

Aapna Services Ltd

Aapna House

Inspection report

31-35 Eastbourne Road
Middlesbrough
Cleveland
TS5 6QN

Tel: 01642825926

Website: www.aapnaservices.com

Date of inspection visit:

08 November 2022

16 November 2022

Date of publication:

06 January 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Aapna House is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 35 people were using the service and receiving personal care. 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Risks to people were not always robustly managed. There was limited written information for staff around some key risks to people. People's care plans were not always up to date, and were not always clear and consistent. Systems and procedures were not in place to ensure people's medicines were accurately recorded, and clear guidance was not always in place for staff around people's medicines. Safe recruitment procedures were not in place.

The management team did not have effective oversight of the service. Audits had not identified all of the issues we found on inspection and systems were not in place to robustly analyse incidents and look for trends.

Some areas of people's care plans contained clear guidance for staff, and the provider completed environmental risk assessments to help keep staff and people safe. There were enough staff to support people and staff had received appropriate training. People were kept safe from the risk of abuse. The provider managed infection prevention and control safely.

There was a positive atmosphere amongst staff, people and relatives. People were happy with the care provided and relatives spoke about the positive impact the service had. Staff enjoyed their jobs and felt supported by management. Relatives and people told us communication was good, and people were supported to access healthcare and other professionals.

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

Rating at last inspection

The last rating for this service was good (published 6 February 2020).

Why we inspected

The inspection was prompted in part due to concerns received about the quality of the service and organisational oversight. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. 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.

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

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to oversight, recruitment and record keeping.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Aapna 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. 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.

Inspection team

Two inspectors carried out this inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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 not a registered manager in post. A new manager had been in post for one month and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 8 November 2022 and ended on 23 November 2022. We visited the location's office on 8 November 2022 and 16 November 2022. We visited people who used the service on 16 November 2022.

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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 3 relatives about their experience of the care provided. We spoke with 9 members of staff including the manager, the quality assurance manager, 6 support workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 5 people's care records, 3 staff recruitment files and multiple medication records. A variety of documents relating to the management of the service, including policies, training records, maintenance records and quality assurance documents were reviewed.

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.

Assessing risk, safety monitoring and management

- Risks to people were not always robustly managed. There was limited written information for staff around key risks such as supporting people who experienced breathing difficulties and who had a feeding tube in place. Staff were trained to support these people, and we found no evidence that people had been harmed, but records did not contain enough detail to support the safe management of these needs.
- People's care plans were not always up to date. Some care plans contained out of date information and guidance for staff. For example, one person's care file recorded that they had a urinary catheter in place, however, this was no longer the case.
- People's care plans did not always contain clear and consistent information. It was not always clear what tasks were the responsibility of care staff. For example, one person's support plan stated staff were to administer their medicines, but staff told us the family did this. Another person's support plan stated staff were to assist with evening exercises. Again, staff informed us this was in fact the family's responsibility.

The provider failed to have in place fully accurate, complete and contemporaneous records in respect of each service user. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some areas of people's care plans contained clear guidance for staff around their needs. For example, support plans explained how staff were to move people safely.
- The provider carried out environmental risk assessments to help staff care for people safely in their own homes.

Using medicines safely; learning lessons when things go wrong

- Systems and procedures were not in place to ensure that people's medicines were accurately recorded. Staff did not always appropriately record why a medicine was not administered.
- Guidance was not always in place for medicines prescribed on a 'when required' basis.
- Medicine administration records needed to be improved. They did not consistently record maximum dosages or how frequently a cream or lotion was to be applied.
- The provider did not have effective systems in place to learn when things went wrong. Some medicine audits had identified issues, but it was not clear what action was taken in response, and the issues reoccurred. Some medicine audits did not identify issues with the records which were present.

The provider failed to have in place systems and procedures to ensure the safe management of medicines and to learn lessons when things went wrong. We found no evidence that people had been harmed.

However, this was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The provider failed to have safe recruitment procedures in place. The provider did not consistently obtain full employment histories or appropriate references.
- The provider obtained Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. However, on one occasion the provider had not appropriately considered the impact of a positive DBS result. We fed this back to the provider who immediately completed a risk assessment around this.

This failure to have safe recruitment procedures in place was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff to safely support people, and staff had received suitable training to meet people's needs.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse. Staff had received training in safeguarding and understood how to recognise any concerns.
- Staff told us they would report any concerns to the manager and report the concerns appropriately.
- People told us they felt safe. Comments from people included, "I feel safe and comfortable with the care workers" and, "The staff are very good, they are polite and respectful."

Preventing and controlling infection

- The provider effectively managed infection prevention and control. Policies were in place to support this, and staff had received appropriate training.
- Staff had access to PPE and wore this in line with national guidance.

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 management team did not have effective oversight of the service. Quality assurance had not identified the gaps in recruitment processes and the missing and conflicting information in people's care plans.
- Accidents and incidents were not robustly reviewed. Incidents had occurred which were not included in the provider's monthly incident reports. This meant that oversight was not effective, and trends could not be identified.
- Systems were not in place to analyse key performance indicators such as late or missed calls.
- The quality of the service had deteriorated since our last inspection.

Systems were not in place to effectively assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 of the Health and 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; 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

- There was a positive atmosphere within the service. People told us they were "happy", "comfortable" and were "treated like family."
- Staff told us they enjoyed their jobs, they had time to get to know people, and they spoke about the importance of treating people with dignity and respect. One staff member told us, "All the staff work their hardest for the clients."
- Relatives spoke about the positive impact the service had. Relatives' comments included, "They make a big difference to [person's] quality of life."
- The provider understood the duty of candour. The provider investigated any concerns raised and fed back the outcomes to people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The provider and manager engaged well with staff. Feedback from staff included, "We have meetings with the manager where we can discuss the support we need" and, "I feel involved and am asked for feedback. Management are there any time to help you, and they always tell you that."
- Relatives and people told us communication was good. One relative told us, "They are good at letting us

know about any changes, and they pop round and ask how things are going." One person told us, "[The provider] asks me how things are and if I am happy."

- The provider worked with other professionals and supported people to access healthcare and appointments when needed.

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
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to have in place fully accurate, complete and contemporaneous records in respect of each service user.</p> <p>The provider failed to have in place systems and procedures to ensure the safe management of medicines and to learn lessons when things went wrong.</p> <p>The provider failed to have systems in place to effectively assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17(1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to have appropriate recruitment procedures in place.</p> <p>Regulation 19(1) - (3)</p>