

Akaba Social UK Ltd

# Akaba Social UK Ltd

## Inspection report

1 Martello Close  
60-62 Dock Road  
Grays  
Essex  
RM17 6FL

Tel: 01375462626  
Website: [www.akaba.org.uk](http://www.akaba.org.uk)

Date of inspection visit:  
18 July 2019  
02 September 2019

Date of publication:  
21 November 2019

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Akaba Social UK Limited provides a domiciliary care service which offers personal care, companionship and domestic help to support people living in their own home as well as people living in supported living accommodation.

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. At the time of inspection the service was supporting 27 people, but only seven of these were receiving a regulated activity.

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

People received safe care and treatment from staff who understood their individual needs and risks.

Staff employed had to undergo a variety of pre-employment checks to ensure they were able to work with vulnerable people. However, the provider had not always followed best practice for safe recruitment of staff as they had not identified gaps in employment. We made a recommendation about this.

Staff ensured that people were supported to access a variety of health and social care services to meet their identified needs.

Staff had regular supervision and yearly appraisals to identify development and learning needs. However, the providers training matrix did not identify when staff had completed mandatory training or when this needed to be renewed. We made a recommendation to the provider about this.

Staff were caring and supportive and respected people's privacy, dignity and diversity. People were involved in planning and reviewing their care and supported to be as independent as possible.

People told us care was person centred. Small care teams provided care that was person centred and staff knew people very well. However, care plans were not always recorded in a person centred way. They did not identify whether people had additional needs when receiving information in line with accessible information standards. We made a recommendation about this.

People felt they could complain without repercussions and told us they found staff and managers approachable.

The provider was passionate about providing good care. However, documentation of evidence to demonstrate the quality of care provided needed to improve. The provider told us they were in the process of advertising for an administration member of staff and we made a recommendation about recording evidence of care.

People found the provider approachable and available and staff echoed this view.

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.

The service applied the principles and values of Registering the Right Support. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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

The last rating for this service was good (Published 15 February 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Akaba Social Care UK Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Akaba Social UK Ltd

## 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

The inspection team consisted of one inspector due to the small size of the service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We wrote to a number of health and social care professionals who supported people using the service to gather their views.

We used all of this information to plan our inspection.

#### During the inspection

The inspection took place over two days. One day at the service and a second day reviewing a large amount of information that was sent to us that was not available at the service at the site visit.

We spoke with two people who used the service about their experience of the care provided. We spoke with four members of staff including the provider, who was also the registered manager. We also spoke to the assistant manager, and two support staff.

We reviewed a range of records. This included four people's care records and medicine records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 remained the same. This meant people were safe and protected from avoidable harm

### Staffing and recruitment

- Staff were recruited safely and underwent a variety of pre-employment checks expected for care staff working with vulnerable people. However, in one of two files reviewed we found that a gap of employment for a six-month period had not been explored. This was not best practice. An audit completed by the local authority also reported on this issue in 2017 and recommended that the provider ensured that all employment gaps were identified.

We recommend that the provider ensures that they follow best practice guidance for safe recruitment of staff.

- There were enough staff to meet people's basic needs. If a person needed to attend an appointment a floating member of staff was sourced to support this to happen.
- The floating member of staff supported three small services. People told us, "They take me out, but I have to wait until they organise someone to take me." However, most people were able to leave their homes independently.
- Staff told us, "If someone wanted to go somewhere we would try and organise a member of staff to support but this might not always be the same day."

### Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of how to protect people from abuse and received yearly training updates.
- The provider had a whistle blowing policy in place and staff knew how to raise concerns and ensure the safety of people.
- The provider had acted on any concerns raised by the public to ensure that people were safe from harm and reported concerns to external stakeholders such as the police, local authority and CQC.

### Assessing risk, safety monitoring and management

- People's individual risks were well documented, and instructions were recorded as to how staff could best support them whilst promoting independence.
- People whose health had deteriorated and who needed additional equipment to maintain their safety at home were supported well. This included where a person's risk of falls had increased and prevented them full access to a bathroom. Occupational and GP referrals were made quickly, and equipment sourced to mitigate risk and support continued independence.
- The provider had various processes in place to ensure the safety of care staff. This included a lone working

policy and how staff should support people receiving care who might have an infection and illness.

#### Learning lessons when things go wrong

- The provider told us that they would speak to staff about outcomes of any incidents where learning needs were identified. They told us they would carry out meetings at people's homes, although they could not recall any such incidents.
  - At the time of inspection meeting minutes were not available in the central office to demonstrate actions needed, and responsibility for completing actions. However, staff told us that the provider held frequent meetings with them to discuss a variety of issues including improvements in care and lessons learnt. The provider told us that all meeting minutes were emailed to care staff.
- We made a recommendation about this in the well-led domain.

#### Using medicines safely

- People were prompted and supported to take medicines as they were required.
- Staff were trained in medicine administration and kept clear records of stock and medicine administered. Medicines were kept safely in people's homes.
- Medicine administration records contained details of people's preferences of how to receive medicine. It also contained details of side effects and information that staff should be aware of.
- The provider had a PRN [as required] medicine policy and people had individual PRN plans. PRN plans included details of medicines that might be used to support people if in pain or distressed.

#### Preventing and controlling infection

- Staff had access to appropriate equipment to prevent the spread of infection. This included gloves and aprons for providing personal care.



# 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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The provider told us that staff had access to various online and face to face training at the start of employment and were required to update their knowledge regularly. They were unable to provide evidence of training on the day of inspection so forwarded their training list (matrix) following inspection. However, this was a list of training provided which had ticks that staff had completed the training. We could not be sure when staff had received the training as no dates were recorded.

We recommend that the provider updates their training matrix so that it is clear when staff have completed training and when this training needs to be renewed.

- The registered manager expected staff to complete annual training updates during working hours, for those supporting people in supported living. If this was not possible staff completed updates in their own time. The registered manager told us, "I do support staff to come in on days off to complete online updates and pay for this time if they have been unable to do it at work."
- Staff had to complete the care certificate as part of their induction. This is a set of 15 essential care standards that all care workers should achieve.
- The registered manager also held regular monthly meetings with staff in a training centre so that staff could benefit from face to face training updates and opportunities to share care experiences and how to improve care offered to people.
- Staff received regular supervision with team leaders every six to eight weeks and a yearly appraisal to explore development opportunities.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed fully at the start of the service and care plans identified individual care tasks they required help with.
- The registered manager routinely contacted staff weekly to check if there were changes to people's needs and if additional support was needed. They also attended services monthly, meeting with people and staff to discuss their experiences, explore whether needs were met and if any additional support was needed.

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

- People were supported to maintain a balanced diet and to choose meals and drinks that they enjoyed.
- Staff supported those who were able to prepare their own meals to shop for groceries.
- People who needed support with their diet, including when there was a need to lose weight, were

supported to join local slimming groups and to eat a healthy diet. One person proudly showed their slimming awards to us and told us, "Staff help me to lose the weight and encourage me. I am proud of myself."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff made referrals to relevant health and social care professionals if people were identified as having a risk of choking, diabetes or weight loss. Professional advice would then be incorporated into people's care plans.
- People were supported to access regular health screenings, included gender and age specific screenings and medication reviews.
- Staff helped people to access dentist appointments, chiropodists and hairdressers as they were needed.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff received training on the Mental Capacity Act and were able to demonstrate that people's consent was sought within all aspects of care.
- People who lacked capacity for certain aspects of support, such as managing their own finances, had the appropriate assessments in place and external advocacy services experienced in money management.
- Staff were observed to seek peoples consent to care tasks and offer choice when providing care. For example, what people would like to eat and drink, when they would like to get up, or bath.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by a core group of care staff who knew them well and had developed close relationships because of this.
- We observed staff speaking to people in a kind and caring manner and it was clear that staff knew people well and how best to support them.
- One member of staff was observed to be chatting animatedly with a person about arranging to take them shopping to a large shopping centre to buy some new clothes. The person clearly enjoyed the banter and positive interaction.
- Staff supported, and respected people's diversity and care plans reflected how people would be supported to maintain intimate relationships.

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

- People were involved in their care planning. People told us, "Yes they involve me." We saw that care records detailed when care staff had sat with people and reviewed their care needs.
- The provider regularly spoke with people to ensure that they had been involved in this process.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. This included if people needed support with personal hygiene tasks. We observed staff speaking to people about their personal needs in a sensitive way to maintain their dignity.
- People with deteriorating health needs continued to receive support to maintain their independence as much as possible. This included accessing external health and social professional assessments and accessing various equipment to help people to retain as much independence as they could.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care plans had limited guidance for staff, for example one read, 'Support with personal hygiene, support with grooming'. There was no detail on how and when the person wanted to be supported or guidance for staff on how to promote independence.
- However, people were involved in planning their care at regular intervals. We saw detailed reviews in people's care files that demonstrated that care provided was person centred.
- Staff were able to describe in depth how they supported someone to be independent.
- As people were supported by regular staff the lack of detail in care plans had not affected the care provided.
- At the time of inspection, the service was not supporting anyone at the end of their life.
- Where a service does not support people at the end of their life or is not supporting anyone with end of life care at the time of the inspection, we report on how the service has explored people's preferences and choices in relation to end of life care. At the time of inspection care plans required more detail about people's personal preferences.

We recommend that care plans are reviewed to reflect the person's individual preferences, so that should new members of staff or agency staff be used, they will have the information they need to provide person centred care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans reviewed did not identify whether people needed adapted information due to disability, impairment and sensory loss.

We recommend that the provider review the Accessible Information Standards and whether anyone within their service requires any adaptations to information that they are provided with.

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 This KLOE is applicable where the service provides or supports activities, hobbies, community contact, employment and education support. Also enables or supports contact with families, friends and others in the community as

well as personal care.

- People were supported to maintain relationships with people that were important to them. We saw evidence of where people were being supported to move to accommodation nearer to their loved ones.
- Not many people receiving personal care also required support to access community activities, as some were living with family. However, people who received a 24-hour live-in service were supported to access the community to go shopping and should they choose, various activities, such as going to the cinema. Staff told us, "If people want to go out and do something we will help them to do it."

Improving care quality in response to complaints or concerns

- People told us that they felt able to raise concerns and complaints and knew who to speak to.
- The yearly survey of people highlighted that they felt confident that any complaints would be reviewed and acted upon.
- The provider managed complaints in line with their policy and procedures. At the time of inspection, they were managing a complaint from a member of the public and had taken measures to contact them to discuss the concerns.

# 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 and now 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.

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

- The provider had compiled a folder containing guidance on how they would measure the care provided against each of the key lines of enquiry inspected by the CQC. This was to identify where improvements needed to be made. However, this guidance had not been used at the time of inspection.
- The provider was unable to provide evidence on how they monitored the quality of the service at the time of inspection, and it was agreed that information would be forwarded to us. However, the information we received did not provide clear evidence of quality assurance monitoring, as the forms were not robust and recording limited.
- The provider completed an annual quality audit of the service; however, this did not identify in detail, areas for improvement and how these would be addressed. For example, the summary stated 89% of clients rated the overall quality of their support as good or excellent and 84% of home care/help wholly or partially achieved all their support goals. It was not clear what concerns the remainder of people asked had, how these would be actioned, or whether there was a difference between those receiving a regulated activity and those who were not.
- The provider used people's feedback as the main part of their quality monitoring performance and the responses were positive. People said they felt safe and supported and knew who to raise concerns too. However, this was taken across all people receiving a service and we could not be certain if those who received a regulated activity had been part of those responses.
- The provider told us they regularly held meetings with staff to discuss case studies of when they had to support people with various difficulties. However, they had not documented these.

We recommend the provider carry out a review of how and where they record continuous learning and improving care, and how people using the service are involved in this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had previously worked for the local authority and maintained their good working relationship, which exposed them to a variety of training opportunities for staff.
- When people felt able to move into more independent living and more locally to family and friends, the provider worked with various health and social care agencies to facilitate this.

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

- Staff told us that the provider was available to discuss any concerns they had about care. They told us there was an open and honest culture at the service.
- The provider often visited people in their own homes to check they were receiving good care. One person told us, "[provider] comes in all the time and checks we are okay."
- People told us that the provider was approachable, and they were not afraid to raise concerns. They told us they had not had to raise any concerns but would feel comfortable to do so.
- The provider had recently been managing a complaint from a member of the public. We saw that they had taken measures to meet with the person, discuss their concerns and inform them what actions they would take.