Mrs Nilofer Englefield

Apna Ghar Residential Home

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

We inspected this home on 01 March 2016. This was an unannounced inspection.

Apna Ghar is a privately owned care home which provides accommodation and specialist service in a homely environment to three Asian adults who have mental health difficulties. The people who used the service needed support to understand their particular conditions; identify triggers for relapse; and learn coping strategies. At the time of our inspection, the people who lived in the home were fairly independent, hence requiring minimal support.

There was a registered manager at the home. 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 protected against the risk of abuse. People told us they felt safe. Staff recognised the signs of abuse or neglect and what to look out for. Both the registered manager and staff understood their role and responsibilities to report any concerns and were confident in doing so.

The home had risk assessments in place to identify and reduce risks that may be involved when meeting people's needs such as mental health, and details of how the risks could be reduced. This enabled the staff to take immediate action to minimise or prevent harm to people.

There were sufficient numbers of staff to meet people's needs. Staff had the knowledge and skills to meet people's needs, and attended regular training courses. Staff were supported by their manager and felt able to raise any concerns they had or suggestions to improve the service to people.

Staff were recruited using procedures designed to protect people from unsuitable staff. Staff were trained to meet people's needs and they discussed their performance during one to one meetings and annual appraisal so they were supported to carry out their roles.

Safe medicines management processes were in place and people received their medicines as prescribed.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards and the home complied with these requirements.

Staff encouraged people to undertake activities and supported them to become more independent. Staff spent time engaging people in conversations, and spoke to them politely and respectfully.

People's care plans contained information about their personal preferences and focussed on individual

needs. People and those closest to them were involved in regular reviews to ensure the support provided continued to meet their needs.

Staff were aware of signs and symptoms that a person's mental health may be deteriorating and how this impacted on the risks associated with the person's behaviour. People were supported as appropriate to maintain their physical and mental health.

Staff meetings took place on a regular basis. Minutes were taken and any actions required were recorded and acted on. People's feedback was sought and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

The registered manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained. The registered manager understood the requirements of their registration with the Commission.

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.

The provider had taken necessary steps to protect people from abuse. Risks to people's safety and welfare were assessed and managed effectively.

The provider operated safe recruitment procedures and there were enough staff to meet people's needs.

People received their medicines as prescribed and regular checks were undertaken to ensure safe medicines administration.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to meet people's needs, and these were updated through attendance at training courses. Staff received supervision from their manager to ensure they had the support to meet people's needs.

Staff understood the requirements of the Mental Health Act 1983 (amended 2007), Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards, which they put into practice.

People had choices of food at each meal time which met their likes, needs and expectations.

People were supported to maintain their health and have their nutritional needs met.

Is the service caring?

Good

The service was caring.

There were caring relationships between people and the staff who provided their care and support.

People's privacy was respected and staff gave people space when they wanted some time on their own.

People were involved in decisions about their care. People actively made decisions about their care.

Is the service responsive?

Good

The service was responsive.

People were supported in line with their needs. People's needs were assessed and care plans were produced identifying how support needed to be provided.

People were involved in a wide range of everyday activities and led very independent lives.

The provider had a complaints procedure and people told us they felt able to complain if they needed to.

Is the service well-led?

Good

The service was well led.

The home had an open and approachable management team. Staff were supported to work in a transparent and supportive culture.

Staff told us they found their registered manager to be very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were effective systems in place to monitor and improve the quality of the service provided.

Apna Ghar Residential Home

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 checked 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.

This inspection took place on 01 March 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we looked at previous inspection reports and notifications about important events that had taken place at the home, which the provider is required to tell us about by law.

During our inspection, we spoke with two people who were able to communicate with us and the registered manager.

We observed people's care and support in communal areas throughout our visit, to help us to understand the experiences people had. We looked at the provider's records. These included two people's records, care plans, mental health care notes, risk assessments and daily care records. We looked at two staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

At our last inspection on 7 May 2014, we had no concerns and there were no breaches of regulation.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel I can talk to anyone and feel safe". Another person said, "I am happy here. It's like my home". We observed that people were relaxed around the staff and in their own home.

Records showed that they had received safeguarding training at induction and had completed safeguarding training within the last two years. The registered manager was aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions of abuse that may occur. The registered manager told us that they would respond appropriately to any concerns. The registered manager knew who to report to outside of the organisation and gave the example of CQC. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The home had up to date safeguarding and whistleblowing policies in place that were reviewed on an annual basis. These policies clearly detailed the information and action staff should take, which was in line with expectations.

People were protected from avoidable harm. Staff had a good understanding of their mental health needs and people's individual behaviour patterns. Records provided staff with detailed information about people's needs. Through talking with staff, we found they knew people well, and could inform us of how to deal with difficult situations such as behaviours that challenges staff regarding service provision to people. As well as having a good understanding of people's mental health behaviour, staff had also identified other risks relating to people's care needs. People were supported in accordance with their risk management plans. The registered manager and staff demonstrated that they knew the support needs of the people at the home, and we observed support being delivered as planned. Risk assessments were specific to each person and had been reviewed in the last six months.

Staff told us they were aware of people's risk assessments and guidelines in place to support people with behaviour that may challenge them and others. People had individual care plans that contained risk assessments which identified risk to people's health, well-being and safety. Risk assessments were regularly reviewed and updated in line with people's changing circumstances. For example, one person uses oxygen at night and the risk assessment was developed at the start of using oxygen and updated afterwards to reflect changes and needs. Risk assessments had been personalised to each individual and covered areas such as the potential for exploitation. This ensured staff had all the guidance they needed to help people to remain safe.

Staff maintained an up to date record of each person's incidents or referrals, so any trends in health and behaviour could be recognised and addressed. For example, a record of each referral to the crisis team was maintained, and used to build up a pattern of behaviour which allowed for earlier intervention by staff.

There were suitable numbers of staff to care for people safely and meet their needs. The registered manager showed us the staff duty rotas and explained how staff were allocated to each shift. The rotas showed there

were sufficient staff on shift at all times. The registered manager said if a person telephones in sick, they will call the bank staff in for cover. This showed that arrangements were in place to ensure enough staff were made available at short notice. The registered manager told us staffing levels were regularly assessed depending on people's needs and occupancy levels, and adjusted accordingly.

Safe recruitment processes were in place. Appropriate checks were undertaken and enhanced. Disclosure and Barring Service (DBS) checks had been completed. The DBS ensured that people barred from working with certain groups such as vulnerable adults would be identified. A minimum of three references were sought and staff did not start working alone before all relevant checks were undertaken. Staff we spoke with and the staff files we viewed confirmed this. This meant people could be confident that they were cared for by staff who were safe to work with them. The provider had a disciplinary procedure and other policies relating to staff employment.

People were protected from the risks associated with the management of medicines. People were given their medicines in private to ensure confidentiality and appropriate administration. The medicines were given at the appropriate times and people were fully aware of what they were taking and why they were taking their medicines. For example, one person said, "I get my medicines on time and I know what they are for. One is for my gastro and the others for my mental health to keep me well".

Medicines were kept safe and secure at all times. They were disposed of in a timely and safe manner. A lockable metal cabinet was used to store medicines. Accurate records were kept of their disposal with a local pharmacist and signatures obtained when they were removed. We saw records of medicines disposed of and this included pharmacy over prescription and errors in prescription of stopped medicines.

Records of medicines given were kept in the Medication Administration Record (MAR) sheet. The MAR is an individual record of which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. People were encouraged to be as independent as possible with their medicines. For example, one person was able to recall what medicines they took and were able to remove the tablets from the packaging. Medicines were given safely. Staff discreetly observed people taking their medicines to ensure that they had taken them.

There was a system of regular daily audit checks of medication administration records and regular checks of stock. The registered manager conducted daily audit of the medicine used. This indicated that the registered manager had an effective governance system in place to ensure medicines were managed and handled safely.

Each care plan folder contained an individual Personal Emergency Evacuation Plan (PEEP) reviewed in 2015. The fire safety procedures had been reviewed and the fire log folder showed that the fire risk assessment was reviewed in 2015. Fire equipment was checked weekly and emergency lighting monthly. Fire drills took place monthly and those present people staff recorded.

There was a plan staff would use in the event of an emergency. This included an out of hour's policy and arrangements for people which was clearly displayed in care folders. This was for emergencies outside of normal hours, or at weekends or bank holidays.

Good

Is the service effective?

Our findings

People told us they had confidence in the staff's abilities to provide good care and believed that the staff had assisted them to make very positive changes to their lives. People told us that they felt that the staff were effective at supporting them to attend and seek medical assistance. One person said, "The registered manager supports me to the doctor if I am not well".

People told us that their consent was always obtained and they were fully involved in all aspects of planning their care. We found that the staff had a good understanding of the Mental Health Act 1983 (amended 2007) and what actions they would need to take to ensure the home adhered to the code of practice. People confirmed that staff sought their consent before they provided care and support. Consent was sought from people about a range of issues that affected them, for example, consenting to their personal care being provided by staff and the administration of medicines. People's decision making was clearly documented, even when support was declined. This meant that people were supported to make decisions in their own best interests wherever possible.

The registered manager told us that people had capacity to make decisions, but recognised that in the future this may not be the case so they and the staff had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Staff that we spoke with understood the principles of the MCA, deprivation of liberty and 'best interest' decisions.

Staff had received training in the Deprivation of Liberty Safeguards (DoLS). There were procedures in place and guidance in relation to the Mental Capacity Act 2005 (MCA) which included steps that staff should take to comply with legal requirements. People when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). A DoLS ensures a person is only deprived of their liberty in a safe and correct way, and is only done when it is in the best interests of the person and there is no other way to look after them. People in the home had mental health issues such as depression, anxiety, and schizophrenia. Staff supported people without any form of restrictions of their liberty. There was currently no one who lived in home who required a DoLS.

Staff had received induction training, which provided them with essential information about their duties and job roles. The registered manager told us that any new staff would normally shadow experienced staff, and not work on their own until assessed as competent to do so.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people with mental illness. Some staff had completed vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the competence to carry out their job to the required standard. This allowed management to ensure that all staff were working to the expected standards, caring for people effectively, and for staff to understand their roles and deliver care effectively to people at the expected standard. Staff received refresher training in a variety of topics, which included health and safety,

fire safety, safeguarding and food hygiene. One member of staff told us that they had attended trainings to help them meet people's needs. These included, safeguarding, food and nutrition and challenging behaviour.

Staff were being supported through individual one to one supervision meetings and appraisals. This was to provide opportunities for staff to discuss their performance, development and training needs, which the registered manager was monitoring. The registered manager told us that they completed six – eight weeks supervision with all staff. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We were told that an annual appraisal was carried out with all staff. We saw records to confirm that supervision and annual appraisals had taken place. A member of staff also confirmed training needs were discussed as part of supervision and she could ask for training that would be of benefit to her in her role.

People were supported to have their nutritional needs met. People told us that the food was nutritious and of required standard for their needs. One person said, "The food is good". Meal times were prepared by the staff. People were asked during meetings what they would like to eat and this was accommodated on the menu. People were able to request alternatives to the meals on offer if they did not like what was on the menu. Staff were aware of people's dietary requirements and encouraged them to choose meals that met their needs. For example, one person who had diabetes was always provided sugar free diet at meal times and another person who was a vegetarian was only provided vegetarian diet. A vegetarian diet is a type diet for someone who lives on a diet of grains, pulses, nuts, seeds, vegetables and fruits with, or without, the use of dairy products and eggs. A vegetarian does not eat any meat, poultry, game, fish, or by-products of slaughter. Staff encouraged people to eat healthily and provided people with information about healthy eating.

Staff worked well with the mental health professionals who supported people in the home. They also supported people to make sure their other physical health needs were met. People could see a GP when they wanted. The care records identified when reviews took place and the outcome of that review. The health care appointments showed that people also attended relevant regular blood test screening. People were supported to maintain a healthy diet and lifestyle at the same time accepting people's right to make decisions that may not suit them all the time.

Records confirmed that staff encouraged people to have regular health checks and where appropriate staff accompanied people to appointments. People were regularly seen by their treating team, such as community psychiatric nurses (CPN) whenever necessary. We saw that all health appointments were documented in people's care plans and there was evidence that the home worked closely with health and social care professionals to maintain and improve people's health and well-being. Monitoring charts were completed for meeting different health needs such as dietary needs, personal hygiene and weight records. This demonstrated people's health and social care needs were met.

Good

Is the service caring?

Our findings

One person told us that they felt respected and involved in their care. One person said, "The staff help me make decisions, I do not feel rushed and always feel able to ask people for support. We understand each other". People felt positive about the care they received. We observed that staff showed kindness and compassion.

People were encouraged to be independent and to have as much choice over their day to day life as possible. People told us that they were involved in making the decision about how the home was run. People and their relatives had been involved with planning their own care. There was evidence of this within care plans, through photographs. Where people had made decisions about their lives these had been respected. For example, one person whose religion was Islam requested to buy an IPad that could translate the Quran into their preferred language of Punjabi and Urdu. His brother purchased this and the person was able to read the Quran on the IPad. This demonstrated that people were always involved in their care and support.

People were involved in regular review of their needs and decisions about their care and support. This was clearly demonstrated within people's care records and support planning documents that were signed by people. Support plans were personalised and showed people's preferences had been taken into account.

People told us that staff always respected their privacy and did not disturb them if they didn't want to be disturbed. We saw that staff treated people with dignity and respect. Staff were attentive, showed compassion and interacted well with people. The environment was well-designed and supported people's privacy and dignity. All bedrooms doors were closed. People were able to personalise their bedrooms. The registered manager demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. We found the staff team was committed to delivering a service that had compassion and respect for people. Staff respected confidentiality. People's information was treated confidentially. People's individual care records were stored securely in lockable filing cabinets in the office, but were available to people and staff. We saw evidence that people were asked before information was shared with people.

Staff knew the people they were supporting well. They had good insight into people's interests and preferences and supported them to pursue these. The registered manager showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received support they needed. For example, people's diverse needs were acknowledged and respected. People followed certain personal beliefs such as going to the mosque weekly and praying five times a day in the home. People's care plan detailed how staff supported them. This showed that staff supported people based on the person's choice and preference.

We observed staff and people engaged in general conversation and having fun. We noted that staff had time

to sit and chat with people at the home. From our discussions with people and observations, we found that there was a very relaxed atmosphere and staff were caring.

People were involved in regular review of their needs and decisions about their care and support. This was clearly demonstrated within people's care records and support planning documents that were signed by people. Support plans were personalised and showed people's preferences had been taken into account. We reviewed daily records of support which demonstrated that staff provided support as recommended in people's support plans during the day. The registered manager told us that if people's needs required more support during the night, then this was provided as well.

The registered manager told us that advocacy information was available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the home and who support people to make and communicate their wishes. Advocacy information was on the notice board for people in the home.

Good

Is the service responsive?

Our findings

One person said, "I feel free to discuss things which make me feel upset. If concerned, I will speak to the registered manager. She sorts out my problems".

There was evidence that people's needs were assessed prior to admission and continually throughout their stay at the home. Each person had an initial referral which included a full case history, as well as a pre-admission assessment. The assessment covered all medical, social and mental health history, any challenging behaviour, and previous strategies to manage and safely support the person's needs. The assessment was used to determine whether or not the home could meet the person's needs, and if any specialised tools would be required. For example, people's support plan included management programme for crisis intervention. This meant that people's needs were assessed in detail to ensure they could be safely supported at the home.

Each person's detailed assessment, which highlighted their needs, could be seen to have led to a range of support plans being developed. We found from our discussions with staff and individuals that the plans met their needs. People told us they had been involved in making decisions about their care and support and developing their support plans. People signed consent forms for the provision of support, as well as how the support was to be delivered and recorded, which showed their involvement. For example, people had agreed to the specific detail of their support plan. People's care records were updated to reflect any changes in their needs. For example, if people were discharged from regular visits to the psychiatrist. This was changed in their care plan to 'as and when necessary' visits. This ensured that staff had access to up to date information about people's changing needs.

The provider contacted other services that might be able to support them with meeting people's mental health needs. This included the local authority's mental health team, demonstrating the provider promoting people's health and well-being. Information from health and social care professionals about each person was also included in their care plans. There were records of contacts such as phone calls, reviews and planning meetings. The plans were updated and reviewed as required. Contact varied from every few weeks to months. This showed that each person had a professional's input into their care on a regular basis.

People told us they were encouraged to pursue their interests and participate in activities that were important to them. There was a weekly activities timetable displayed in people's care files and people confirmed that activities were promoted regularly based on individual's wishes. We saw the daily log which confirmed that people had regular activities and outings throughout the week. People took part in activities such as lunch in the local community, park for picnic, shopping and visited the local library. One person said, "I go to the library. I joined rethink group in Medway and I go there on Mondays. Rethink provides psychological therapies and crisis and recovery houses to peer support groups and housing services. On Wednesdays, I go to the Asian Mental Health group in Gillingham. It a culturally sensitive listening and information service for the Asian community in Kent. The service is for anyone affected by mental health issues. I also go home to my family later in the evening". We observed people played board games and another person drawing and colouring pictures. The manager told us the activities were planned around

what they knew people enjoyed. This meant that the provider understood people's needs and how to support them to take part in the activities of their choice.

The provider sought people's and others views by using annual questionnaires to people living in the home, staff, health and social care professionals and relatives to gain feedback on the quality of the service. The registered manager told us that completed surveys were evaluated and the results were used to inform improvement plans for the development of the home. The registered manager told us that they had recently sent out 2016 survey questions to families and professionals.

The complaints process was displayed in one of the communal areas so all people were aware of how to complain if they needed to. The information about how to make a complaint had also been given to people when they first started to receive the service. The information included contact details for the provider's head office, social services, local government ombudsman and the Care Quality Commission (CQC). The registered manager told us that they would try to resolve any complaints or comments locally, but were happy to forward any unresolved issues to external bodies. People told us that they were very comfortable around raising concerns and found the registered manager and staff were always open to suggestions; would actively listen to them and resolved concerns to their satisfaction.

Good

Is the service well-led?

Our findings

People were complimentary about the home. They told us that both members of staff and management met their needs.

People knew who the registered manager was, they felt confident and comfortable to approach her and we observed people chatting to the registered manager in a relaxed and comfortable manner. One person said, "I am free to talk to the staff and the manager at anytime".

The home had a clear management structure in place led by an effective registered manager who understood the aims of the home. The management team encouraged a culture of openness and transparency as stated in their statement of purpose. The organisations statement of purpose included 'Aim to provide our residents with the highest possible standard of care'. Their philosophy included rights, dignity, privacy and safety. The registered manager and staff demonstrated these values by caring and supporting people accordingly. People who used the service told us that the management team were very approachable.

We spoke with the registered manager about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to.

Team meetings took place regularly and staff were encouraged to share their views. We found that suggestions were warmly welcomed and used, to assist them constantly review and improve the home.

Bi-monthly meetings were held with the people. At these meeting people were actively encouraged to look at what could be done better. For example, people told staff that they wanted to lead the resident's meeting and we saw that the registered manager had implemented this. The people in the home nominated one person to speak on their behalf at residents meetings.

We found that the registered manager understood the principles of good quality assurance and used these principles to critically review the home. We found that the registered manager had effective systems in place for monitoring the home, which was fully implemented. They completed daily, weekly and monthly audits of all aspects of the home, such as medicine, and learning and development for staff. They used these audits to review the home. Audits routinely identified areas they could be improved upon and the registered manager produced action plans, which clearly detailed what needed to be done and when action had been taken. For example, the latest audit identified that there was over prescription of medicines by the pharmacist. We saw that the medicines had been returned to the pharmacist when we inspected. This showed that the registered manager acted on the findings which ensured people's needs were met.

There were systems in place to manage and report accidents and incidents. Accident records were kept and audited monthly by the registered manager to look for trends. This enabled the staff to take immediate action to minimise or prevent accidents. These audits were shown to us as part of their quality assurance

system. The registered manager said, "We record all incidents and I investigate and ensure there would not be a repeat".

Staff had access to a range of policies and procedures to enable them to carry out their roles safely. The policies and procedures had been updated by the management team and cross referenced to new regulations.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.