

Mrs Nilofer Englefield

Apna Ghar Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Apna Ghar Residential home is a residential care home providing personal care to up to 3 people. The service provides support to people from ethnic minorities with their mental health. At the time of our inspection there were 2 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Risks to people had not been assessed and mitigated, for example exposed radiators or if window restrictors were required. Risks to the use of oxygen had not been assessed or mitigated. Some people could display high levels of anxiety, there was no guidance in place to inform staff how best to support the person during times of distress. When incidents occurred de-briefs with staff and learning was not always shared. Staff did not always have the training, skills and experience needed to de-escalate people's distress. Staff recruitment processes were not always robust.

Medicines management was not always safe. Medicine stock did not match the numbers indicated on the medicine administration records. Staff had not completed medicine competencies.

The provider had not completed any checks or audits on the service to seek to improve it or identify any areas for improvement. There was a lack of oversight in relation to medicines management, recruitment, training and risk management.

Staff understood their requirement to protect people from the risk of abuse. The service was clean and well maintained. Staff had received training in infection control.

People were supported to have maximum choice and control of their lives and staff supported /did them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

The provider had not engaged in any forums to share knowledge or provide joined up care for people. However, people had been supported to attend healthcare appointments such as visiting the GP and dentist.

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

We undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Rating at last inspection

The last rating for this service was good (published 8 June 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this report.

You can see what action we have asked the provider to take at the end of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Apna Ghar Residential Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to medicines, risk management, recruitment and good governance this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Apna Ghar Residential Home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Apna Ghar Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Apna Ghar Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post who was also the nominated individual.

The nominated individual is responsible for supervising the management of the service on behalf of the provider..

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people and one relative about the care they received. We spoke with 3 staff members which included the provider, manager and care staff.

We reviewed documentation in relation to 1 person, 1 staff recruitment files, medicines records and other documentation relating to the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People's medicines were not always well managed. Some people had 'as and when' medicines. There was not detailed guidance in place in line with best practice to inform staff how to support the person with their medicine. When the medicine was administered staff did not document if the medicine had the intended effect.
- The provider did not have an effective system in place to assure themselves that medicines stock were correct and medicines had not been misappropriated.
- Staff had completed medicine training but had not received any competency checks to ensure they were safe to administer medicines.

The registered person failed to manage medicines safely. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were stored safely in line with best practice guidance, and staff took daily temperatures to ensure medicines were stored in line with the manufacture's guidelines. People had their medicines reviewed frequently.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

- There was no clear system in place to have oversight of all accidents and incidents within the service. Accident and incident records varied in quality. It was not always clear that staff had been de-briefed following incidents and that learning had been implemented into people's care plans and risk assessments.
- Following incidents it was not always clear what action had been taken to mitigate the risk of the incident re-occurring, and when healthcare professional support had been sought. Some incident reports stated people had been encouraged to their rooms, however there was no detail of how this was done, or if this was the least restrictive option.
- People were at risk of receiving poor care and treatment. There was no guidance in place to inform staff how to support people during times of distress or how to de-escalate incidents. Following the inspection the manager created a threat of physical aggression care plan, which included the use of physical intervention. There was no instruction on which holds had been agreed to be used. This placed people at risk of receiving unsafe care.
- Environmental risks had not been assessed and mitigated. At the time of our inspection risks relating to potential falls from height had not been assessed, and action had not been taken to mitigate any potential

risks. Following our inspection the provider informed us they had fitted window restrictors. However, they had not assessed fire safety risks which may increase with the fitting of window restrictors.

- Radiators, including those in people's bedrooms, were unguarded and no risk assessments were in place. This presented a risk of significant burns should a person be in contact with a hot surface for too long, for example, if they were unresponsive or lacked the mobility or cognitive capacity to move away from hot surfaces.
- Oxygen cylinders stored in a bedroom were not secured to prevent it being accidentally knocked over or removed and statutory signage, to alert the emergency fire service to the storage of oxygen, was not displayed. There was no information in people's personal evacuation plans (PEEP) to inform that oxygen was in use within the service. This presented a safety and a fire risk.
- Not all staff had completed a fire drill at the service, and there was no evidence that staff had completed fire drills at night. This presented a safety and fire risk.
- Staff had received training in safeguarding people; however this had not been effective. Staff, the manager and the provider did not recognise these practices could be abusive and harmful to people. This placed people at risk of potential harm and abuse.

The registered person failed to assess the risks to the health and safety of people, doing all that is reasonably practicable to mitigate risks. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the manager confirmed they had risk assessed the storage of oxygen cylinders and had installed window restrictors and radiator covers.

Staffing and recruitment

- People were supported by staff who had not always been recruited safely. We found gaps in employment history had not been explored. No references had been obtained to check the character of the staff. However, start dates had not been completed therefore the provider was unable to assure us that sufficient checks had been completed before staff commenced their employment. We directed the provider to guidance for safe recruitment processes.
- Staff completed Disclosure and Barring Service (DBS) checks to ensure that they were suitable to work at the home. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient numbers of staff to meet people's needs. There were sufficient numbers of staff to ensure people were able to go out as and when they wanted to. When people had health appointments staff would be rostered to ensure there was always a staff member to support people.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed.

- We were assured that the provider's infection prevention and control policy was up to date.

The provider was aware of the current guidelines in place for supporting visits to care homes, and these had been implemented appropriately.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was not always working within the principles of the MCA. Legal authorisations were in place to deprive a person of their liberty. The provider had not understood their requirements in line with the MCA when people lacked capacity around complex decisions, such as physical intervention. The manager had created a risk assessment which included the use of physical intervention. However, this had not been included in the DoLS assessment, and there had been no discussions or best interest meetings with healthcare professionals.
- An incident report stated that staff used 'restive practice to control both hands' during an incident. There was no further detail that this had been shared with any healthcare professionals, that this was the least restrictive option and that it was proportionate. The provider had failed to identify that people had been restricted in an unlawful manner.
- The manager told us one person had their television removed from their room due to the risk of damage during times of distress, and because they did not watch it. There had been no incidents where the television had been damaged. The manager did not recognise this as a restriction and had not considered using adapted furniture prior to removing the television.

The registered person failed to put in to practice the requirements of the MCA. This is a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- Staff we spoke with understood their responsibilities in line with the MCA with daily decision making. Staff told us people made all the decisions they could in relation to decisions such as how they spent their time, and when they wanted to take part in activities.

Staff support: induction, training, skills and experience

- Staff did not always have the skills and knowledge to support people when in distress. An incident record stated that staff were 'frightened' during an incident. Staff had not had training on de-escalation techniques, and the management had not considered if staff would benefit from positive behaviour support training. Following the inspection, the manager confirmed they would look into this training for staff.
- New staff completed an induction which included showing them around the service and completing on-line training. However, there was not always evidence that following incidents staff were offered the opportunity for a de-brief or supervision to give them the opportunity to discuss any development needs to ensure they were confident in these situations.
- The manager created a risk assessment which stated physical intervention may be required. Staff had not received practical training in physical intervention techniques and these were not specified within the risk assessment.
- All staff had completed NVQ's in line with their roles and responsibilities. An NVQ is a work-based qualification that recognises the skills and knowledge a person needs to do a job.
- Staff told us they received support from their managers. However, following incidents where people had become distressed, and staff had expressed fear the manager told us there was no formal supervision or de-brief where they discussed the incident. This is an area for improvement.

The registered person failed to provide appropriate support and training. This is a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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

- The manager and provider had not always used guidance, best practice and recognised tools to support with people's care. For example, the manager had not considered if positive behaviour support (PBS) tools would be beneficial to support people and staff during times of distress. PBS is a widely used and person-centred approach to identifying and meeting a person's support needs, in particular if someone is distressed.
- People had lived at the service for significant periods of time, and as their needs changed the manager and provider had supported them to access support from healthcare professionals, for example referrals to medical professionals.
- People's protected characteristics had been considered. The service was designed for people from an ethnic background and staff spoke a number of languages to support people and understood their cultural needs.

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

- People were supported to eat and drink sufficient amounts to maintain their health. Staff cooked meals according to people's tastes and cultural preferences. The manager told us people had two hot meals each day which staff prepared freshly.

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

- A relative told us their loved one was supported to access healthcare support. People had regular visits to the dentist for example, although there was limited oral health plans within people's care plans. This is an area for improvement.

- People were supported to maintain their mental wellbeing by accessing groups. People enjoyed walking and were supported to maintain their physical and mental health through regular exercise.

Adapting service, design, decoration to meet people's needs

- The service was well maintained and the provider had made some improvements to the service since our last inspection, for example installing a new bathroom and new fitted wardrobes in people's rooms.
- The service continued to be homely, based around the cultures and faith of the people living there and was specific to people's needs. Some people's bedrooms had been personalised with pictures of their tastes. However, further consideration needed to be given to other bedrooms where adaptive furniture could be beneficial. The manager told us they would look into this.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider and manager were not always clear about their responsibilities to follow national guidance and protect people. For example, they had not risk assessed if window restrictors were needed to keep people safe and were not aware about guidance to inform on the safe storage of oxygen cylinders. Following the inspection we directed the provider to multiple pieces of guidance.
- There were no checks and audits carried out on the service to seek to improve the service or identify any issues. The issues highlighted in this inspection had not been identified by the provider, this included the safe management of medicines and safe recruitment practices.
- The provider failed to identify that risk assessments and care plans were insufficient to inform staff how best to support people and reduce risks.
- The provider failed to identify training for staff in line with the needs of the people they were supporting. For example, people could display high levels of distress, however the provider had failed to ensure they had adequate training in de-escalation techniques to ensure people were supported in the right way.
- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. The provider had failed to inform the CQC when DoLS authorisations had been granted.

The registered person failed to assess, monitor and mitigate risks to the quality and safety of the service and to individual people using the service. This is a breach of Regulation 17 of the Health & Social care Act 2008 (Regulated Activities) Regulations 2014

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

- The manager and provider reviewed the culture of the service on a daily basis. Staff we spoke with felt passionately about supporting and empowering the people at the service. Staff spoke about people in a caring way, describing them as 'friendly' and 'loving'.
- People were happy, smiling and chatting with staff seemingly at ease. A relative told us their loved one was always keen to return to the service. A relative told us, "The staff are very good. They try to be as cheerful as possible."

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

- The provider understood their responsibilities in relation to the duty of candour. The duty of candour requires providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment.

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

- There was no official system in place to seek feedback from people and their loved ones. The manager told us that they and staff spoke with people on a daily basis to check they were happy to see what they wanted to do and how they wanted to spend their time.
- People were engaged with the local community. People were supported practice or attend their preferred place of worship, and attended groups held in the community.
- Staff and the management team met weekly to discuss people, and any changes to people's care. Staff told us the management were always available to provide support. Staff told us, "No matter where they are, they are always ready to come and really fast. They are really supportive – they are always there when I need any support or advice."

Working in partnership with others

- The provider told us that they had not been engaged in recent years with forums and networking events. They told us they planned to network with other services to and forums to support their learning and improvement of the service.
- Staff worked with a range of healthcare professionals to seek health advice for people, for example the GP and the mental health team. People had regular appointments with the dentist and opticians.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered person failed to put in to practice the requirements of the MCA.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person failed to manage medicines safely. The registered person failed to assess the risks to the health and safety of people, doing all that is reasonably practicable to mitigate risks.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person failed to assess, monitor and mitigate risks to the quality and safety of the service and to individual people using the service.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered person failed to provide appropriate support and training.

