

Aapna Services Ltd

# Aapna Services

## Inspection report

The International Centre  
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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 caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We inspected Aapna Services on 28 January 2016. This was an announced inspection. We informed the registered provider at short notice [48 hours before] that we would be visiting to inspect. We did this because we wanted the registered manager to be present at the service on the day of the inspection to provide us with the information we needed.

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

The service had a registered manager in place. 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.

The service did not undertake a full environmental risk assessment to clearly identify risks within the environment, to the person or staff member providing assistance. Risks assessments for people who used the service were insufficiently detailed. This meant that staff did not have the written guidance they needed to help people to remain safe.

Systems were not in place for the management of medicines to make sure that people received their medicines safely.

Staff had not received an annual appraisal. The registered manager told us mandatory training for staff was up to date; however, records were not available to confirm this. Staff had not received training in the Mental Capacity Act 2005.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Effective quality monitoring systems were not in place to ensure the service was run in the best interest of people who used the service.

These were breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we took at the back of this report.

Some improvement was needed to ensure appropriate checks were completed on staff before they started

work.

There were enough staff employed to provide support and ensure that people's needs were met.

There were systems and processes in place to protect people from the risk of harm. Staff were aware of the different types of abuse and what would constitute poor practice.

Staff told us that the registered manager was supportive. We saw that staff had received supervision on a regular basis.

People were treated with dignity and respect. Staff were attentive, showed compassion and encouraged people to be independent.

People were provided with their choice of food and drinks which helped to ensure that their nutritional needs were met.

Staff at the service worked with other healthcare professionals to support people. Staff worked and communicated with social workers, occupational therapists and hospital staff as part of the assessment, ongoing reviews and care package.

The registered provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident that staff would respond and take action to support them.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

The service did not undertake a full environmental risk assessment to clearly identify risks within the environment, to the person or staff member providing assistance. Risk assessments for people who used the service were not sufficiently detailed to keep people safe.

Some improvement was needed to ensure appropriate checks were completed on staff before they started work.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

Appropriate systems were not in place for the recording of medicines.

### Is the service effective?

**Requires Improvement** 

The service was not always effective

Staff had received supervision but had not received an annual appraisal.

The registered manager told us staff received training which enabled them to care for people who used the service both safely and to a good standard. However, up to date records of training were not available for the inspection to confirm this.

Staff encouraged and supported people at meal times.

### Is the service caring?

**Good** 

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care and support was individualised to meet people's needs.

### Is the service responsive?

The service was not always responsive.

Aapna provided a flexible service to people. There was flexibility within the service to change the times and visit times of people.

People's needs were assessed and care plans were in place. Some plans needed more information to ensure that care and support was provided in a way the person wanted.

Staff were approachable and people felt comfortable in speaking to staff if they wanted to complain.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led.

Effective quality monitoring systems were not in place to ensure the service was run in the best interest of people who used the service.

Staff told us the registered manager was approachable and they felt supported.

Staff meetings took place.

**Requires Improvement** ●

# Aapna Services

## 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.

We inspected Aapna Services on 28 January 2016. This was an announced inspection. We informed the registered provider at short notice [48 hours before] that we would be visiting to inspect. We did this because we wanted the registered manager to be present at the service on the day of the inspection to provide us with the information that we needed.

The inspection team consisted of one social care inspector.

Before the inspection we reviewed all the information we held about the service. We had not asked the registered provider to complete a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection visit there were 25 people who used the service, however many were only receiving support with household tasks and shopping and did not receive personal care. Three people who used the service received personal care. After the inspection we spoke on the telephone to one person who received personal care from the service.

During the visit we spoke with the registered manager, the deputy manager, the office administrator and three care staff.

During the inspection we reviewed a range of records. This included two people's care records, including care planning documentation and medication records. We also looked at three staff files, including staff recruitment and training records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the registered provider.

# Is the service safe?

## Our findings

The registered manager said that before staff started work for the domiciliary care agency they worked in the organisations day centres [not registered] which were for people with a learning disability, older people and women with a mental health conditions. The registered manager said the majority of people who used the domiciliary care agency also used the other service provided by the organisation. This meant that staff would get to know people before they provided care to them at home.

We were shown records confirming that prior to the commencement of the service, senior staff from Aapna services visited people at home to undertake an assessment. We saw that this assessment generally looked at the heating, cooking, refrigeration, stairs, hot water and bathing amongst other areas. Staff made comments about people's ability to function in the environment for example if they were able to use the stairs. However, this wasn't a formal environmental risk assessment to clearly identify risks within the environment, to the person or staff member providing assistance. The registered manager told us other visual checks were undertaken of the person's home such as checks on gas and electrical appliances to make sure they were safe for use. Other checks included checking the lighting and checking for clutter which could pose to be a fire or falls risk, however, this was not documented.

Staff we spoke with during the inspection were aware of the needs of the people they supported and action they should take to keep people safe, however care records did not contain sufficient information in respect of this. We looked at the care records of two people. Some risks had briefly been incorporated into care records but these were insufficiently detailed. Risk assessments were not individual to the person. For example, the care record of one person identified that staff should prepare their meals. The risks element of this reminded staff to ensure all appliances were switched off and pots and pans were put away. This did not identify any other risks to the person or safety measures that should be put in place such as ensuring the drinks were cooled as the person was not aware of hot temperatures. This was pointed out to the registered manager at the time of the inspection who told us all risk assessments would be reviewed and updated.

This was a breach of Regulation 17 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of the inspection the service was supporting one person with the administration of their medicines. At the beginning of each month staff wrote up the medicine the person was prescribed by the doctor on the Medicine Administration Record (MAR). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. We noted that this had not been checked and signed by a second staff member for accuracy when they next visited. This was pointed out to the deputy manager who said that they would take action to address this.

The deputy manager and staff told us medicines had been supplied by the pharmacy and had a pharmacy label which detailed the instructions to ensure staff administered the medicines to people appropriately. Staff we spoke with during the inspection confirmed this. The pharmacy sorted medicines out into those that were to be given on a morning, lunch, tea and at night time.

We looked at the MAR for the one person who staff were supporting with their medicines. We could see that one medicine was prescribed once a week, another was prescribed three times daily and another four times daily. We noted that staff were signing the MAR four times daily for each medicine. This was not an accurate reflection of what the person had been prescribed or what had been administered. This was pointed out to the deputy manager for them to take action to address.

The registered manager told us how they helped to ensure safe practice for people who were supported with their medicines. They told us they made sure visits to this person's home for the administration of medicines were at least four hours apart.

The deputy manager told us they completed an audit of the entries made on the MAR when they were returned to the office to ensure that MARs were completed each time medicines were administered. We saw a MAR which was signed by the deputy manager confirming a check had been made, however we could not see what actual checks had been made as the service did not have a formal medicine auditing tool. This was pointed out to the registered manager for them to take action.

We looked at the medicines policy which was insufficiently detailed to ensure safe practice was followed.

This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the registered manager to show us the recruitment files of the last three care staff appointed to check the registered provider followed a safe recruitment system. Discussion with the registered manager identified that only two of the three staff had commenced work. The registered manager told us the recruitment process included completion of a Disclosure and Barring Service check (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with children and vulnerable adults. We found that a DBS check had not been undertaken for one staff member. The newly appointed administrator told us they had done an audit of all staff files and they had also identified that this one staff member did not have a DBS check. They had found completed application forms remaining on their file which had not been sent off for checking when the person was first appointed. The administrator was able to show us documentation which identified as soon as she had come across this they immediately applied for a DBS check. However, this meant people could have been placed at risk as appropriate pre-employment checks had not been completed prior to this staff member starting work.

The registered provider had an open culture to help people to feel safe and supported and to share any concerns in relation to their protection and safety. We spoke with the registered manager and staff about safeguarding adults and the action they would take if they witnessed or suspected abuse. Everyone we spoke with said they would have no hesitation in reporting safeguarding concerns. They told us they had all been trained to recognise and understand all types of abuse. We saw written evidence that the registered manager had notified the local authority of safeguarding incidents. The registered manager had taken immediate action when incidents occurred in order to protect people and minimise the risk of further incidents. We reminded the registered manager of the need to notify CQC of such safeguarding incidents.

We also looked at the arrangements in place for managing whistleblowing and concerns raised by staff. Staff we spoke with told us that their suggestions were listened to and that they felt able to raise issues or concerns with the registered manager. One staff member said, "We have meetings and we talk they [the registered manager] and [deputy manager] are good. They always listen."



The registered manager told us the service was generally provided from 7:30am until 8pm.

The registered manager told us that the service employed 13 staff. This included the registered manager, the deputy manager, an administrator and care staff. They told us that at the time of the inspection there were three people who used the service who were receiving personal care. They told us that there were enough staff employed to meet the needs of current people and if there was to be an increase in demand.

The registered manager told us the agency provided a flexible service in which to ensure that they met the needs of people. We were told and shown records which confirmed that people's needs were assessed on an individual basis. People who used the service were provided with the same care staff to ensure continuity of care. One person who used the service sometimes needed additional calls to support them on visits to the doctor and hospital appointments and this could be organised at short notice. The registered manager and staff told us there was flexibility to change times and days of visits should there be a need.

The person we spoke with who used the service said that the staff turned up on time and stayed for as long as they were expecting them to.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. The registered manager said that accidents and incidents were not common occurrences; however they had the appropriate documentation in which to record an accident and incident should they occur.

## Is the service effective?

### Our findings

The office administrator showed us a chart of staff employed and the training they had completed. This showed that training was out of date for many of the staff employed and that some staff had not undertaken the mandatory training required. Mandatory training is training that the provider thinks is necessary to support people safely. The registered manager told us this was not the most up to date chart. They told us there had been a change in office administrator in the last few months and since the departure of the previous office administrator many of the records for the service, could not be found.

The registered manager told us staff had undertaken a six day induction. They said staff had also completed refresher training in moving and handling, infection control, fire safety, safeguarding, emergency first aid and others. Certificates confirming the up to date training were not available in the three staff files looked at during the inspection. The registered manager told us they had allowed staff to keep their own certificates.

During the inspection we spoke with three staff about the training they had completed. One staff member confirmed they had completed an induction and also done recent training in epilepsy and dementia awareness. Another staff member told us they had completed medicine training, safeguarding, infection control and moving and handling.

The registered manager and office administrator said that they would work together to bring the staff training chart up to date and that if any gaps in training were identified then further training would be booked for staff.

This was a breach of Regulation 17 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff confirmed the quality of the training they had completed was good and provided them with the skills and knowledge to do their job. One staff member told us about their induction. They said, "The training was very good. I'm to do a lot more courses over the next few weeks."

The registered manager told us all staff were to complete the Care Certificate Induction to complement their learning. The Care Certificate sets out learning outcomes, competences and standards of care that are expected.

Staff we spoke with during the inspection told us that they felt well supported and that they had received regular supervision. We looked at the records of three staff which confirmed that staff had received regular supervision. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff.

We asked the registered manager if staff had received an annual appraisal. An annual appraisal is a review of performance and progress within a 12 month period. This process also identifies any strengths or weaknesses or areas for growth. The registered manager was not aware of the need to complete annual

appraisals in addition to staff supervision. They told us they would take action to ensure all staff received an annual appraisal in the coming weeks.

One person we spoke with during the inspection said, "They are very good girls [care staff]."

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.

The registered manager told us that they assume people who used the service have capacity unless they were told otherwise. The registered manager told us that if they had any concerns in relation to a person's capacity they would inform the person's social worker or health care professional. We were told that where necessary other professionals involved in their care would undertake assessments in relation to mental capacity. Staff we spoke with understood their obligations with respect to people's choices. Staff told us that people and their families were involved in discussions about their care.

At the time of the inspection staff had not received training in the Mental Capacity Act (MCA) 2005. The registered manager said they would organise this training.

The service provided support to people at meal times. Staff encouraged and supported people to have meals of their choice. One person who used the service said, "My girl [care staff member] is a very good cook. [Care staff] asks me what vegetables they should bring." They also said, "Sometimes I go shopping with [care staff] for food and vegetables."

Staff told us how they were provided with a plentiful amount of time at meal time to support people. One staff member said, "I make fresh bread daily and make a curry."

The registered manager and staff we spoke with during the inspection told us they worked with other healthcare professionals to support the people. Staff told us how they had supported people on appointments with their doctor and on hospital appointments. Staff told us when there had been a need, they had telephoned the person's doctor when people had been unwell. The registered manager told us how they communicated with social workers and health care professionals as part of the assessment process and ongoing care for people who used the service. This meant that people were supported to maintain good health and had access to healthcare services.

## Is the service caring?

### Our findings

One person we spoke with during the inspection told us they were very happy and that the staff were extremely caring. One person said, "I am very, very happy. I pray to God I have such a lovely girl [care staff]." This person also said, "She [care staff] is caring she hugs me."

The registered manager told us care and support was tailored to the individual need of the person. Staff spoke with kindness and compassion and were highly committed and positive about the people they supported. Staff knew and understood the individual needs of each person, what their likes and dislikes were and how best to communicate with them so they could be empowered to make choices and decisions. One staff member told us they visited a person who had limited communication. They told us the importance of picking up on non-verbal communications such as body language and how a person responds. For example, they told us how they had tried to introduce the person to different foods. They told us how they knew by the person's response if they didn't like what they were eating as they would eat much slower than when they were eating a food which they liked.

Staff we spoke with during the inspection also told us about the importance of encouraging choice. They told us when they were supporting people with personal care and dressing they would show people clothes options so they could choose what they wanted to wear. At meal times they asked people what they would like to eat. Staff told us that as part of a care package one person had time allocated for shopping. Staff told us how they always encouraged the person to go to the shops with them so the person could choose their own fruit, vegetables and anything else they wanted to buy. One staff member said, "We must always respect their opinion and choices." This meant that people were supported to make their own choices and decisions.

The registered manager told us policies and procedures supported values and beliefs in the dignity and welfare of people. The registered provider advocated a culture of care that respected privacy, dignity, culture and individuality to all people. It was clear from our discussions with staff that these values underpinned the work they carried out with people. One staff member told us how staff maintained one person's dignity and privacy during personal care. They told us they encouraged the person with the tasks they were able to perform to promote independence and only helped with those the person struggled with such as applying the cream to the person's back. Staff told us the importance of respect and manners when providing care and support to people who used the service.

People we spoke with during the inspection process told us how staff were supportive. One person said, "She [care staff] cleans my house, irons my clothes. She helps me in the bath. I am lucky."

At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process and action to take should an advocate be needed.

## Is the service responsive?

### Our findings

Most people were referred to the service after they had been assessed by a social worker, however some people did pay privately for their care.

Aapna provide personal care and support to people to enable them to continue to live in their own home. The service provided flexible care and support to people between the hours of 7:30am and 8pm. The registered manager told us personal care could be arranged outside of these hours if there was a need. They gave us example of where there had been flexibility within the service to change times and days of planned support to accommodate people's needs. This included changing shopping days for people or changing time of visits to accommodate hospital appointments. This meant the service was responsive to the needs of people who used the service.

The registered manager told us how the package of care was initially reviewed with the social worker after six weeks to ensure people's needs were met. This was then reviewed again at three months and six months to accommodate any changing needs. People who used the service were involved in this process.

During our visit we reviewed the care records of two people who used the service. Each person had an assessment, which highlighted their needs. Following assessment, care plans had been developed. Care plans were insufficiently detailed to ensure the care and support needs of the person would be met. Care records did not describe what the person could do for themselves and the assistance required from staff. The care record of one person detailed the person needed assistance to get out of bed but didn't state what that assistance was. One person who used the service had limited communication and as such used body language and non-verbal communication to express their feelings. This was not detailed within the plan of care. We pointed this out to the registered manager during our inspection visit.

After the inspection the registered manager sent us an updated plan to look at. This was much more person centred and described the level of support required at each visit. The registered manager told us they would update the remaining two care plans as a matter of importance.

The registered manager told us the service hadn't received any complaints in the last 12 months. We were told that senior staff maintained regular contact with people and relatives to make sure that they were happy with their care and support. If any concerns were identified then these were acted upon quickly to avoid any unnecessary upset.

We looked at the complaints procedure, which informed people how and whom to make a complaint to. The procedure gave people timescales for action. However, it was noted that this policy/ procedure had last been reviewed in September 2012 and was due again for review in September 2015 and at the time of the inspection still had not been reviewed. One person we spoke with told us they were very happy and did not have any complaints. They did say if they were unhappy or concerned they would not hesitate to speak with staff.

## Is the service well-led?

### Our findings

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager told us checks were carried out on aspects of the service. This included the checking of care plans, other care records and medicine charts. However, we could not tell what actual checks had been made as there were not any formal auditing tools. There wasn't an audit tool for the checking of care records, medicines or staff records. This was pointed out to the registered manager who told us they would take action to address this.

We asked the registered manager about the arrangements for obtaining feedback from people who used the service. We were told that a satisfaction survey had recently been undertaken. We looked at this during the inspection; however this was for the registered provider with very little focus on Aapna Services.

This was a breach of Regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The deputy manager told us there had not been any missed calls for people who used the service, however if there were to be these would be carefully monitored and investigated with action taken to prevent the risk of reoccurrence.

The registered manager told us whilst they were checking some records for people who used the service they noted the quality of written English from staff was not up to standard. They told us they were arranging some training to support staff in their writing.

Staff we spoke with during the inspection spoke highly of the registered and deputy manager. One staff member said, "Our managers are very good." Another staff member said, "They [the registered manager] listens to you."

We spoke with the registered manager who told us there were clear lines of management and accountability and all staff who worked for the service were very clear on their role and responsibilities. Staff told us that the registered manager and other senior staff had an open door policy so that staff had access to support at all times. One staff member said, "I think everything is going really smoothly, I am very happy."

The registered manager told us they were in the process of completing PQASSO (Practical Quality Assurance System for small Organisations). This is a performance evaluation system and quality mark for charitable organisations in the UK. They told us they were applying for this to raise standards within the organisation.

The registered manager told us that senior staff did spot checks on staff. We were told that checks were made to ensure that staff arrived at the person's home at the time they were supposed to and were wearing their uniform and identification badge. We saw records of spot checks.

The registered manager told us in May 2015 a team building day took place. She told us staff from all parts of the organisation attended. This focussed on what the organisation could do to support their employees, the skills and talent of Aapna staff, the unmet needs of the community and services which required more work.

Staff told us they were kept up to date with matters that affected them. We saw records to confirm that staff meetings had taken place. The last staff meeting had taken place in January 2016. The minutes of this meeting confirmed that staff had talked about training, the Care Quality Commission, record keeping and call monitoring.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who used the service were not protected against the risks associated with unsafe systems for the management of medicines.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People who used the service and others were not protected against the risks associated with ineffective monitoring of the service.</p> <p>The service did not undertake a full environmental risk assessment which clearly identified any risks within in the environment, to the person or staff member providing assistance.</p> <p>Risk assessments for people who used the service were not sufficiently detailed to keep people safe.</p> <p>Records of staff training were not up to date or available for inspection.</p>