

Akaba Social UK Ltd

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Inspection report

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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?	Good ●

Summary of findings

Overall summary

The inspection took place on 6 December 2016. 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. They are currently supporting 22 people in supported living and five people in their own home.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safeguarded from the potential of harm and their freedoms protected. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Staff had received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people. The service worked well with other professionals to ensure that people's health needs were met. Where appropriate, support and guidance were sought from health care professionals, including GPs and mental health professionals. People were supported with their nutrition and hydration needs. Staff supported people with their medication when required.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. Staff were attentive to people's needs and treated people with dignity and respect.

People were supported with activities which interested them. People and their representatives knew how to make a complaint and the service had processes in place to deal with these.

The registered manager had a number of ways of gathering people's views including talking with people, staff, and relatives. In addition the registered manager also gained people's views by the use of questionnaires. Quality monitoring audits were completed to help ensure the service was running effectively and to make improvements.

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.

People felt safe with staff. Staff took measures to assess risk to people and put plans in place to keep people safe.

Staff were only recruited and employed after appropriate checks were completed. The service had the correct level of staff to meet people's needs.

People were supported with their medication if required.

Is the service effective?

Good ●

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

People's food choices were responded to, and they were supported with their nutritional choices.□

People had access to healthcare professionals when they needed to see them.

Is the service caring?

Good ●

The service was caring.

People were involved in making decisions about their care and the support they received.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Care plans were individualised to meet people's needs. People were supported to follow their interests and hobbies.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

Good ●

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Akaba Social UK Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 6 December 2016 and was announced. We told the provider 48 hours before our visit that we would be coming. We did this to ensure the registered manager was available as they could be out supporting staff or people who used the service. The inspection was completed by one inspector.

Before the inspection we reviewed the information we held about the service. This included any notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about. We also reviewed information received from a local authority.

On the day of the inspection we met the registered manager at their office and spoke with them, and one member of staff. We also visited three of the supported living schemes and spoke with five people and six care workers. We telephoned and spoke with one person who was receiving home care and two relatives.

We reviewed four care records, training records, three staff recruitment and support files and audits.

Is the service safe?

Our findings

People told us they felt safe using the service, one person said, "I feel safe with the staff they are very helpful." A relative told us, "I have less to worry about knowing they (staff) are supervising (relative name)."

Staff received training in how to safeguard people from abuse. Staff were knowledgeable of the signs of potential abuse and what they should do to report this. One member of staff said, "If I thought somebody was being abused I would tell the manager or the Police." Another member of staff said, "There are many different signs and types of abuse that we are aware of if I was concerned I would blow the whistle and tell my manager or the police." Staff knew there were policies they could follow on safeguarding people and 'whistle blowing'. The registered manager also made sure people had information on how to keep them safe and had provided written information for people to follow in their service user guide.

The registered manager told us that people living in the supported living schemes also signed up to abiding to the house rules to keep everyone safe. These rules included not bringing drugs or alcohol into the homes and not smoking on the premises. One person told us, "I use to have a problem with alcohol and drugs, but there is none allowed here, which helps me."

There were arrangements in place to help protect people from the risk of financial abuse. Staff supported people with budgeting their finances, one person told us, "I am not very good with my money so I give a certain amount to staff each week and they give me back some every day." We saw that clear records were kept of all financial transactions.

The service undertook risk assessments to ensure people were supported safely and that staff were safe when working in people's homes. The risk assessments were individualised to people's needs and were aimed at supporting people with their independence so that they lived full active lives.

Staff knew what to do if there was an emergency or if people became unwell in their home. Staff were trained in first aid and knew if somebody was physically unwell to call their GP, 111, or for an ambulance. For the supported living homes each person had a personal evacuation plan in place in case of a fire and people were aware of the fire evacuation procedure.

There were sufficient staff employed to keep people safe. The registered manager told us that they had a small team of staff to provide support and that they did not have any issues covering shifts. The registered manager told us that they were very selective about the staff they employed to ensure they had the correct skills to meet the needs of the people they supported. The service did not use agency staff this meant people were consistently support by the same staff. Staff told us that they always had enough staff and could support people living in the supported living homes as well as in the community as required.

The registered manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided

proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). The registered manager had a system in place to review each member of staff DBS yearly to ensure they remained of good character. We reviewed three staff files and saw all the appropriate checks had been completed.

Staff supported people to take their medication as appropriate. Staff were trained to support people with their medication and kept appropriate records of this. Staff prompted people to take medication and supported them to obtain their prescriptions. Medication was provided by local pharmacies and the registered manager arranged for the supported living homes to be audited yearly by a pharmacy provider. Staff also underwent competency checks from the team leader to ensure that their skills were safe when dealing with medication.

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Staff told us that they were supported to complete nationally recognised training courses. One member of staff told us, "I have completed my national vocational qualification level 2 and hope to start level 3 next year." The registered manager told us that they wanted staff to have career progression and would support staff to access courses to enable this. Training was provided to staff through e-learning as well as face to face. In addition the registered manager accessed courses for staff from the local authority such as safeguarding training. Staff told us that they felt training had helped them with their job, one member of staff said, "I recently had training on completing risk assessments and support plans from my manager, I have a better understanding of what is expected now and how to do these."

Staff undertook a thorough induction when they started at the service. New staff worked alongside more experienced staff or team leaders as part of their induction. One member of staff said, "When I first started I spent a couple of days going through policies and procedures and got to know the people I would be working with." A team leader told us that as part of new staff's induction they spent time at the supported living services getting to know the people they would be working with to ensure they were comfortable and understood their role. The registered manager told us that if they employed any staff that were new to care that they would be supported to complete the Care Certificate; this is an industry recognised award that equips carers with the skills and knowledge they need to support people. Staff told us that they felt well supported at the service and had regular supervision with the registered manager to discuss their performance and identify any further training needs.

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 who used the service had capacity to make their own decisions and staff were fully aware of how to support people to make choices for themselves with day to day activities. The registered manager was trained as a best interest assessor under the Act so was fully aware of how to support people who may lack capacity. This told us people's rights were being protected.

Where required people were supported with their dietary needs. People living in the supported living houses bought their own food and were able to cook for themselves. Staff told us that some people needed more support when cooking to make sure they were safe in the kitchen and staff supported them to develop their cooking skills. Staff also supported some people to go shopping, one member of staff said, "We usually go together, we write out a list of what they need then we go and buy what they want." People who were supported in their own home, staff if required assisted them with snacks and micro wave meals.

People if required were supported to attend healthcare appointments. Staff told us that they had assisted people to go to hospital or doctor's appointments when required. In addition staff supported people to stay in contact with their mental health teams and community nurses. The registered manager told us that they

made sure that people were registered with GPs and that they had regular health reviews. When one person had refused to have a GP, the registered manager negotiated with them and a local GP practice that they would always see the same GP so that they could establish a relationship with them. They told us that this had worked well and that they would now have regular health reviews.

Is the service caring?

Our findings

People were very complimentary of the support they received from staff and how caring the staff were. One person said, "All the staff are good, very supportive." A relative told us, "They (staff) do a top notch job, go the extra mile to help."

Staff knew people well, including their life histories and their preferences for care. Staff knew how people liked to be supported and told us they aimed to help people keep their independence. Staff were able to describe to us how people had their own individual routines and how people liked to have things done differently from each other. A member of staff said, "We support people to regain their independence, everyone is different, and likes to spend their time in different ways."

People were actively involved in decisions about their care and treatment and their views were taken into account. The registered manager discussed people's care needs with them so that they could develop a care plan that was tailored to their needs. Each person had a key worker this is a named member of staff who worked closely with them and reviewed their care needs and support plans with them. When appropriate, staff supported people to have other professionals involved in their care who could act as advocates, such as social workers or community nurses.

People were supported to maintain contact with their family. The registered manager supported people to maintain family contact and staff travelled to relative's homes with people if required. One relative told us, "The staff are very good at communicating with me and keeping me up to date."

People's diverse needs were respected. One person that the service supported liked to attend a church service that was a considerable distance away. The staff have been supporting this person to gain their confidence to travel to this church on their own. The registered manager told us how this had been a gradual process with them initially travelling with the person to the church to them now being able to make their own travel arrangements and go independently.

Staff were respectful of people's privacy and dignity. A member of staff told us, "We always respect people's privacy and call out or knock and wait to be invited into to people's rooms." Another member of staff said, "Even though I have keys to get into a person's house, I call out first, I never just walk in."

Is the service responsive?

Our findings

People received care that was individual to them and personalised to their needs. The registered manager met with people, to complete a full assessment of their needs and to see if these could be met by the service. During this meeting the registered manager gained the information needed to understand people's personal histories, their preferences for care and how they wanted to be supported. For people moving into the supported living services, they were invited to spend time at the services to see if they wanted to live there. One person told us, "I came and spent a few days here to see how I felt and if I got on with everyone."

The registered manager worked with people and their relatives to develop support plans aimed at helping them develop their skills of independence. People met with their key worker each month to ensure their support plan was still relevant to their needs.

The service was responsive to people's needs. For example one person wished to attend a local place of worship but due to their anxieties they did not wish to go at busy times. The registered manager met with the religious leader and they came up with a support plan for the person to attend during less busy periods, until they were more confident. Another person the registered manager was supporting had anxieties over their physical health and being able to summon help when they were unwell. To assist this person the registered manager installed a buzzer in their room which notified staff when the person was in distress and needed help.

Staff supported people to follow their hobbies and interests. One person told us how they had been supported to attend college to complete a computer course. Another person told us how they had gone to college to do courses in English and Maths. The registered manager told us that staff supported people to locate and access courses that interested them. They also supported people to access voluntary work, one person said, "I used to go and help doing gardening." Staff also supported people to follow their hobbies and where some people liked to have a member of staff to go with them to the cinema the registered manager had arranged for people to obtain a cinema pass. This meant people could take a member of staff with them to the cinema without any extra cost to them. People told us that they had many hobbies including playing pool, snooker and attending football matches. The registered manager told us that they had supported people to attend premier league matches when teams they supported were playing.

The provider had a complaints process in place. People and relatives we spoke with said that if they had any complaints they would raise these with staff or the registered manager. The complaints process was also clearly explained in the service user guide and had contacts of the local ombudsman that people could complain to if not satisfied. In addition in the supported living houses there was a complaints box and grievance box that people could make anonymous complaints for the registered manager to investigate.

Is the service well-led?

Our findings

The service had a registered manager. People were very complimentary of the registered manager and they were very visible within the service. One person told us, "We see [manager's name] all the time, they check we are okay." A member of staff said, "The manager is always here, they are very hands on."

The service promoted an inclusive and person-centred culture. People benefitted from a small staff team that worked well together, and were consistently supported by the same staff. Staff told us, "We are a good team, we all work together." Staff shared the same vision of the service, to promote people's independence and enable them to live a fulfilled life. One member of staff said, "We aim to help people gain their independence." Another member of staff said, "We want people to be happy and have support in every area of their life."

Staff felt supported at the service. One member of staff said, "I have only worked here a few months and I feel I can ask any of the staff anything. They have all been really supportive." All the staff we spoke with felt they were supported by the registered manager, one member of staff said, "The manager is always available to talk to, and we see them most days to check everything is alright." In addition staff received regular one to one supervision where they could discuss any training needs or ideas they had about the running of the service, and a yearly appraisal from the registered manager. Staff told us that they had regular meetings and handovers and used a communication book to share information. This demonstrated that people were being cared for by staff who were well supported in performing their role.

People and their relatives were actively involved in improving the service they received. The registered manager gathered people's and their relative's views on the service through direct feedback, telephone calls, emails and by using questionnaires. The responses and feedback from the surveys were positive. In the supported living schemes each month there was a house meeting with people and staff where any issues were discussed and ideas shared on the running of the service. Relatives we spoke with said that communication with the service was very good. This showed that the management listened to people's views and responded accordingly, to improve their experience of the service.

The registered manager had a number of quality monitoring processes in place, these included reviewing people's care records and written notes, financial records and medication records. The registered manager was very keen to deliver a high standard of care to people and they used the quality monitoring processes to keep the service under review and to drive any improvements.