



# Inspection Report on

**AKC Home Support Services**

**43 Conway Road  
Colwyn Bay  
LL29 7AA**

**Date Inspection Completed**

12/01/2024

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## About AKC Home Support Services

|   |   |
|---|---|
| Type of care provided                                 | Domiciliary Support Service   |
| Registered Provider                                   | AKC Home Support Services   |
| Registered places                                     | 0   |
| Language of the service                               | English   |
| Previous Care Inspectorate Wales inspection           | <a href="#">8 August 2019</a>   |
| Does this service promote Welsh language and culture? | This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture. |

### Summary

People are happy with the service they receive as they are developing skills and achieving outcomes. For some people, mobility is improved as care staff help them with their exercises, and others are interacting more with their community since staff take them out to visit local places. Care staff support people to follow their interests and hobbies, and they accompany people on holidays and visits to family. Views are sought about their care and changes are made when requested or required. There is good continuity of staff, so people are familiar with their care staff and build trusting effective relationships with them. People and professionals praise staff for their approach and the genuine care they show for those they support.

The provider has good oversight of the service; they carry out reviews of the quality of care, including a variety of checks and measures, and gain feedback from others.

## Well-being

People have control over their day-to-day life; they speak for themselves and contribute to the decision that affect their life. Records evidence people's choice around times of daily routines is respected; they choose when and where they carry out activities of daily living and recreational activities and places to visit. People's rights to privacy and dignity are respected such as nighttime checks conducted in the least intrusive manner. Care documentation gives a clear picture of the person, what they like and dislike.

People are supported to be healthy and active and are happy doing things they enjoy. Care staff are experienced and identify changes in health and well-being. They take correct action and seek advice and guidance from health professionals. People are supported to enhance their skills such as in mobility and socialising and are pleased with the progress they have made. Records show people express their aspirations and plan activities such as holidays and places of interest to visit; they enjoy hobbies such as crafts, art, music and films and are encouraged and supported to exercise.

People are safe and protected from abuse. Staff are trained and there are safeguarding policies and procedures they follow. Staff have one to one supervision with their line manager regularly and can contact their line manager at any time to voice any concerns should they have any. There is a whistleblowing policy and procedure, and staff know they are to report any issues. People using the service also have a copy of the safeguarding procedure and complaints in their service user guide, so they know what to do if they are unhappy.

People feel a sense of belonging and enjoy relationships with friends and relatives. They are supported to maintain links with family who are important to them, sometimes reuniting with people they have not seen for a while. They are taken to visit relatives and relatives visit them in their home. People enjoy good, familial, and trusting relationships with their care staff. They enjoy good rapport and benefit from the friendships they form. Some people share their accommodation with others and their views on these arrangements are sought and respected.

## Care and Support

The service has an accurate and up to date plan for how care is to be provided in order to meet people's needs. We saw care plans consider a range of views and information and cover a variety of needs and wishes; they show what people like and dislike. Care plans and risk assessments are kept up to date through regular reviews of the plans. People told us they are involved in the reviews and their views on care provision is sought. Records of daily activities show what and how support has been provided and they evidence care needs are met according to people's preferences. These records show care provided reflects what is identified in the care plans.

People receive a service that is designed in consultation with those who know most about the person. Plans inform staff of people's personal wishes and aspirations, and what is important to them. We saw people's skills are developed such as enhancing mobility and supporting them to build their confidence to socialise. Another person is better able to visit places that interest them as they have been supported to gain their own car. We saw people take holidays and follow their own interests. People close to those receiving services praise the expertise of staff and their approach to care; they are described as *'lovely people; really good with X'* and *'can't fault them'*. A professional told us the service *supports people to live independent lives with an emphasis on enabling them to reach their full potential*. People are happy with the relationships formed with staff; they feel they can trust them and enjoy their company. Staff are reliable, they arrive on time and stay for as long as they are required. There is good continuity of staff and people are happy they know which staff are coming.

People are supported to access healthcare and other services to keep them well. Care staff advocate on behalf of people to make appointments with health professionals and will escort them to attend these. Records show us care staff are vigilant on health matters and act quickly if they feel there are any issues. They monitor people closely, applying prescribed ointments when needed and requesting advice and guidance when required. Care staff assist people to stay well by supporting them to take their medications and records are kept to show what has been administered.

## Leadership and Management

The provider has governance arrangements in place to help ensure the operation is running smoothly. Policies and procedures are reviewed; any complaints and safeguarding records are analysed, and incidents and accidents are considered. Compliance with procedures are checked such as with recruitment regulations; we saw a checklist on each employee file records the receipt of each piece of information necessary to ensure safe recruitment. The manager is very experienced and enjoys good relationships with staff who describe her as approachable and easy to talk with. A professional told us; '*The manager demonstrated an in-depth understanding of client's current needs and further was able to anticipate potential future needs.*' They praise the speed of communication from the manager and told us how they were '*a proactive advocate for the client*'. The manager meets with the RI (responsible individual) regularly to share information and update them about the service.

There are ongoing quality assurance processes in place including frequent distribution of surveys that seek the views of professionals, people using the service and staff. Conclusions drawn from the checks and measures completed, and feedback from a range of people, are collated and put in a Quality-of-Care report. The RI identifies what is working well and where improvements might be made. Members of the management team carry out spot checks where staff are working to check they are always following procedures and practicing safely.

The service operates a culture of openness and honesty; people using the service and care staff told us how issues raised with the manager are quickly addressed. Staff told us the manager is approachable and they are happy to talk with them. They feel they are listened to. Some people confirmed at times communication had not been effective. We saw meeting minutes raising these concerns and measures were subsequently put in place to improve the situation. The manager listens and acts to improve the service.

The service employs appropriate numbers of trained, suitable staff to support people to achieve their personal outcomes. The agency has their own pool of 'bank staff' to cover any sickness or other absences. Records show staff are recruited only after checks confirm it is safe to do so. All staff are registered on the Social Care Wales register to attest their suitability. Records show they are provided with training to enhance their knowledge on a range of relevant topics to help ensure safe and informed practices. Every staff must undergo an induction process during which they shadow other, more experienced staff until they feel competent and confident to carry out the role.

### Summary of Non-Compliance

| Status              | What each means   |
|---------------------|---|
| <b>New</b>          | This non-compliance was identified at this inspection.  |
| <b>Reviewed</b>     | Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection. |
| <b>Not Achieved</b> | Compliance was tested at this inspection and was not achieved.  |
| <b>Achieved</b>     | Compliance was tested at this inspection and was achieved.  |

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

| Regulation | Summary  | Status |
|------------|--|--------|
| N/A        | No non-compliance of this type was identified at this inspection | N/A    |

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

### Area(s) for Improvement

| Regulation | Summary | Status |
|------------|---------|--------|
|------------|---------|--------|

|     |  |     |
|-----|--|-----|
| N/A | No non-compliance of this type was identified at this inspection | N/A |
|-----|--|-----|



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