

Apna House Limited

Apna House

Inspection report

6 Park Avenue
Hockley
Birmingham
West Midlands
B18 5NE

Tel: 01215515678

Date of inspection visit:
11 July 2019

Date of publication:
05 August 2019

Ratings

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

Summary of findings

Overall summary

About the service:

Apna House is a residential care home providing personal care and accommodation for up to 13 people who live with mental health needs, autism or a learning disability. At the time of the inspection, Apna House accommodated 12 people.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 13 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, cameras, industrial bins or anything else outside to indicate it was a care home.

People's experience of using this service:

People told us they felt safe with the support of staff. Risks to people had been assessed and staff had a good understanding of these risks and how to minimise them.

Where required people were supported to receive their medication as prescribed and staff demonstrated a good knowledge of types and signs of abuse and how to report concerns of abuse.

People were supported by staff who had the skills to meet their needs. People were able to consent to their care and we saw staff understood the importance of seeking consent before providing support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's nutritional needs were met, and people were happy with the support they received to enjoy a choice of meals. People were supported to access healthcare professionals when required.

The provider had systems in place to identify and support people's protected characteristics from potential discrimination. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, race, religion or belief etc. Staff members we spoke with knew people well, they could tell us about people's individual needs and how they were supported.

People we spoke with told us they liked the staff that supported them, and we saw people were comfortable around staff. People's privacy and dignity was respected, and their independence was maintained and encouraged.

People benefited from receiving care and support from a stable staff group which enabled continuity of care. The service supported and employed a number of people of Asian heritage. This meant that staff

could communicate with people in their preferred language.

People were involved in their care and their needs were assessed and reviewed on a regular basis. People's care records were person centred and guided staff on the way they preferred their care and support to be provided.

People told us they felt able to speak to staff with any concerns. The service had not received written complaints; however, the provider had a system in place to ensure any complaints received would be logged, investigated and responded to and any learning used to improve the service provided.

The management team had systems in place to monitor the quality of the service that they provided and looked to develop the service further. People told us they liked the registered manager and staff spoke positively about the service and said it was well managed.

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

Rating at last inspection:

At the last inspection we rated Apna House as 'Good' (report published on 11 January 2017).

Why we inspected:

This was a planned inspection which took place on 11 July 2019.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

Apna House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Apna House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the Care Quality Commission. The registered manager is also the registered provider and they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did before the 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection:

We spoke with the operations manager who is the nominated individual. The nominated individual is

responsible for supervising the management of the service on behalf of the provider. We spoke with the registered manager, the deputy manager, three support staff and the cook. We spoke with four people who lived at the home and we also received information from one healthcare professional and one external fire service advisor by email following the inspection. We looked at two people's care records to see how their care and support was planned and delivered. We also looked at medicine records, two staff recruitment files, the staff training matrix and the provider's quality monitoring systems.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This means people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they liked the staff that supported them. We observed people looked comfortable around staff.
- Staff stated that they had not had reason to raise concerns but were able to do so with the management team if needed, and they were assured that action would be taken as a result. They were also aware of external agencies they could report concerns to if needed.

Staffing and recruitment

- We saw that staff were available to support people and staff told us there were enough staff to meet keep people safe and meet people's needs.
- There was a small and stable staff team at Apna House, this enabled continuity of care with any staff absences for leave and sickness, covered within the staff team
- We looked at a staff recruitment record and saw the provider had made reference checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. Completing these checks reduces the risk of unsuitable staff being recruited.

Assessing risk, safety monitoring and management

- Individual risks to people were assessed and staff we spoke with were knowledgeable about how to minimise risks to people.
- Care plans recorded people's risks and were reviewed on a regular basis. One healthcare professional commented, "Staff at Apna house were provided with a full and comprehensive risk assessment for [person's name], they [staff] have worked well within this risk assessment, acknowledging the risks, and still supporting [person's name] to live as independently as possible."
- One external professional who had visited the home on a fire safety assessment told us staff had worked with them to provide the information they required. They also had opportunity to speak to individual people about fire risks. They advised, "[Registered manager's name] introduced me to Occupants so I could offer fire safety advice to them."

Using medicines safely

- People were supported by trained staff to take their medicines. Staff told us they had received training in supporting people to take their medicines and this was monitored and checked.
- The registered manager told us improvements had been made and since the last inspection, PRN (when required) medication had been reduced and where it was used, clear guidance was in place to support staff.

- Checks were completed by the management team to ensure records were completed to show when people had taken their medicines. An external pharmacy audit had also been completed.

Preventing and controlling infection

- People were protected from the risk of infection because staff had access and wore personal protective equipment (PPE).
- We saw that the home had been awarded a Food Hygiene Rating of Rating of 5 (Very Good) by Birmingham City Council on 21 February 2019.

Learning lessons when things go wrong

- The registered manager completed records to monitor any accidents and incidents and to look for actions needed to reduce the likelihood of events happening again.
- Incidents were also discussed at staff meetings, so staff could share learning and discuss actions to be taken. One member of staff said, "There is reflective learning when things go wrong."
- Information from across the providers wider group of services was also shared at managers' meetings, to ensure consistency and shared learning.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This means people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.
- We checked whether the service was working within the principles of the MCA. Staff had a good understanding of the importance of gaining consent from people before providing support.
- The registered manager was aware of their responsibilities regarding the Deprivation of Liberty Safeguards (DoLS) and applications had been submitted where they had assessed that people were potentially receiving care that restricted their liberty. They also had a process to record the expiry date of any authorisations along with those with any conditions, so these could be monitored.

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

- People told us they were in control of their day to day care and staff listened to and acted upon their choices and preferences. One person said, "I choose what I do."
- Prior to admission people's needs were assessed to ensure the service could meet their needs.
- People's care plans included information on their likes and dislikes and their aims and goals.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills to meet their needs.
- Staff told us they felt access to training was good. We saw that in some areas for example, first aid training, in addition to online training staff also completed practical training to support their learning and understanding.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care;

- People and staff were very complimentary about the food provided. One person smiled when they told us, "The food is very good."
- Care records included notes of people's likes and dislikes which had been shared with the kitchen staff. We saw some people were supported with specific diets to meet their health care needs. For example, one person had been supported to enjoy healthy meal choices which had resulted in them losing weight in a controlled way, to benefit their health and wellbeing.

Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were monitored to make sure any changes in their needs were responded to promptly and people had access to health and social care professionals. Records showed people had been supported to access services such as GP, dentist and optician.

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

- We looked at how people's individual needs were met by the design and decoration of the home. The home was clean and tidy, and people had personalised rooms which reflected their choices and interests. The provider was currently undertaking work in the garden area to make it more accessible to people with limited mobility.
- Staff also told us that where one person's mobility had deteriorated, the provider had supported the person by changing the room layout to provide them with a room on the ground floor.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This means people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People we spoke with said they liked the staff that supported them. One person told us, "Staff are good, I like them." Another person described staff as like, "friends."
- Staff were well motivated to provide good care by the registered manager who they felt led by example. One member of staff said, "The registered manager is lovely, very supportive."
- Staff spoke in a caring way about the people they supported, they told us they had built up relationships with people and knew them well. One member of staff said, "The best part [of my job] is the service users, they make my day."

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

- People told us that that staff listened to their choices.
- Regular reviews enabled people to express their choices and discuss any required changes.
- Staff we spoke with demonstrated they understood the importance of ensuring people were able to make their own choices regarding their care and support.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. For example, people were encouraged to complete household tasks such as cleaning the dining room after meals each day and one person picked up their medication from the pharmacist themselves.
- We saw that staff respected people's privacy and dignity and staff we spoke with demonstrated they understood how to ensure this was done and the importance of this. We saw staff knocking on people's doors before entering rooms and all care plans and personal information was safely stored away.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This means people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received individualised care and support from staff that demonstrated detailed knowledge of people's individual needs. One person told us, "Staff know me well."
- People's care was reviewed with them and to ensure care provided reflected their current needs. We saw where people had signed to show participation in and agreement of their care plans.
- The service supported and employed a number of people of Asian heritage. This enabled staff to communicate with people where English was not their first language.
- One healthcare professional told us, "The home manager has a very good level of understanding of mental health and cultural diversity and knows the service users well. I often take other social workers over to visit Apna house as a model of good practice in working with cultural diversity in mental health."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People told us they enjoyed a range of activities.
- Staff had made links with local places of worship to support people's religious beliefs. One person visited their place of worship each week and staff told us the religious leader would also visit the home as required to support people.
- Residents meeting were held, and any actions recorded in a "You said, we did," document which was displayed in the home. At the last residents meeting, people had said they wanted to go to Blackpool. The registered manager told us, with the people's agreement, this had been arranged as a joint trip with providers sister home. This encouraged interaction across the two services and built up people's social circle. The registered manager told us joint activities such as BBQ's were also arranged.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We looked at information made available by the provider to support people and signpost them to other services to see if this information is accessible to the people that use the service. We saw that the daily menu was also produced in Bengali to support people's accessibility and there was various information produced in easy read formats, for example, information on community safe places and safeguarding, to support people's understanding.

Improving care quality in response to complaints or concerns

- People told us if they had concerns they would feel able to speak to staff.
- One healthcare professional also advised us, "I receive phone calls or emails from the home manager, or deputy manager to keep me up to date on what is happening with [person's name]. Staff respond appropriately in reporting any issues with myself, and have always been very proactive in working to address any arising issues. "
- We saw that the service had not received written complaints, however, the provider had a system in place to ensure any complaints received would be logged, investigated and responded to and any learning used to improve the service provided.

End of life care and support

- The service was not currently supporting anyone who was receiving end of life care. However, the registered manager said the service was beginning to have conversations with people to record their wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This means the service was consistently managed and well led. Leaders and the culture they created promoted high quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People spoke positively about the service and the management team. One person said, "I am happy here it's a good home."
- Staff told us they felt the home was well managed and that improvements had been made under the current manager. One member of staff said, "People's choices have increased."
- One healthcare professional we contacted with also said they considered the service well managed. They said, "I consider Apna house to be very well managed, I cannot fault the service they have provided for [person's name], the placement has been an incredibly positive one, where [person's name] has achieved very good outcomes. It is refreshing to see a manger that keeps their door open and is always welcoming of the residents in her office."
- The management team had systems in place to monitor the quality of the service that they provided.
- Staff we spoke to told us that they had regular supervisions and team meetings to discuss any concerns and share best practice.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service promoted person centred and high-quality care.
- Staff told us they felt listened to and supported by the management team. One member of staff commented, "The manager is lovely, very supportive."

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

- A relative's questionnaire had been completed in March 2019 and we saw the provider had received positive feedback on the service.
- Service user meetings were held to gain feedback and which people told us they attended. We saw that following the meeting a 'You said, we did' form would be produced showing the areas discussed and actions to be taken. The provider was also looking to develop a newsletter which would give information on the service, activities and also give useful information for other agencies.

Continuous learning and improving care

- The management team showed a commitment to developing the service. The registered manager told us of some of the planned developments for the service. They told us as some of the people had lived at the

service for a long time. As they aged their needs had changed and the management team planned to develop the service to ensure that it continued to meet people needs. For example, they had received quotes for the installation of a staff lift to aid people whose mobility had decreased.

- The provider completed spot checks to ensure standards were maintained. The registered manager also completed a monthly report to update the provider on all aspects of the service. Any action identified were recorded on a risk register, which was then checked the next month to ensure actions had been taken.
- The registered manager told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included attending management training and accessing on-line guidance and information, for example, the CQC website.

Working in partnership with others

- The management team had established and maintained good links with local community groups and healthcare professionals, which people benefited from. For example, the registered manager was currently working with a community training company to get tailored training for people living at the home. Training would be based on people's strengths and for example, we were advised one person could get a qualification in music which was their passion.