

Aapna Services Ltd

# Aapna House

## Inspection report

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Date of inspection visit:

19 December 2019

23 December 2019

Date of publication:

06 February 2020

## 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

Aapna House is a domiciliary care agency providing personal care and support to people living in their own homes. 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 seven people were receiving personal care.

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

People and their relatives were very positive about the support provided by Aapna House and the positive impact staff had on their lives. People told us that they liked the staff who supported them, felt safe and that all of their needs were met.

Staff encouraged people to be as independent as possible and to maintain their social relationships. The service supported people with activities within their homes but also socially within the local community to improve their overall well-being.

Staff knew people well and were very respectful and caring about people. Staff felt supported and had access to regular training from the management team. There were enough staff available to safely support people and ensure people received a continuous level of care.

People's needs were wholly assessed, and care plans reflected people's individual choices and preferences. Care records included involvement and guidance from other health care professionals. Medicines were managed safely and risks to people had been fully identified and mitigated.

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. Staff followed best practice guidance.

The registered managers were working on continuously improving the service provided. There were quality and assurance systems in place to monitor the quality of care provided to people and this was being reviewed to make sure all audits of the service were fully effective to drive improvement.

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 22 April 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Aapna House

## 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

This 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 home.

The service had two managers 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

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered managers would be in the office to support the inspection.

#### 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 also reviewed the information we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law.

We sought feedback from the local authority contracts monitoring and safeguarding adults' teams and reviewed the information they provided. We contacted the NHS Clinical Commissioning Group (CCG), who

commission services from the provider, and the local Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the registered managers and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included one person's care record and medication record. We looked at two 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.

# 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.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place for staff to follow to help keep people safe. Since our last inspection no concerns had been raised.
- Staff received regular training around keeping people safe and could tell us what action they would take if they identified any form of potential abuse. One staff member told us, "People are safe. I've been working here seven years and evening is working correctly and working safely. We get regular safeguarding training."
- People and their relatives told us they felt confident and safe with the care provided. One person said, "I feel safe with the support."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had personalised risk assessments for staff to follow to help keep people safe. There were also environmental risk assessments for people's homes, which included fire risk assessments. The provider had assessed the risk to the service and had created a business continuity plan.
- Any incidents or accidents were investigated by the registered managers. These investigations were detailed and included follow up actions.
- Lessons learned from incidents were shared with people, health care professionals and used as part of staff learning.

Staffing and recruitment

- Staff continued to be safely recruited and had all necessary pre-employment checks completed before they started supporting people.
- There were enough permanent staff to safely support people in line with their assessed needs. A relative told us that staff never missed any visits, commenting, "It's usually the same staff members unless there's a holiday. I would recommend the service as they are reliable."
- People told us they had a consistent staff team who cared for them and the service provided additional support when needed. One person said, "I have two carers and if my personal assistant is off I ring up a week in advanced to tell them, so they provide extra support."

Using medicines safely; Preventing and controlling infection

- Medicines continued to be managed safely. Staff had received training around safe medicines administration and had their competencies checked regularly.
- Medicine administration records were completed accurately and regularly audited.
- There was an infection control policy in place at the service which staff followed. People told us staff used gloves and aprons whilst supporting them.

# 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 remained the same. 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

- Staff training and support was delivered in line with best practice guidance. Staff were provided with regular updates to legislation and changes to process by the management team.
- Staff fully assessed people's needs and requirements before providing support. People were asked for choices around their care and support needs, which were clearly documented and incorporated into care plans. One relative told us, "We were asked for opinions and were part of the planning of his care needs."

Staff support: induction, training, skills and experience

- There was a consistent core staff team employed at the service and the management team encouraged them to build on their qualifications and skills. One staff member told us how the registered managers had supported them to obtain a higher qualification.
- New members of staff were provided with an in-depth induction which prepared them with the skills, qualifications and knowledge to carry out their role.
- Staff were provided with on-going training as part of their role. One staff member said, "I've received all training and it is place so know what is coming up and we get regular refreshers."

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

- Some people were supported with eating and drinking to make sure they had access to a healthy, balanced diet. Risks associated with this, for example choking, were also fully assessed.
- If people were at risk of malnutrition support was provided to access other health care professions, for example the GP.

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

- People told us that staff supported them whilst accessing different health care services. For example, one person described a time when they were admitted to hospital and staff stayed with them to provide emotional support and to help them explain what was wrong.
- Care records showed staff were involved with delivering support with other health care professionals, for example the district nursing team. Care plans included guidance and contact details for staff to use.

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.

- Staff had received training around MCA and could tell us how they would assess someone's capacity to make decisions.
- People's care was delivered in line with MCA and best practice guidance. A member of staff said, "Clients' choices are always respected and it's always what they want to do."

# 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

- Staff had received training around respecting equality and diversity. There were policies and procedures in place at the service to make sure everyone was treated as an individual.
- People and their relatives were very positive about the approach and support they received from staff. One person commented, "They are really caring...they know me well and when I struggle to get my words out they already know what I want." Another person told us, "The look after me very well...they are caring towards me."
- Staff told us people were at the centre of everything that they do. A staff member said, "Staff support people in a very good way and they know them. We are very good looking after them. Clients always like us, and they know us well."

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

- People's care plans detailed what a normal day looked like for them and covered every aspect of what was needed to support them.
- Care plans were created in partnership between people, relatives and staff. One person said, "I was fully involved in care plans and have been for three years." Another person said, "The visits suit me."
- People told us that their views were respected by staff. One person commented, "They respect me and listen to me."

Respecting and promoting people's privacy, dignity and independence

- Staff told us that they encouraged people to be independent within their own homes and within the local community. Staff commented that they supported people to access local shopping areas and to carry out social activities, which helped to increase and maintain people's independence.
- People told us staff respected their privacy and dignity. One person said, "They knock on the door before coming in and ask if they can support me."

# 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 as good. At this inspection this key question has remained the same. 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 had holistic assessments of their needs which reviewed not only their physical needs but emotional and social as well. Care plans formed from these included people's own choices for how their care is delivered. A member of staff commented, "Plans have to be person-centred to improve their quality of life, the client always comes first."
- People's care plans included steps for staff to follow at each visit and reflected the person's individuality.
- Care plans were developed between staff, people and their relatives. One person told us, "I'm fully involved in care plans and have been for three years. They've updated them, and we had a review last month. I sign the paper work."

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.

- People had their communication needs assessed as part of their initial assessments and these were regularly reviewed.
- People could access information in different languages and in large print if needed.

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

- The service supported people to attend activities in the local community and at the main office. One person told us, "They take me out to and visit the groups at the service. Shopping is a good one."
- The management team were aware of other people in the local community who may be at risk of social isolation and they provided social activities and groups at the main office which people who were not receiving the regulated activity could access.

Improving care quality in response to complaints or concerns

- There was a complaint policy in place which people were aware of. People told us that they did not have any concerns.
- The registered managers investigated any concerns or complaints in line with the policy and shared all outcomes with people, relatives and staff as part of lessons learned.

End of life care and support

- At the time of inspection staff were not providing end of life care. Staff had received training around this and were aware of the support required to the person and the family.
- One person told us staff had provided emotional support to them when a member of their family had passed away. They said, "The carers were very caring and considerate with [person], they supported me and my family emotionally too."

# 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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a core staff team at the service who had worked for the provider for many years. One staff member told us, "The staff team is good, it's a nice team."
- Staff told us that they put people at the centre of their work and provided person-centred care.
- Staff commented that the management team were very supportive. A member of staff said, "They are a very efficient management team, they are brilliant."

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

- When things went wrong the registered managers investigated all incidents and provided apologies to people.
- Outcomes from investigations were shared with staff during training sessions and supervisions as lessons learned. This helped staff to change how they worked to prevent similar incidents happening in the future.

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

- The service carried out real time auditing. This allowed for any missed visits or late calls to be quickly identified and additional staff to be deployed.
- There was a quality and assurance system in place that measured the quality of care provided to people. The registered managers were looking at ways to improve this and drive improvement throughout the service.
- Results from audits, lessons learned and feedback was used to improve the quality of care provided to people.

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

- People were asked for their feedback about the support they received to allow the management team to find ways to improve the level of support provided to people.
- Staff told us they met regularly as a team to share new ways of working, receive updates and provide feedback to the management team.

Working in partnership with others

- Staff worked closely with other health care professionals. People's care records showed involvement and guidance from other agencies, for example the district nursing team and GP.