

Akos Care Limited

# Akos Care Limited

## Inspection report

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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.

Akos Care Limited is a supported living service providing personal care for 5 people, some of whom had learning disabilities. The service provides support to people living in their own home. At the time of our inspection there were 5 people using the service. Each person had their own bedroom, the bathrooms and kitchen were shared.

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

Right Support:

People's medicines were not managed safely. We found gaps in medicine records and staff had not been assessed for their competency in this area. People's communication needs had not been assessed; staff did not have guidance to support them to communicate effectively. People's risk management plans 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.

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.

Right Care:

People's care plans did not reflect their range of needs or preferences. Care plans were not personalised. People told us staff were kind and caring. We observed staff being respectful in their interactions with people, staff protected people's dignity and right to privacy. There was no system to monitor how people were progressing with goals or reaching outcomes.

Right Culture:

The leadership team did not have clear oversight of the service. There was no quality assurance system in place. No audits of the quality of care had taken place. There was an improvement plan in place, but actions were outstanding. The provider did not involve people, staff and relatives in the running of the service. People, relatives, and staff were not given the opportunity to provide feedback, therefore improvements or changes could not be made to the quality of care. The provider carried out a needs assessment however it was not comprehensive and did not include information about nutrition and hydration or people's communication needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 25 January 2023) and breaches of regulations were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

#### 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 and recommendations

We have identified breaches in relation to safe care and treatment, good governance and person-centred care. 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.

#### 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 effective?

The service was not always Effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always Caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always Responsive.

Details are in our responsive 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** ●

# 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.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was conducted by 1 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.

### 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 was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

### During the inspection

We spoke with 2 people using the service. We spoke with 1 member of 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 5 people's care records including risk assessments and 3 staff files in relation to recruitment. We also reviewed other management records including staff files, medicines, complaints, safeguarding, activity plans and accidents and incidents.

# 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 requires improvement. The rating for this key question has remained 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.

Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong

At our last inspection the provider failed to ensure risks to people were fully assessed 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.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 12.

- The provider did not have an effective system in place to manage and mitigate risks to people and others. We found that risks to people had been identified. However, we were not assured appropriate measures were in place to fully mitigate risks.
- One person's records documented a risk of violence and aggression, however the risk management plan did not contain enough information for staff to manage these risks. There were no details of how the person expressed their aggression and the likely triggers so staff could pre-empt the risks and take action to support the person. The plan did not describe how to de-escalate the situation or how to communicate with the person.
- There were no formal systems in place to monitor incidents to better understand the person's behaviours and take action to reduce the risk of reoccurrence.
- People with health conditions, such as diabetes, did not have a clear risk plan. For example, one plan stated for staff to check blood sugar levels, but no ranges were recorded for staff to know what was too high or too low for that individual. This meant the person may not receive medical attention when needed, placing them at risk of harm.
- Moving and handling risk plans were not in place for people with impaired mobility. This meant risks were not assessed and staff did not have enough guidance to offer safe support in this area.
- Medicines were not managed safely, we found there was a 2-week gap in the medicine records for one person. The nominated individual informed us that although staff had not signed the records, the medicine was given to the person, however, we could not be sure this was the case. This posed a risk people had not been given their medicine as prescribed, which placed them at risk of harm.
- There were no staff competency checks done in the administration of medicine, therefore the provider could not be assured staff remained competent in this area.
- The provider did not have a system in place to analyse incidents or accidents to identify trends and patterns so action could be taken to prevent reoccurrence. Therefore, we could not see that any learning

had taken place to improve the safety and quality of the service.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. Medicines were not managed safely. This placed people at risk of harm. This was a continued breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicine records for some people were up to date and accurate.
- Staff had training in the administration of medicine.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider did not have a robust system in place to safeguard people from harm. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider is no longer in breach of this regulation.

- The provider had systems in place to safeguard people from harm. The provider had informed the local authority about safeguarding incidents.
- Staff had training in safeguarding. Staff understood the signs of abuse and how to report it.
- The provider had a safeguarding policy in place which meant staff had guidance to follow when needed.

Staffing and recruitment

- The provider recruited staff safely and there was enough staff on duty to meet people's needs.
- The provider carried out background checks such as staff job history, previous employment references, and a criminal background check.

Preventing and controlling infection

- The provider had a system in place to protect people from the risk of infection. Staff had training in infection control and there was a policy in place to give staff guidance when they needed it.
- Staff told us they used personal protective equipment (PPE) such as aprons and gloves and these were supplied by the provider.



# 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 for this key question has remained 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

At our last inspection the provider did not ensure that people using the service received care, which was appropriate, met their needs and reflected their preferences. This was a breach of regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made and the provider remains in breach of regulation 9.

- The provider carried out an assessment for people before using the service, however they were not always comprehensive. Assessments covered areas such as personal care, emotional and social needs and health needs. The assessment did not have the level of detail needed for staff to know how to support someone, for example one of the headings was, personality, moods and emotions, staff had ticked "yes" the person had these needs. It then stated the needs as, "Person requires support to deal with their emotions and mood swings", no other information was recorded as to how to offer support with these emotions. The care plan we reviewed developed from the needs assessment did not mention emotional support. This meant the person may not have had their emotional needs met by staff.
- Some assessments lacked detail, for example, there was little or no information on meeting people's communication needs. This meant that care plans developed from this assessment would lack important information about the person and may not meet their needs or preferences.

The provider had not carried out comprehensive needs assessments. This was a continued breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- The provider did not have a supervision and appraisal system in place. Staff told us they had regular 1:1 meetings and felt supported. However, we did not find records of these meetings. We did not see any staff appraisals. The nominated individual told us they held team meetings but did not record them, therefore we could not verify if they took place or not.
- Staff had completed training considered mandatory by the provider in a number of subjects such as safeguarding, prevention of aggression, first aid, moving and handling, infection control and fire safety, this meant staff were confident in supporting people in these areas.
- Staff had an induction into the service which included a period of shadowing experienced staff so they could learn the role and support required.

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

- People were supported to have regular meals and drinks.
- Staff supported people with their meals, for example we saw that staff were cooking a stew for the evening meal. Some people told us the food cooked by the staff was nice. Other people told us the food was not nice and they preferred to buy and cook their own food.
- Care records for some people did not outline the kind of support people may need around healthy eating. It was difficult to understand if people's nutritional needs were being met as the records reviewed did not outline these needs.
- Meal preparation and cooking was mostly done by the support staff. Staff recorded what some people had to eat in their daily notes. Staff supported most people to buy their own individual shopping on a regular basis including food items.
- Drinks and snacks were available for people when they wanted them.

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 such as health care professionals, social workers and the local authority. This meant people had access to health care professionals such as the GP and District Nurse when needed.
- Staff encouraged people to attend health care appointments and recorded outcomes, however we noted that some appointments booked for some people had not been attended and had to be re-booked. We spoke to the nominated individual about this, and they said this was due to the person refusing or not being motivated to attend the appointments.

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.

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.
- The provider had the right documentation and authorisation in place for anyone deprived of their liberty. The provider had completed a mental capacity assessment and a record of decisions made were in people's files.
- Consent to care was in place in people's care records and signed by people.

# 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.

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 people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- There was a risk people may not be supported to be as independent as possible. There was no system in place to identify how people wanted to maintain their independence and what support they needed. Care plans did not have enough detail in them about how to support people to maintain their independence.
- There was no system in place to monitor people's progress which meant changes to their support needs may not have been identified.
- Staff told us that one person used to cook meals, but then suddenly stopped. Staff said they could not understand why they had stopped but had made several attempts to engage with the person to explore why they had stopped cooking for themselves. Staff offered support to the person, but this was often declined by the person.
- People's privacy and dignity were respected.
- People told us they were respected by staff. People told us staff were good at prompting them to maintain their personal care and change their clothing, which promoted their dignity.
- We observed staff knocking on bedroom doors before entering. Staff told us they gave people privacy by ensuring doors were closed when providing personal care.

Ensuring people are well treated and supported; respecting equality and diversity

- During our inspection most staff members showed warmth and respect when interacting with people. People told us staff were caring, kind and helpful.
- Some people's care plans had some details about their background including their faith. Staff told us they respected people's different beliefs, for example supporting people to follow their chosen faith.

Supporting people to express their views and be involved in making decisions about their care

- Some people told us they felt listened to and could talk to staff about their concerns. People made some decisions about their support needs such as what activities they would like to do or food they wanted to eat.
- People were involved in meetings with social workers about care decisions and these were documented.

# Is the service responsive?

## Our findings

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

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 people's needs were not always met.

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

At our last inspection the provider did not ensure that people using the service received care which was appropriate, met their needs and reflected their preferences. This was a breach of regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

- People's care plans were not personalised and did not reflect their likes and preferences. Care plans were not holistic, or strength based. There was not enough guidance for staff to follow up on how people wanted to be supported. Care plans did not clearly detail what a meaningful life looked like for each person and how they would achieve it. This meant there was a risk people's support may not be delivered in a person-centred way.
- The provider did not ensure that people's care plans were personalised or reflected their preferences and likes. This meant people's care was not delivered in the way they wanted.

The provider did not ensure that people's preferences were recorded in their care plans. This was a continued breach of regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they were involved in their care plans.
- Staff told us they knew people well and understood their likes and dislikes.

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.

- The provider was not meeting the Accessible Information Standard. Information was not provided in accessible formats for people. People's communication needs had not been assessed. There was no clear guidance for staff to follow to meet people's communication needs.

The provider was not meeting people's communication needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed staff and people communicating with each other for the most part staff communicated well with people, particularly where people used verbal communication. However, we also observed one person who had become agitated, and staff did not use the right technique to de-escalate the situation. We gave feedback to the nominated individual about this, and they told us they would address this with staff.
- The provider told us they were developing a communication tool to support their assessment process; however, this was not in use at the time of the inspection.

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.

- People living in the service had an individual activity plan in place. Daily notes reviewed contained details of outings for example, people going to the local café, cinema or park. People told us they remained in contact with their family members.
- Some people living at the service could not access the community often as they needed specialist transport. We asked the nominated individual to follow this up with the local authority to find out what other options would be available to them so they could access the community if they wished to.

Improving care quality in response to complaints or concerns

At our last inspection we recommended the provider review their complaints procedure. The provider had made improvements.

- The provider had a system in place to deal with complaints.
- There was a new complaints log in place to record the nature of a complaint and outcomes. A new file had been set up since our last visit to the service. Complaints raised with the provider were documented.

End of life care and support

- The provider had an end-of-life policy in place. At the time of our inspection there was no one in receipt of end-of-life care. The nominated individual told us that they needed to develop a template to gather this information.

# 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. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

At our last inspection the provider had not established effective systems to assess, monitor and improve the quality and safety of the service provided. This places people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider did not have an effective system in place to monitor the quality of care. This placed people at risk of receiving unsafe support that did not meet their needs. The provider had failed to identify concerns we found during our inspection. We found there were gaps in medicine records, no staff competency assessments recorded, a lack of robust risk management plans, care plans were not personalised and likes, and preferences were not recorded, no assessment of people's communication needs. Staff meetings, supervision and appraisals were not recorded.
- There was no record of how the provider analysed incidents or accidents this meant trends or patterns could not be picked up and used for learning and preventing recurrence.
- No audits had taken place for care plans, health and safety, daily notes or incidents. This meant there was a lack of oversight of the service which had placed people at risk of avoidable harm.
- The provider did not have a formal system in place to obtain feedback from people, relatives, professionals and staff about the service, any feedback obtained from people, or their relatives had not been recorded. No staff survey had taken place to find out their views of the service.
- Social workers we spoke with had concerns about the service following their visits. These concerns were about the lack of records, not meeting some people's needs and the provider not informing them of some incidents within agreed time scales. Overall, there was a lack of recording and monitoring of the service which meant improvements to the quality of care were not made.
- The provider had an improvement plan in place, however several actions recorded had not been achieved.

The provider had not established effective systems to assess, improve the quality of care, maintaining

records, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 nominated individual told us they understood the need to be open and honest when things went wrong, however incidents that had taken place had not been reviewed to learn lessons and prevent reoccurrence.
- The provider did not always notify the relevant authorities in a timely manner when things went wrong in the service. Notifications were sent in to CQC but in 1 case this was later than agreed timescales. We spoke to the nominated individual about this, and they assured us this was an oversight and would not happen again. After the inspection we received notifications within agreed time scales.

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

- The provider did not always promote a person-centred service. There was a lack of information about people and the goals they wanted to achieve. Outcomes for people were not clearly defined. It was difficult to track people's progress as care plans were not in enough detail. The provider told us they intended to review their care planning process to ensure that people's care plans were more personalised.
- Staff told us there was an open and honest culture, staff said they can raise any concerns, and these would be addressed.

Working in partnership with others

- The provider worked with health care professionals. The provider had regular meetings with social workers to address some concerns raised in the service.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider did not ensure that people's care plans reflected their preferences and likes and was not meeting people's communication needs. This meant people did not receive person centred care. This was a continued breach of regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>



This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. Medicines were not managed safely. This placed people at risk of harm. This was a continued breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

### The enforcement action we took:

Warning notice

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not established effective systems to assess, improve the quality of care, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

### The enforcement action we took:

Warning notice