be supported. There was some guidance for staff but it was not in enough detail which meant staff were at risk of providing people with care in an inconsistent way that did not meet their preferences and wishes.

Respecting and promoting people's privacy, dignity and independence
- People's dignity and privacy were respected, and their independence encouraged.
- People told us they received their care in private.
- Staff told us they supported people in private, they would close doors and windows, cover people up to protect them and give the person the time they needed.
- One person told us they had recently asked to be more independent in some areas, this had been discussed with their social worker as there were some risks identified. The person was involved in the decision process and had insight into the risks. The provider worked well in promoting their independence in this area. Another person had learned to make a meal with less support. This was a great achievement for them.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People's care plans were not personalised. They did not have information in them to show how to provide care or what the person's preferences were. For example, for people who received personal care their care plans did not provide information on how they preferred to be supported. This meant staff would not have enough information to meet people's needs effectively.

The provider did not ensure that people using the service received care and treatment which was appropriate, met their needs and reflected their preferences. This was a breach of Regulation 9 (Person centred care) HSCA RA Regulations 2014.

● Staff knew people well and were able to describe people's likes and preferences. Staff told us they had taken time to get to know people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● People's communication needs had not been assessed at the initial visit by the provider.
● Care plans did not have guidance for staff on how to communicate with people.
● We observed people and staff interacting, the exchanges were clear and appropriate to meet people's needs.
● We spoke to the provider about people's communication needs, the provider told us they were developing templates for assessments which would include communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● The provider was supporting people to maintain relationships and reduce the likelihood of isolation.
● People had activity plans in place. These activities were based on peoples interests and preferences, for example, one person was attending a leisure centre on a regular basis to go swimming.
● People told us they enjoyed their activities and had made friends since coming to the service.
● Staff told us they regularly encouraged people to go out into the community, one person told us they were ready to apply to do a vocational course with the support of staff.

Improving care quality in response to complaints or concerns

● The provider did not have a clear complaints process in place.

● The nominated individual told us they had received some complaints earlier in the year, however when we asked to see these they were not located on the electronic system. The nominated individual gave us a verbal account of the nature of some complaints and told us they had been investigated and the local authority had been notified.

We recommend the provider revise their current complaints process using the most up to date guidance from a reputable source.

● People and staff told us they knew who to complain to if they needed to. The provider had a complaints policy in place.

● The provider did not make any changes as a result of these complaints, this meant the service did not improve for people.

End of life care and support

● The provider had an end of life policy in place; however, no one was in receipt of end of life care at the time of our inspection.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated 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.

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider did not have effective systems in place to monitor the quality of care. The registered manager told us they had not developed their auditing system yet as they were a young service, and they had plans to do this very soon. The provider had not picked up on any concerns we found during the inspection. These included issues with risk assessments, medicine management, lack of personalised details in people's care plans, poor records of staff support mechanisms, poor complaint management and not a clear system in place for safeguarding people against harm.
- We asked the provider for any surveys or other measures that been done to gather people's, relatives and others feedback to support the running and quality of the service. The registered manager told us this had not been done, but they had received some positive feedback from one health care professional.
- The provider did not always ensure people and staff were protected against the risks of unsafe or inappropriate support and practice because people's risk assessments lacked guidance and strategies to manage identified risks.
- The provider did not have an improvement plan in place, this meant that the service was unable to make improvements to people's care.
- The registered manager told us they understood the need to be open and honest when things went wrong, however there was no system in place to address and analyse safety concerns.
- The registered manager or nominated individual did not always understand what to notify CQC about. The nominated individual told us about some concerns which had been raised with the local authority but had not been sent to us. CQC should have been notified about some of these concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider did not have a system in place to involve people and staff in the service. The provider had not asked staff or people or their relatives for their views on the service. This meant that no improvements could be made to the quality of care being provided. People were not represented in the running of the service.

The registered manager had not established effective systems to assess, monitor, maintaining clear records and improve the quality and safety of the service provided. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● The management team promoted a positive culture, however people's views were not represented, this meant they did not have a voice and were not included in the running of the service.

● The registered manager told us they were delivering a person-centred service.

● Staff told us they felt supported and could raise any concerns if they needed to.

● People we spoke with spoke highly of the nominated individual and the care staff. Staff seemed very relaxed and created a warm atmosphere at the service.

● Outcomes were recorded for people in their care plans, however it was not clear if or how these were being achieved.

Working in partnership with others

● The provider worked with health care professionals including the GP and social workers.

● Records showed a healthcare professional had sent the provider some very positive feedback, thanking them for their hard work and dedication in supporting a person to achieve their goals.

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 9 HSCA RA Regulations 2014 Person-centred care The registered person did not ensure that service users received care and treatment which was appropriate, met their needs or reflected their preferences. This was a breach of Regulation 9 HSCA RA Regulations 2014 Person centred Care

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure care and treatment was always provided in a safe way for service users. This was a breach of Regulation 12 HSCA RA Regulations 2014 Safe care and treatment

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment A robust system was not in place to safeguard people from risk of harm. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation

Personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

The registered manager had not established effective systems to assess, monitor, maintaining clear records and improve the quality and safety of the service provided. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.