Accedo Care Ltd

Accedo Care Head Office

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Accedo Care Head Office is a supported living service providing personal care and support to adults with learning disabilities and/or mental health needs. The service was supporting 30 people, across four supported living settings, at the time of inspection.

People's experience of using this service and what we found
This inspection primarily focused on one of the four supported living settings, where we had received concerns about the quality of care provided. Here we identified a lack of management and provider oversight, especially during the Covid-19 period. Professionals, relatives and staff all referred to a "chaotic" period of time at this location. During this period, incidents increased, and people were placed at risk of poor care and harm.

At this location, there was a negative culture, where staff did not treat people with dignity and respect. Staff used inappropriate language to refer to people and when completing incident reports. People were not supported in a consistent and positive manner, in line with their care plans and risk assessments.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, 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 providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting some of the underpinning principles of right support, right care, right culture. Care was not consistently person-centred and did not always promote people's dignity, privacy and human rights. This was being addressed by the provider at the time of inspection, however, changes were yet to be embedded.

Risk assessments were not consistently developed to provide staff with the information they needed to ensure people's care was provided safely. This meant people were not supported in a consistent way to achieve positive outcomes. Feedback received from staff, relatives and professionals was mixed. Staff reported a high volume of training, however some felt it had not given them adequate skills to support people in a safe, consistent way. Relatives and professionals also felt that the quality of support provided was inconsistent.

People were not sufficiently safeguarded against the risk of abuse. Incidents were not managed appropriately or in a timely manner. This meant people were exposed to risk of harm. The management team reviewed accidents and incidents but this was not always effective in identifying patterns and trends. Incidents were not always investigated appropriately, and measures put in place to prevent reoccurrence. This was particularly evident at one of the supported living sites.

The provider found it challenging to recruit appropriate staff. Staff recruited lacked the necessary skills and values. As a result, there had recently been a period of high staff turnover, as the provider sought to address this issue. The registered manager explained that they had reflected on this situation and identified lessons learnt.

Whilst governance systems were in place, these were not utilised effectively to identify issues where practice could be improved. Both the registered manager and provider were open about the challenges they had experienced. Prior to the inspection they had developed a service improvement plan, however this did not include all of the issues we identified. A new service manager had been recruited and staff, relatives and professionals told us about improvements made since they joined.

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

Rating at last inspection
The last rating for this service was good (published 08 June 2018).

Why we inspected
We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted due to concerns received about the management of risk, particularly at one of the provider's supported living settings. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with the staff culture and governance systems, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the management of risk and good governance.

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 for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Accedo Care Head Office

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 Care Act 2014.

Inspection team
Two inspectors carried out the inspection.

Service and service type
The service provides care and support to people living in four 'supported living' settings, 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.

The service had a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was announced. We gave the service 48 hours' notice of the inspection. This is because we needed to be sure that the provider or the registered manager would be in the office to support the inspection. Inspection activity commenced on 23 September 2020 and ended on 15 October 2020. We visited the office location on 07 October 2020.

What we did before the inspection
We reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as safeguarding incidents. We sought feedback from the local authority. 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.

During the inspection
We spoke with the registered manager, service manager and five support workers. We looked at three people's care records and people's medication records. A variety of records relating to the management of the service, including rotas and incident records were reviewed. We looked at training data, polices and quality assurance records. We spoke with four relatives about their experience of care provided. Four professionals who have regular involvement within the service also provided feedback.

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

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

● Risk assessments were not consistently developed to provide staff with the information they needed to ensure people's care was provided safely. In some instances, risks were identified but not responded to with appropriate management plans and monitoring. For example, one person required support to manage their anxiety. The risk assessment identified staff would need to offer reassurance to this person. However, there was no guidance about how they should so this, what signs they should look for which would indicate increasing anxiety and what the person's preferences were about how they should be supported during this time. One staff member told us, "The care plan said we should calm [person] down but it didn't tell us what we actually needed to do or what that meant."

● We found that one person had 34 separate incidents of behaviours that challenged, over a period of three months. During these incidents, the person become increasingly distressed, assaulted staff and damaged the property. Records showed that on at least eight occasions, these incidents lasted over three hours, and up to 11 hours on at least three occasions. This person had a positive behavioural support plan in place, however, care records demonstrated this was not consistently followed. One staff member told us, "I have had no issues with the people we support, although I know some of my colleagues have. We take different approaches." This meant that people were not supported in a consistent way to achieve positive outcomes.

● Feedback received from staff, relatives and professionals was mixed. One relative told us, "In terms of management of risk, I feel that they are reactive rather than proactive." Several professionals referred to the service provided as "inconsistent." For example, risk had been positively managed for one person, who had previously refused to leave their flat. We saw evidence that they were now going out within the local community, visiting shops and their family. However, in another example, inconsistent support and management of risk had resulted in one person's placement breaking down. Professionals explained that this was due to staff not following the agreed positive behavioural support approach.

● Staff reported a high volume of training, however some felt it had not given them adequate skills to support people in a safe, consistent way. Training provided to staff was not always based on people's specific needs. One relative told us, "Staff did not have the right training to understand [name]'s condition. As a result, they were scared of [name]. The more [name] was left unoccupied and not supported with their routine, the more challenging [name] become. It was a vicious cycle." During the inspection, staff were booked on additional training to support their understanding of people's needs.

● People's needs had not always been sufficiently assessed prior to them using the service. For one person, this meant some risks had not been identified and considered when assessing the placements' suitability. This also meant compatibility with other tenants was not adequately or accurately considered. At the time of inspection, this issue had been identified by the provider and steps taken to prevent reoccurrence.

The inconsistent measures taken to assess and manage risk placed people at risk of receiving unsafe care. This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

● People were not sufficiently safeguarded against the risk of abuse. Incidents were not managed appropriately and concerns not responded to in a timely manner. This meant people were exposed to the risk of harm. In one example, a person had lost significant weight during the Covid-19 lockdown period. This had not been identified by staff and was raised by the person's family member and social worker.

● There was a negative culture in one of the supported living settings, where staff did not treat people with dignity and respect. Staff used inappropriate language to refer to people and when completing incident reports. People were not supported in a consistent and positive manner, in line with their care plans and risk assessments. At the time of inspection, the provider had started to take steps to address this, but change was yet to be embedded.

● The registered manager ensured concerns were reported to the local safeguarding authority. However, some health professionals felt that external support for people was not always requested swiftly, and this had contributed to placement breakdowns at the service.

● The management team reviewed accidents and incidents but this was not always effective in identifying patterns and trends. Antecedent Behaviour Consequence (ABC) charts were not reviewed consistently and as a result, opportunities for learning were missed. (An ABC chart is an observational tool that allows staff to record information about a particular behaviour and to better understand what the behaviour is communicating).

● ABC charts viewed for one person indicated that staff inappropriately used aspects of their support, for example, going for a walk or obtaining phone credit as a "reward" for what they deemed as "good" behaviour. This had not been identified by the management team, at the time of inspection. This put the person at risk of being denied their human rights.

● Historically, the registered manager had not always been informed of incidents in a timely manner. As such, incidents were not always investigated appropriately, and measures put in place to prevent reoccurrence. This was particularly evident at one of the supported living sites. The newly appointed service manager at this site explained their expectations around staff reporting and that debriefs had recently been introduced, to encourage reflection and learning.

Staffing and recruitment

● The registered manager acknowledged that during the Covid-19 period, there had been challenges in recruiting appropriate staff, especially at one of the supported living sites. Subsequently, staff were recruited who lacked the necessary skills and values. As a result, there had recently been a period of high staff turnover, as the provider sought to address this issue.

● The registered manager explained that they had reflected on this situation and identified lessons learnt. Changes had been made to the recruitment process, as a result.

● The service had made recent changes to the management structure at one of the supported living services. Feedback from staff and professionals was positive about this.

● Staff went through a robust pre-employment process, including references and a criminal records check.

Using medicines safely

● Medicines were managed, stored and administered safely.

● Records confirmed staff received training in medicines administration and this was supported by competency checks and observations.

● Where people were prescribed "as required" medicines, protocols were in place for their administration.

Preventing and controlling infection

- Staff received training in infection control and had the appropriate personal protective equipment to prevent the spread of infection.
- A comprehensive Covid-19 risk assessment and action plan had been developed.

Requires Improvement

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 the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to 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; 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; Continuous learning and improving care

- We identified a lack of management and provider oversight, especially during the Covid-19 period, at one of the provider's supported living settings. Professionals, relatives and staff all referred to a "chaotic" period of time at this location. One relative explained how the "lack of strong leadership" at this site, during the lockdown period and subsequent months, impacted on those living there. During this period, incidents increased, and people were placed at risk of poor care and harm.
- Whilst feedback from both relatives and professionals highlighted "strong", "approachable" and "well skilled" senior management, concerns were raised about the skills and knowledge of other staff. One professional said, "when those key people are not actively in the service or present, this is where we note a decline."
- Whilst governance systems were in place, these were not utilised effectively to identify issues where practice could be improved. For example, incident reports and ABC charts were not analysed in a timely manner, to allow for learning and responsive action. Where audits were completed, follow up actions and evidence of completion were often not present.
- Both the registered manager and provider were open about the challenges they had experienced. Prior to the inspection they had developed a service improvement plan, which included some of the issues identified in this report. However, this lacked appropriate timescales for completion and did not identify the person or staff who carried the responsibilities for each action.

The failure to ensure consistent oversight of quality assurance systems and staff practice placed people at potential risk of harm. This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Shortly before the inspection, changes were made to the management structure at one of the supported living sites. Staff and professionals gave us positive feedback about these changes. One staff member told us, "Things are much better here now with the new manager. They are putting everything in order." A professional told us, "A new manager has taken over…and we have seen a significant decline in incident reports. The manager is keen to work with professionals."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

● We found several examples of language used to describe people, in care notes, which was not appropriate, inclusive or empowering. This was also reflected in some conversations with staff. Following the inspection, we received confirmation that the provider had sought to address this through additional training.

● Staff provided positive feedback about the registered manager. One staff member told us, "The management team are easy to talk to and I know if I have any problems, I can call head office."

● Staff told us they received frequent supervisions and attended team meetings regularly.

Working in partnership with others

● Professionals told us the service worked in partnership with them. One professional told us, "Communication, particularly with the senior management is open and usually productive."

● Feedback from relatives was also mixed. One relative told us, "They work with us to make sure [name] gets the right support."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Measures taken to assess and manage risk were inconsistent.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of oversight of quality assurance systems and staff practice.