

AKAIN Safe Care Ltd

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Inspection report

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Date of inspection visit:
30 September 2019

Date of publication:
18 October 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?

Good ●

Summary of findings

Overall summary

About the service

AKAIN Safe Care provides personal care to older people, aged 65 or over, living in their own homes. At the time of our inspection, the service provided care to a small number of people. 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.

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

People told us the service was safe. There were procedures to protect people from abuse. Risks associated with people's needs were assessed and monitored. Spot checks of staff took place to ensure they followed safe working practices. There was a procedure to review and analyse accidents and incidents in the service and learn lessons from them. Staff knew how to prevent and control infections. Staff were recruited appropriately and their backgrounds were checked before they started working for the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported with maintaining their health and nutrition. The service could contact health care professionals, if they had concerns about people's health. Staff were supported with an induction and ongoing training and development to maintain their skills and knowledge.

Staff were respectful and caring towards people. Staff understood the importance of promoting equality and diversity. Staff knew how to communicate with people, which helped develop positive relationships with them.

People's care plans were personalised and people were involved in decisions made about their care and support. People were encouraged to maintain their independence and socialise in the community.

People knew how to make a complaint about the service. Staff felt supported by the registered manager and other senior staff. Quality assurance systems included obtaining feedback from people and relatives. The registered manager was committed to developing and making continual improvements to the service.

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

Rating at last inspection

This service was registered with us on 14 November 2017 and this was the first inspection.

Why we inspected

This was a planned inspection based on when the provider first started to provide support to people since registering with us, which was in April 2019.

Follow up

We will return to visit as per our re-inspection programme. If any concerning information is received 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?

Good ●

The service was well-led.

Details are in our well-led findings below.

AKAIN Safe Care 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 was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they 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

Our inspection was announced and took place on 30 September 2019. We gave the provider 72 hours' notice because the service is small and we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

Before the inspection, we reviewed relevant information that we had about the service including any notifications of incidents affecting the safety and wellbeing of people. A notification is information about important events, which the provider is required to tell us about by law.

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 used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, a finance manager and one member of care staff. We reviewed documents and records that related to people's care and the management of the service. We reviewed one care plan and three staff recruitment files. We also looked at staff training records, audits, rotas and the provider's procedures and policies.

After the inspection

We spoke with one person who used the service by telephone, for their feedback. We continued to seek further evidence and clarification from the provider, which we have included in the report.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people were assessed. These included risks around their home environment, mobility, skin integrity and health conditions.
- Guidance was in place for staff to reduce these risks. For example, there was guidance for staff to reduce the risk of people developing pressure ulcers. One person's care plan stated, "Staff to encourage [person] to keep turning when they are asleep as this will prevent redness on skin. Staff to encourage [person] to eat healthily to prevent skin getting red." This showed how risks were assessed and monitored to keep people safe.
- Staff told us risk assessments provided them with sufficient information and guidance to minimise risks.

Systems and processes to safeguard people from the risk of abuse

- People told us the service was safe. One person said, "Yes I feel very safe. They [staff] are good." There were procedures to protect people from abuse.
- Staff had received training in safeguarding people and told us they understood different forms of abuse, such as physical and financial abuse. Staff told us if they suspected abuse of a person had taken place, they would report it to the management team and other agencies, such as the local authority.

Staffing and recruitment

- There were enough staff working in the service. People told us staff arrived on time. One person said, "Staff are very punctual and stay for the full 45 minutes." The registered manager and a care manager also provided support to people if required. Records we looked at confirmed this.
- Recruitment procedures were followed to ensure staff were safe to support people. Records showed criminal record checks were carried out for new staff. Two references and proof of their identity were obtained, as well as details of their employment history. The registered manager told us staff were not permitted to work until satisfactory references and checks had been returned.

Preventing and controlling infection

- The service had procedures to ensure the spread of infections were minimised to protect people and staff. Staff followed these procedures and had access to personal protective equipment (PPE), such as a uniform, disposable gloves and anti-bacterial hand gels for when they provided personal care. Staff told us they understood how to contain the spread of infection.

Learning lessons when things go wrong

- There was a procedure for reporting any accidents or incidents and learning from them. Staff had an understanding of how to report incidents and respond to emergencies.

- There were no reported incidents since the service registered with us. The procedure had suitable mechanisms for the registered manager to identify trends or patterns of incidents. This enabled lessons to be learnt which help prevent re-occurrence of incidents.

Using medicines safely

- The provider had safe procedures for medicine administration. These included Medicine Administration Records (MARs) for staff to use to record they had given a person their specific medicines.
- At the time of the inspection, the service was not supporting people with their medicines. Staff were only required to remind people to take their medicines if needed. Otherwise, people managed their own medicines and prescriptions. Staff noted in daily records if they had prompted people to take their medicines.
- Staff had received training in medicine administration and should they support people with medicines in future, the registered manager told us they would be monitored through spot checks. This would ensure they were carrying out safe medicine practice.

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were carried out prior to them using the service to determine if the service was able to support them. Assessments of the person's health conditions, home environment and mobility needs were undertaken.

Staff support: induction, training, skills and experience

- People felt staff delivered a good level of care and knew how to support them. They told us staff were well trained. One person said, "They are professional and seem to be trained well."
- There was an induction process for new staff to receive training. A staff member said, "The training and induction was good and helpful. It covered the essential topics."
- Staff received training in safeguarding adults, infection control, first aid, the Mental Capacity Act 2005 and equality and diversity. Staff received a combination of practical training and online training, which were in line with the Care Certificate. These are a set of 15 standards that health and social care workers work towards. The registered manager was also qualified to provide staff with health and social training.
- Staff received quarterly supervisions from the registered manager, to identify any further training they needed and discuss concerns they had. An appraisal was planned for staff once they had been employed for one year to review their performance and discuss future objectives.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People using the service had capacity to consent to their care. Staff had received training on the MCA and understood its principles. They told us they sought consent from people before providing personal care to them. One person said, "Oh yes, the staff always ask permission and are polite."

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

- People were supported by staff to eat and drink and have a balanced diet in order to maintain their health.
- People's preferences for food and drink were recorded in their care plans. One person said, "Yes they give me tea and coffee or a snack in the evening. But I can make or get my own meals."

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

- People's health needs were monitored. Their care plans included contact details of health professionals, such as the person's GP. Staff told us they would help a person contact them if the person was unwell.
- The registered manager told us they would consult and refer to relevant health professionals and agencies, such as district nurses, to ensure people's health was maintained when necessary.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; equality and diversity

- The provider's equality and diversity policy set out how people's human rights and protected characteristics, such as their age, race, disability, gender and sexual orientation, were legally protected from discrimination. People's care plans included information about their characteristics in order to promote their individuality and ensure staff respected them.
- Staff understood that all people had equal rights to good care and support. One member of staff told us, "I would treat a person like I would want to be treated. I understand we cannot discriminate based on people's culture or religion."
- People told us staff were kind and respectful. They said staff supported them in a caring and professional manner. One person said, "They are very nice and caring. They are very respectful."

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

- People were involved in decisions made about their care and were able to express their wishes. This helped them to retain choice and control over how their care and support was delivered.
- People were consulted and agreed the contents of care plans. One person said, "Yes I was able to make decisions and agree them with the manager."
- Staff were familiar with people's likes and dislikes, and how they preferred their needs met. A staff member said, "I have got to know [person] quite well and understand what type of routine they have and what they like to do."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and dignity. One member of staff told us, "I would be very respectful of privacy. I would close the door to give [person] some privacy if I was giving personal care."
- People maintained their independence. Their level of independence was detailed in their care plans, such as their ability to tend to their own personal care needs, take their medicines and cook their own meals. One person said, "I can do most things myself but the staff provide me with some nice company. I can talk to them and they help me, when I need them."
- Staff told us they were aware of the importance of confidentiality. They knew they had a responsibility not to share confidential information with unauthorised persons.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People's care plans were person-centred and contained details about their needs, hobbies, interests and personal circumstances. For example, one person's care plan stated, "I enjoy meeting people and being in the company of people from the same background. I like to watch films and television and read about news from my country and continent." This helped staff to get to know people and deliver a person-centred service. One person said, "I receive a good service. The staff understand me and also speak the same language as me, so we can have nice chats and share a joke. It's almost like I am their [parent], as they respect me this way."
- Care plans were reviewed monthly or as and when people's needs changed. Staff completed daily notes about people's care to share important information that required attention or following up.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People using the service were not impacted by a disability, impairment or sensory loss. They were able to communicate in and understand English. They received information from the service, such as leaflets and guides with useful details about the provider organisation, in a suitable format.
- Staff were also able to speak the native language of people using the service, if that was what the person preferred. The registered manager told us they would be able to match care staff to people who requested staff that spoke a specific language. This also enabled effective communication between people and staff.
- Should the service provide support to people with communication needs in future, care plans were designed to include what these were, to ensure their needs were met.

Improving care quality in response to complaints or concerns

- There was a complaints procedure for people or their relatives to use if they were not happy with the service. There were no complaints made since the service registered with us.
- People told us they knew how to make a complaint and that if they had concerns, they were confident the registered manager would listen to them and attempt to resolve their complaint.

End of life care and support

- The service did not support anyone receiving end of life care at the time of inspection. However, systems

were in place for people's end of life wishes to be recorded and acted upon.

- The registered manager told us they would work with specialist end of life care professionals to ensure people's end of life needs were met.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- The registered manager was clear about their role to ensure people received safe care. They were also the owner of the service and had developed it in line with health and social care regulations and care standards. Policies and procedures for the service reflected this.
- The registered manager was supported by a finance manager and a care manager.
- The registered manager carried out spot checks of staff performance and work practices to ensure they provided safe care.
- Quality assurance systems involved audits of daily records which confirmed staff had carried out their tasks. These were quality checked by the registered manager to ensure staff were completing them as expected. However, we noted that staff were not required to record the time they completed a home visit. They were only required to input the time they started the visit. This was because the service was small and no concerns had been raised by people using the service about staff timekeeping.
- We discussed this with the registered manager because it is good practice to evidence the length of time staff spend on a visit to ensure it meets the person's specific care package requirements. The registered manager told us they would implement a system for staff to record the times they started and finished each visit. The finance manager told us as the service grew and developed they would invest in technology, such as call monitoring systems, to help accurately monitor staff and record timekeeping.
- Staff told us they were clear about their roles and responsibilities to ensure people received a high standard of care and support.

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

- People were supported to obtain positive outcomes for their care. For example, supporting people to maintain their health and wellbeing, assist them with daily activities and avoid social isolation. One person told us, "I have no complaints. Everything is good so far. I highly appreciate what they do for me."
- People were satisfied with the service and told us they received good care. Staff told us there was a positive culture. A staff member said, "The [registered manager] is lovely as is [care manager] and [finance manager]. They are very approachable. I am happy to work for them."

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

- The registered manager understood their responsibility to be open and honest, acting on the duty of

candour.

- There was a system for reviewing incidents and complaints to identify trends and learn from mistakes. This ensured there was continuous learning to help improve the service. The registered manager said, "We are still learning but I have lots of experience in the field. I want our staff to be caring, observant and have good listening skills. This will help make sure we identify concerns quickly and act on them."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Surveys and questionnaires were sent to people for them to provide their feedback about the service. We saw that feedback was positive and people were satisfied with the service.
- Meetings took place to discuss issues and share important information with all staff. Items discussed included training, safeguarding, marketing the service and shared learning.