

Mrs Nilofer Englefield

Apna Ghar Residential Home

Inspection report

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Date of inspection visit:
03 May 2018

Date of publication:
08 June 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 3 May 2018 and was announced.

Apna Ghar is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service provides specialist support for three Asian adults who have mental health difficulties.

At our last inspection on 1 March 2016 we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

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 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.

Staff recognised the signs of abuse or neglect and understood their role and responsibilities to report any concerns so they could be acted on. Checks were carried out on new staff to make sure they were suitable to work with people who needed care and support.

Risk assessments were in place and to identify risks to people and staff knew how to manage risks appropriately.

Staffing levels had been maintained to ensure there were enough staff available to meet people's physical, social and emotional needs. Staff were suitably trained and received regular supervisions so that they had the knowledge and skills to meet people's needs.

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 service complied with these requirements.

Staff continued to encourage people to undertake activities and supported them with their independence.

People continued to experience care that was kind, caring and personalised. Staff knew the people they were supporting well, including changes in their behaviour which indicated that their mental health maybe

deteriorating. People had access to health care professionals to make sure they received appropriate care and treatment.

There were policies in place that ensured people would be listened to and treated fairly if they complained about the service.

The registered manager was approachable and the atmosphere in the service was relaxed and informal. They were supported by a staff team who understood the aims of the service.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection was carried out by one inspector and took place on 3 May. We gave the service 24 hours' notice of the inspection visit because the service is small and people are often out during the day, so we needed to be sure that someone would be in.

Prior to the inspection, we looked at previous inspection reports. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events, which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During this inspection, we spoke with two people using the service to gain their views about the service. We also talked with a staff member and the registered manager who was also the registered provider. We joined people for lunch and observed the interactions between people and staff throughout the day. We also obtained feedback from a representative from the local authority.

We looked at a selection of records including two care plans and daily records, risk assessments, medicines records, two staff files, staff training records and quality assurance documents.

Is the service safe?

Our findings

People said they felt safe living at the service. People's body language indicated that they were relaxed and at ease in the company of staff. Staff understood how to maintain calm environment and that this was important to help people to feel safe.

The service continued to provide safe care. Staff were aware of the signs and types of abuse and what would constitute poor practice and therefore need to be reported so that the necessary action could be taken to keep people safe. Staff had received training in safeguarding and had access to the provider's safeguarding and whistle blowing policy and the Kent and Medway 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 registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessments of potential risks continued to be identified and monitored and actions taken to reduce or manage hazards. These were individual to each person and contained any steps staff needed to take to support the person in relation to the identified risk. They included risks in daily living such as falling and the use of equipment such as oxygen. Risk assessments were reviewed and updated regularly. Accidents and incidents were recorded, together with the action taken in response to the situation. For example, one person had gone out and returned to the service with their foot bleeding. First aid was applied and an appointment made with their doctor. The registered manager monitored all events to see if there were any patterns or trends so that action could be taken to reduce the likelihood of them recurring.

A programme of regular environmental and health and safety checks remained in place to ensure that the environment was safe and that equipment was fit for use. These included making sure that electrical and gas appliances were serviced. A visit from the Fire Officer in February 2018 and an external fire risk assessment had highlighted areas where improvements were needed. The provider had responded in a timely manner. Fire doors and emergency lighting had been fitted, the front door was linked to the fire system, fire signage had been purchased and works were underway to remove timber cladding in the hallway. Fire drills took place to make sure staff and people knew what to do in the event that the smoke alarm sounded. Smoke alarms were regularly tested to make sure they were working. Each person had a personal emergency evacuation plan (PEEP), which set out the specific requirements that each person had to ensure that they were safely evacuated from the service in the event of a fire. There were plans in place to deal with foreseeable emergencies. These provided staff with details of the action to take if the delivery of care was affected or people were put at risk.

There were enough staff to support people. There continued to be two staff available to support people during the day, and one staff member at night time to support the three people at the service. This meant that people could receive the support they required on a one to one basis; that they were able to go out; and any changes in people's well-being could be responded to quickly.

Staff recruitment practices protected people from the risk of receiving care from unsuitable staff.

Appropriate checks were carried out which included obtaining a person's work references, a full employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.

Medicines continued to be suitably managed. The medicines policy included guidance on how to order, administer and dispose of medicines. Medicines were stored securely and kept at the correct temperature to make sure they were safe for use. Staff had been trained to administer medicines and followed the provider's medicines policy when administering medicines during the inspection. Staff explained to the person that they were giving them their medicine, gave it to them with a drink of water and checked to make sure that they had taken it. Staff recorded on a medicines administration chart each time a person was given their medicine and these charts showed that people had been given their medicines at the appropriate times.

The service was clean on the day of the inspection. Staff were responsible overall for keeping the service clean and encouraged people to tidy and polish their own rooms. Staff undertook training in infection control and personal protective equipment was available such as gloves and aprons. The washing machine was located in an area separate from the kitchen to minimise the risk of cross infection.

Is the service effective?

Our findings

People said that staff had the right skills to support them and that staff knew them well. One person told us that staff were very good at cooking meals that they liked and thanked the staff member for their lunch.

The service continued to provide effective care. New staff received induction training, which provided them with essential information about their duties and job roles. Staff undertook regular refresher training in areas essential to their role such as health and safety, first aid, mental health and equality and diversity. Specialist training had also been undertaken to match people's needs such as diabetes, nutrition, depression and the ageing process. All staff had completed a Diploma in health and social care level two or above. To achieve these awards staff must prove that they have the ability and competence to carry out their job to the required standard.

The staff team consisted of family members and support staff. Support for staff was achieved through team meetings, informal discussion and individual supervision sessions and an annual appraisal. Supervision and appraisals are processes which offer support, assurances and learning, to help staff development. At these formal meetings staff were assessed on their practice. Staff said there was good communication in the staff team and that they could approach the registered manager at any time if they needed.

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 the best interests and as least restrictive as possible. Staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People's consent was sought before supporting them with their care and treatment such as giving people their medicines and undertaking activities. When people chose to decline any support offered, this was recorded. Staff understood that people had capacity to make decisions but that people's capacity may fluctuate in relation to their mental health. When this had occurred interested parties had been contacted so that decisions could be made in the person's best interests based on knowledge of the person's preferences.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. An application to restrict a person's freedom had been submitted to the local authority in relation to keeping them safe when their mental health deteriorated.

People continued to be supported to maintain their health. Staff knew people well and so recognised when people were not acting in their usual manner. In these situations they investigated further and sought medical advice as appropriate. Staff supported people to ensure they attended medical appointments such as with their doctor, annual health checks, consultants, optician and dentist. A record was made of all health

care appointments and if a follow up appointment was due. People's specific health needs were monitored. For people who had diabetes, their blood sugar levels were taken twice daily and staff knew the action to take if their levels were not within a healthy range. People's weights were monitored so this could be discussed with people if they gained or lost significant weight and professional advice sought as needed. Staff knew how to contact the out of hours mental health crisis team if there were significant changes in people's mental health and had done so in a timely manner.

People were supported to maintain a healthy diet and have their nutritional needs met. Staff were responsible for cooking meals and menus were developed in consultation with people taking into consideration their dietary requirements, cultural needs, likes and dislikes. There was a vegetarian option each day and consideration was given to the sugar content of food for people who were diabetic. A hot meal was provided twice a day and meals were mainly of Indian origin or popular English meals, adapted to suit people's specific tastes.

Is the service caring?

Our findings

People were positive about the support they received from staff. One person told us, "The staff know all about me". Another person referred to staff as a member of their own family calling them their "sister-in-law". Feedback from a social care professional was that people were listened to, able to make their own decisions and choices and that they were always treated with dignity and respect.

The service continued to be caring. Staff treated people with kindness and understanding in their day to day lives. There was a stable staff team who were knowledgeable about people's life history, likes, dislikes and preferences. Staff used this knowledge to form strong and positive relationships with people. People and staff sat together to engage in general conversation and spend time in one another's company.

Staff had the necessary skills to communicate with people in ways that they could understand. People spoke specific Indian languages and staff had been recruited to ensure that they could talk to people in their native language in addition to English. People often felt more comfortable speaking their native language at the service and this was respected by staff. Staff gave people information and explanations when they were required. At lunch time the registered manager spoke to one person who had a specific diet about their options for dessert, what was available to them and reasons for this. The person acknowledged that they understood the reasoning for this.

Staff understood that people's diversity was important and something that needed to be upheld and valued. They understood people's needs with regards to their mental health, religion, culture, and gender and supported them in a caring way. People's faith were valued and respected together with their choices about whether they wished to practice or attend their preferred place of worship.

Staff continued to encourage people's independence at home and in the community. People were responsible for tidying and polishing their rooms and at lunchtime people cleared the table. The registered manager and staff understood the value of developing people's confidence in order to promote their independence. They explained how they encouraged people to speak to health professionals in their own words about their health, when an interpreter was not required.

People's privacy and right to confidentiality was respected. The registered manager demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. People's individual care records were stored securely in lockable filing cabinets in the office, but were accessible to people and staff when needed. People were able to personalise their bedrooms which contained pictures, photographs and individual items which had importance for them.

People were encouraged and supported to maintain relationships with people that mattered to them. People either visited their relatives or their relatives were welcomed at the service. There was a seated area divided off from the main office, where people could speak to their relatives in private.

Is the service responsive?

Our findings

People told us that they content with the way that they spent their time which included going to the library and out for walks. They indicated that they were satisfied with the level of support they received and did not have any concerns about their care. A social care professional reported that they felt the service met people's needs.

The service continued to be responsive. People's needs had been assessed before they moved to the service to check whether it could meet their needs. Assessments and information obtained from the placing authority contained a full history and aspects of people's health, social and personal care. This information had been used to develop a care plan which set out how people's assessed needs should be met. Care plans were regularly reviewed and staff had detailed knowledge of how to respond to people's assessed needs. For example, staff described the specific support a person required with their personal care, including their cultural and personal preferences. For another person the signs of when their mental health was deteriorating had been recorded and staff knew how to respond in this situation.

People were encouraged to pursue their interests and participate in activities that were important to them. People took part in yoga, colouring, word searches, and board games and regularly went out to the local town. People were members of two local community groups, Rethink and an Asian Mental Health Group. Rethink Medway provides a weekly support peer support group where members can meet and discuss issues they may be having and share their experiences and prevent social isolation. The Asian Mental Health group in Gillingham is a culturally sensitive listening and information service for the Asian community in Kent.

People were given information about how to make a complaint when they first moved to the service and it was displayed in the lounge. It included how any complaint would be investigated and the complainant contacted throughout the procedure. It also contained the contact details of external organisations such as the local authority and local government ombudsman (LGO). The LGO is an independent organisation which people can contact if they are not satisfied with the way their complaint has been handled. When a complaint had been raised the provider had followed this procedure and kept a record of all correspondence.

Discussions had taken placed with people about their wishes and choices and support needs at the end of their lives. A record had been made of where people would prefer to be cared for at the end of their lives and any cultural or faith rituals that were important to them .

Is the service well-led?

Our findings

People knew the registered manager and were relaxed and at ease in their company. The registered manager led by example, treated people with dignity and respect and knew their individual needs and preferences. They had established and maintained relationships with people's family members.

The service continued to be well-led. The registered manager was fully involved in the running of the service and monitoring its quality. They worked as part of the staff team and made regular checks to make sure staff were carrying out their roles effectively, people were receiving the support they required and that records relating to people's care were up to date. Ways to improve the service for the benefit of people had been identified. This included refurbishing the bathroom and promoting people's self-confidence to enable them to mix and make friendships with people from different communities without discrimination.

The registered manager understood their roles and responsibilities and were open to working with us in a co-operative and transparent way. Staff and people said they felt well-supported and that there were good lines of communication in the service. Staff meetings were held to keep staff updated with any changes in the service or people's needs and to raise any topics. The aims of the service were to treat people with dignity, privacy and safety. These values were understood and put into practice by the registered manager and staff team.

The views of people who used the service were sought on a daily basis when providing care through people's experiences and at service user meetings. At these meetings people were asked what they wanted to talk about or topics were suggested. At the meeting in January 2018 discussions had taken place about people's wishes for end of life care. At the meeting in March 2018 the registered manager had suggested growing vegetables. People had liked this idea and had planted pots containing beans and tomatoes.

Satisfaction surveys were given to family and visitors to the service to gain their views about how the quality of the service could be improved. These asked questions about if were welcomed, kept informed of important matters, if staff understood people's care needs, if people could make their own decisions and choices and if they were satisfied with the overall level of care provided by the service. Two relative and two visiting health or social care professional surveys had been returned since our last inspection in March 2016. Everyone's responses were positive. One relative commented, "The general care and organisation of Apna Ghar is of a good, satisfying standard".

The service worked with other health and social care professionals in line with people's specific needs. This also enabled the staff to keep up to date with best practice, current guidance and legislation. Staff had access to a range of policies and procedures to enable them to carry out their roles safely. The policies and procedures were regularly reviewed by the provider and staff were knowledgeable about current practices. The registered manager was aware of when they needed to notify us of important events that had occurred at the service.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where

a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service.