

Aapna Services Ltd

The Park

Inspection report

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Date of inspection visit:
09 March 2017

Date of publication:
21 April 2017

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

This inspection took place on 9 March 2017 and was announced. We gave the registered provider 24 hours' notice to ensure someone would be available at the service.

Aapna Services is a registered charity. The service specifically caters for people from the black minority ethnic communities in the Middlesbrough area providing culturally suitable services to enable people to live independently at home. The service is registered with the CQC to provide personal care to adults aged 18 and above. The service provides staff to support people with personal care as well as domestic duties, shopping, medical appointments and social outings.

We last inspected the service in January 2016 and rated the service as 'Requires Improvement.' We asked the registered provider to take immediate actions and at this inspection we found some improvements had been made to meet these regulations. However further improvements are required within management systems.

The service provides support to 52 people in their own homes, five of which required support with personal care.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

During our inspection we found the organisation was multi-cultural and was underpinned by values and a genuine desire to be inclusive.

People were supported by enough staff, at the right times to meet their needs safely and in a person centred way. Person centred means when a person is central to their care and treatment and their needs are met in a personalised way taking on board their preferences.

Accidents and incidents were appropriately recorded and personalised risk assessments were in place for people who used the service and staff.

People were supported to administer their own medicines safely at home.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining and verifying references from previous employers to show staff employed were safe to work with vulnerable people.

Staff received regular supervisions and opportunities for further personal development. Some staff

appraisals had taken place and other were planned.

Staff were suitably trained to meet the needs of the people who used the service and an appropriate induction took place for new starters.

Training needs of the staff were recorded but they were not always monitored.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person centred way.

Staff supported people who used the service with their social, cultural and religious needs. People who used the service told us that all staff were very caring in the way they supported them.

People who used the service told us they were treated with dignity and respect and felt very comfortable with their staff. They told us how they had learned from each other and had built trust and important relationships together.

People who used the service were aware of how to make a complaint if they needed too and complaints were managed appropriately.

The service had onsite facilities and activities for people to access.

Staff told us they felt supported by the registered manager and were comfortable raising any concerns.

The service had a range of audits in place to check the quality and safety of the service and actions plans and lessons learnt were part of their on-going quality review of the service. However quality assurance with the people who used the service was planned but at the time of our inspection hadn't taken place.

The service worked in partnership with the local authority and local voluntary and community organisations in the area for the benefit of the people who used the service.

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.

Medicines were administered and recorded safely.

People felt safe being supported by the service in their own homes.

People had personalised risk assessments in place to enable them to take risks safely within their own home

Is the service effective?

Good ●

The service was effective.

Staff training was up to date and appropriate to meet people's needs.

Peoples nutritional and hydration needs were met.

Peoples with special diets had their needs met either for health, culture or religion.

Staff had regular supervisions in place.

Is the service caring?

Good ●

This service was caring.

People had access to advocacy if they needed.

People were encouraged to maintain their independence.

Equality and diversity was paramount to the people who used the service and the staff.

Is the service responsive?

Good ●

This service was responsive.

People were supported in person centred ways to meet their

individual, cultural and religious beliefs.

Peoples care plans were person centred

The complaints procedure was accessible and people knew how to complain if they needed to.

Is the service well-led?

This service was not always well led.

The service had not carried out any formal quality assurance work with the people who used the service and stakeholders.

Staff training was in place and improvements had been made to monitor them.

The service worked in partnership with the voluntary sector to promote support services and protect people from social isolation.

Requires Improvement 

The Park

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 registered 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.

This inspection took place on 9 March 2017 and was announced. We gave the registered provider 24 hours' notice to ensure someone would be available at the service. One Adult Social Care inspector and one Inspection manager carried out the inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff.

We also contacted the local Healthwatch, the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

During our inspection we spoke with two people who used the service. We also spoke with two members of the management team including the registered manager, the care co-ordinator, and two care staff.

We looked at the records of four people who used the service. We also looked at the personnel files for four members of staff and records relating to the management of the service, such as quality audits, governing documents and policies and procedures.

Is the service safe?

Our findings

We checked to see if people were given their medicines in a safe manner. At our last inspection we found that the medicines procedure was out of date and did not adhere to current best practice.

During this inspection we found the service had in place an up to date policy that gave clear guidance to staff on the management of medicines. The policy now included more details regarding the safe disposal of medicines and a clearer protocol for care staff to follow for administration. This meant the service had reviewed their policy and brought it up to date.

Some people who used the service required care staff to administer their medicine had a separate medicines recording chart that was part of their care plan. These contained details required to administer and record medicines in a safe manner. When we asked people how they were supported safely they told us; "I get a medipack once a week with my medication. I call the pharmacy and my carer collects them. I also have creams and they help me to put them on properly." When we spoke with staff they told us they had training in administration of medicines and we were able to confirm this in the records we saw.

At our last inspection we found that individualised and environmental risk assessments were not in place. The care plans we looked at during this inspection now contained personalised risk assessments that were clear and easy for staff to follow to ensure people were kept safe. These were reviewed regularly by the registered manager. The risk assessments we looked at covered areas such as the potential risks around moving and handling and environmental risks when carrying out personal care in a person's own home. This meant that the service had put these in place to enable people to take risks safely within their own home.

People who used the service consistently told us that they felt safe when they were supported by the service. Both care staff and people who used the service shared with us their routines and what happens when care staff arrives at their home and when they leave and that they check the person is secure within their own home. They told us; "The carers make sure I lock the door when they go and have my life line in place to call if I need help." and "Yes they make sure I am safe."

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They were all able to describe the different types of abuse and the actions they would take if they became aware of any incidents. One staff member told us; "If I ever suspected any type of abuse like bruising etc. I would need to inform the manager but I've never had to." This showed us staff had received appropriate training, understood the procedures to follow and had confidence to keep the people who used the service safe.

During our inspection we saw that staff had received fire safety training and there was a fire procedure in place but this only covered the service's premises and not what to do in the event of a fire in a person's home. When we spoke with care staff they were able to tell us what actions they would take however this wasn't formalised. When we spoke with the registered manager they told us that this would be addressed and would be part of the staff handbook that's issued to all staff.

We saw that there were safe and effective recruitment and selection processes in place. We looked at records relating to the recruitment and interview process. We saw that the provider had robust arrangements for assessing staff suitability. When we looked at the recruitment records we could see that

two references were always obtained.

We saw that before commencing employment, the registered provider carried out checks in relation to staff's identity, their past employment history and a Disclosure and Barring Service (DBS) check. A DBS check confirms that people are eligible to work with vulnerable people.

Is the service effective?

Our findings

At our last inspection we found that there were no training records available for inspection. At this visit we looked at staff records which detailed the training staff had undertaken during the course of the year. Although training was up to date and the information was provided in a list format there was no monitoring system. The registered manager assured us that they would be developing a system further to support this. Following our inspection the registered manager provided us with this monitoring information.

At our last inspection we found that no staff had received an annual appraisal and at this visit we found that some annual appraisals had taken place and others were planned for the rest of the year. Appraisals are where people's personal and professional development are discussed. When we spoke with the management team about the appraisals they showed us that they were introducing a new rating scheme for staff appraisals.

All staff we spoke with said they had regular supervisions. When we looked at supervision records for four staff members, we saw supervision occurred regularly and people were offered the opportunity to discuss their; training needs, standard of work, communication, attitude, initiative and providing person centred care.

We spoke with people who used the service who told us they had confidence in the staff's abilities to provide their care. One person told us; "They help me with what I need, having a bath, cooking, cleaning, no complaints, I'm very satisfied with the carers."

For any new employee, their induction period was spent shadowing more experienced members of staff to get to know the people who used the service before working alone with them in their own home. New employees also completed the 'Care Certificate' induction training to gain the relevant skills and knowledge to perform their role. The Care Certificate is a set of standards that social care and health workers work to in their daily working life. We saw evidence of how this was monitored in the staff supervision files.

People who used the service were supported to prepare meals within their own homes and people's dietary requirements were met. Where people had specific needs these were highlighted within the care plans we looked at. People and the staff told us how they met those needs. Some dietary requirements were health related and the service also supported people's cultural and religious dietary needs. One person who used the service was vegan and diabetic. One staff member told us; "I respect that [name] is vegan and I prepare the food how they showed me."

People were asked to give their consent to care, before any treatment or support was provided. Staff considered people's capacity to make decisions. We saw evidence in care plans that people had given written consent in an agreement to care. Staff and people who used the service confirmed that consent was always sought.

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. Any DoLS applications must be made to the Court of Protection.

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. We checked to see if the service had procedures in place to manage MCA and found that staff had received training in MCA/DoLS. At the time of our inspection no one using the service had a court of protection order in place. When we spoke with staff they were knowledgeable about capacity and how it was relevant to people receiving care. We saw that staff were trained in MCA and DoLS and more training was planned for

Is the service caring?

Our findings

People who used the service told us without exception that the staff were caring, they were able to give us examples of how the staff go the extra mile for them and told us; "The best thing about my staff is they try to make me laugh." And another person told us; "The best thing about this is the care. Every carer is good and kind and I can tell you from my heart, I bless them." And "My carer even brings me offerings for my prayer room, special leaves, flowers and coconut that I can't get. She will sew buttons on my clothes and mend things for me; this is so helpful because I can't see very well to sew myself now." This showed us that staff were caring and often did more than they were expected to do within their role.

The staff we spoke with demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person they supported. These care needs were described clearly within the detailed care plans we looked at.

During our inspection the people who used the service told us that the staff were very respectful to them they told us; "They always respect me, they do everything I ask and never question or say no." And "They respect my privacy and dignity; they stand behind the curtain when I shower,"

People who used the service were supported to maintain their independence as much as possible and when we spoke with the staff we asked them how they did this. One member of staff told us; "[name] cannot stand for very long, but I encourage them to make a cup of tea and I say, 'I will make the next one' I do things like that." And "[name] can get breathless when walking, but I still encourage them to walk a little bit around their home when I am there." This showed us that staff encouraged people not to lose skills that they had and to keep their independence as much as possible.

During our inspection when we were speaking with the people who used the service and the care staff we were given lots of examples of how the staff respected people's cultural beliefs and religions and vice versa because often the staff member would be from another ethnic background and have a different religion to the person they were supporting. One person told us; "I have an African Indian background and I show them my way, they respect my prayer time and my prayer room." One staff member told us; "My visits are arranged for after prayer time. [Name] is Hindu and I'm Muslim but we never have any differences. I put the pictures of the gods up. Hindus have lots and I respect that we don't know who's right or wrong." Another staff member told us; "We are all living in one community and we respect each other."

We could see that staff worked in partnership with other healthcare professionals and would raise issues straight away if they had any concerns about a person's health or well-being. We saw from care plans appropriate referrals had been made to professionals promptly and any on-going communication was also clearly recorded particularly with the community nursing team.

At the time of our inspection no one was using advocacy services but the provider could arrange for an advocate to come into the office for people when needed. Advocacy services help individuals to be involved in decisions about their lives, explore choices and options and promote their rights. The care co-ordinator

told us; "We do have an immigration officer worker who comes in once every two weeks and they also act as an advocate too if needed."

At the time of our inspection no one was receiving end of life care, but staff had received training and were able to share their knowledge and experience of this. They told us about the different challenges this gave them in regard to multi-cultural and religious needs of the people they support. When we spoke with the care coordinator they told us how they had dealt with a challenging situation and how they dealt with the language barriers. They told us; "The staff have been on training at Teesside University called 'breaking bad news.' The staff were very supportive, I had to support the family with the whole process. Their relatives didn't speak English. I speak three different languages so I was able to explain what was happening to them in their own language." This showed us that the service was experienced to support people and their relatives with end of life care.

Is the service responsive?

Our findings

At our last inspection we looked at care plans and found that they didn't detail peoples support needs in a person centred way or highlight in detail what support people required. At this inspection we looked at care plans for four people who used the service. These plans were set out in a person centred way by painting a picture of the person and describing what was important to them and how they liked to spend their day and how they wished to be cared for. This was done alongside identifying what needs people had or what health issues they needed support with. These care plans gave a detailed and meaningful insight into the person, their likes, dislikes and their personality.

The care plans we looked at were outcome focused this meant that they stated clearly what person wanted to achieve from their support. One example of this stated 'For [name] to remain in their own home and be supported to have their cultural, religious needs met.' Another stated '[Name] to remain independent in their own home and to have their needs met and to communicate in their first language.'

Peoples care plans also included outcomes regarding their social needs and wellbeing. The service also provided a day care service and staff would bring people who used the service to take part in activities, social events, information days and lunch clubs. People we spoke with confirmed that they attended events and went out with the staff. This showed us that people were supported to take part in activities that were meaningful to them and were reducing the risk of people being socially isolated.

We found that people who used the service were supported to make choices this was evident in the care plans we looked at and from speaking with the people who used the service and the staff. People were able to give us examples of this. One person told us; "The staff always ask what I want first, they take me out or whatever I say." One staff member told us; "It is always their choice, I ask what [name] wants for their meal and I respect their choice." And "[name] likes traditional dress and to look nice and I always let them choose."

We found that people who used the service were supported in a person centred way, taking in to account peoples cultural and religious beliefs.

During our inspection it became evident that education was a big focus of the service and this was encouraged by the registered manager. We found evidence that people who used the service and the staff were encouraged to learn from each other and the staff were learning from the registered manager mainly about their different cultures, religions and languages. One person told us; "I have shown my staff how to do African dishes, I have taught them." One member of staff told us; "I have learned so much and I know a lot more about [name] religion and they are learning about mine."

The service also encouraged English as a second language education with the people who used the service, existing staff and new staff. This is something that was highlighted during a consultation with the Local Authority as a need for the area.

At the time of our inspection the service had not received any complaints within the last twelve months however we could see that the service had a complaints policy with procedures in place to manage any complaints that may be raised.

When we spoke with the people who used the service they told us they were aware of how to complain and didn't have any issues doing so. One person gave us an example of how they had raised an issue previously, they told us; "I was not happy about my staff this one time, I am very particular and I like things to be done at a certain time and the staff were late this one time so I told the manager straight away and it never happened again, I was pleased. I have no more concerns"

Is the service well-led?

Our findings

At the last inspection the service did not have a range of quality audits in place to monitor the quality of the service. At this inspection we found that the registered manager had made improvements and introduced quality checks on daily notes, care plans and checks on staff. However we found the service hadn't collected any feedback from the people who used the service so they were unable to provide us with any evidence. When we asked the registered manager about this they showed us a questionnaire template that was ready to go out to people who used the service to collect their views. The registered manager assured us that this would be taking place imminently and we saw that this was also within their action plan.

Staff training and development took place regularly as we found evidence of this however we found there were no processes in place for the registered manager to monitor this. The registered manager was unable to show us records of how they knew who needed training. This had also been highlighted at the previous inspection and when we asked the registered manager they assured us that they were in the process of developing a system. Following our inspection the registered manager provided us with the new monitoring system.

At the last inspection we found that annual appraisals had not taken place with the staff team. At this inspection some appraisals had been carried out and others were planned. We discussed this with the registered manager and they told us that a new format was being introduced that included a rating system and we saw evidence of this.

People who used the service spoke highly of the registered manager. They told us that they thought the service was well led. One person told us; "The Manager always listens to me, they always welcome me."

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. When we spoke to the registered manager about working with multicultural communities we found them to be knowledgeable. They were able to give a good account of how they had developed the service to meet people's different needs, not only their care but their religious and cultural needs. One member of staff told us; "My Manager told me all about my client's religion, it was different to mine my manager helped me to learn a lot."

When we spoke with staff we were able to establish that positive working relationships and good communication took place. Staff we spoke with told us the registered manager was approachable, supportive and they felt listened to. One member of staff told us; "If I ever had a problem I know I can go to the managers, they are very nice. They told the staff we can come in or call them at any time."

We saw records to confirm regular team meetings took place. The staff we spoke with felt supported by the registered manager and told us they were comfortable raising any concerns. One staff member told us; "I attend the staff meetings I enjoy them they help me, not only with work but socially as a get together with the staff team."

The service worked together with other organisations on a regular basis and the registered manager was able to give us various examples of partnership working for the benefit of the people who used the service. The service had recently organised a focus group for the local authority to meet with the people who used the service to collect their views about homecare services in general and what a good homecare service should look like for people from an ethnic minority background.

The registered manager also told us how they had arranged information days for people who used the service to attend they told us; "We have had different groups and organisations in to do talks and activities and we arrange transport for the clients to come in. We have had the Stroke Association, Alzheimer's Association, Hate crime officers (Police), Ambulance service and Diabetes UK. We have a high percentage of the community at risk of developing diabetes so we try to give advice."

The registered manager carried out a programme of audits and checks regularly. These included care plans, medicines and daily notes. We saw records of the audits undertaken. The registered manager visited people at their home to carry out quality checks on records and staff performance. One person who used the service told us; "The manager came out to my home to see the staff."

Any accidents and incidents were monitored by the registered manager to ensure any trends were identified. The registered manager confirmed there were no identifiable trends or patterns in the last 12 months. This system helped to ensure any trends in accidents and incidents could be identified and action taken to reduce any identified risks.

We saw policies, procedures and practice were regularly reviewed in light of changing legislation and of good practice and advice. Since our last inspection the service had introduced new policies including; training and development, MCA and DoLs and medicines administration. All records we observed were kept secure, up to date and in good order and were maintained and used in accordance with the Data Protection Act.

By law, registered providers are required to send notifications of changes, events or incidents at the service to the Care Quality Commission. We had received appropriate notifications from the service.