

AKM Care

78 Hoylake Crescent

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Requires Improvement



Is the service effective?

Inspected but not rated

Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Summary of findings

Overall summary

About the service

78 Hoylake Crescent provides both short and long stay care for up to four people with mental health needs and mild learning disabilities.

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

The provider did not have effective systems in place to assess risks. We made a recommendation regarding the safe recording of medicines. The provider had not ensured that they always followed safe recruitment procedures robustly to safely recruit staff.

Staff were not always recruited safely as all recruitment checks were not always carried out as required. The provider's audits and checks to monitor the quality of care provided were not always effective as they failed to identify the issues we found during our inspection.

Care plans were not always comprehensive enough to ensure staff had appropriate information about people's wishes when caring for them. We made a recommendation to the provider about this. The provider was not recording people's end of lives wishes.

People were not always supported to have maximum choice and control of their lives and staff did not always support 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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, 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 providing support to people with a learning disability and or autistic people.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. The registered manager was not always ensuring people received person centred care which was inclusive. The registered manager was not working within the principles of the mental capacity act to empower people to support them to make their own decisions.

Staff communicated effectively with each other about people's care and support. Staff were provided with personal protective equipment. There were systems and processes in place to protect people from harm and abuse. The provider and staff understood their responsibilities to raise concerns both internally and externally.

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

Rating at last inspection

This service was registered with us on 30 August 2018 and this was the first inspection.

Why we inspected

The inspection was prompted because we have not yet inspected this service since registration and in part due to information of concerns we had received about the service. We undertook a focused inspection to review the key questions of safe, responsive and well-led. We also looked at part of the effective key question.

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 coronavirus and other infection outbreaks effectively.

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We identified breaches of three of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to safe care and treatment, staffing and good governance. Please see the 'action we have told the provider to take' section towards the end of the report. During the inspection, we identified issues regarding fire safety. After the inspection we made a referral to the London Fire Safety Unit.

Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information 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?

Requires Improvement ●

The service was not always safe.

Is the service effective?

Inspected but not rated

We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

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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.

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 two inspectors.

78 Hoylake is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider 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

Before the inspection we looked at all the information we held about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the registered manager. We reviewed a range of records which included medicine administration records and care plans for two people. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence we found. We contacted four staff who worked for the service and received feedback from two. We also sought feedback from a range of professionals who support people at the service, and we received feedback from one professional

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as 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 had not always been assessed or planned for. The provider had not considered the environmental risks for people living at the service. When we toured the building, we identified there was damage to the stairs which meant it was a potential trip hazard. We raised this with the registered manager, and they told us, they would arrange for these to be fixed as a priority.
- One person's risk assessment stated they needed a level floor, however this person had to step over a door frame to access the garden. This, alongside loose paving stones in the garden, posed potential risks for this person.
- The provider did not have Personal Emergency Evacuation Plans [PEEPS] for people, this meant staff did not have the necessary information to support people in the event of a fire.
- There was no individual COVID 19 risk assessments for people which meant staff did not have the most updated information to care for people if they became unwell.
- The provider was carrying out health and safety audits however when we asked for a risk assessment for legionella, they told us they did not have one. Legionella is a type of bacteria and it can grow and be found in water systems. After the inspection the provider told us they had a risk assessment for legionella when they were registered but we could not sure this was up to date since it was produced nearly two years ago.
- The registered manager was taking one person out in their car, however there was no risk assessments in place in the event of an emergency arising from this activity.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure risks were assessed or monitored. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Individual risks to people were identified and guidance for staff was provided on how to mitigate the potential risks to people for example those relating to moving safely and medicines.

Using medicines safely

- Medicines were not always administered safely. During our inspection, we identified a medicines error recorded on a medicines administration record (MAR) chart which the registered manager had not identified.

We recommend the provider consider current guidance on administering medicine and take action to update their practice accordingly.

- Following the inspection the registered manager took prompt action to address the issue found.
- We observed medicines being administered and found staff worked in line with good practice guidelines.
- Medicines were stored at an appropriate temperature and in a secured manner.

Staffing and recruitment

- Staff were not always recruited safely. One person who was subject to visa constraints was working more than their agreed hours.
- We reviewed three staff recruitment files and we saw references were not from their most recent employer. Where references were in place, they were character references and not from previous employers.
- In another file we identified there were gaps in one staff member's employment history. A lack of recruitment checks meant that the provider did not have robust arrangements to ensure people were always protected from the risk of being cared for by inappropriate staff.

We found no evidence that people had been harmed however the provider was not carrying out comprehensive assessments of staff suitability during their recruitment. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We raised this with the registered manager and they told us they had made several attempts to get two employment references for staff.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies in place providing clear guidance on how to respond to allegations of abuse. Staff completed training in this as part of their induction.
- Staff understood safeguarding issues. Training records showed, and staff confirmed, they had received training in how to safeguard adults.

Learning lessons when things go wrong

- The provider had processes for the reporting, recording and investigation of incidents and accidents. Since the service opened there has been one incident and we saw the provider had followed their policy to record and investigate the incident to help prevent reoccurrence.

Preventing and controlling infection

- The registered manager had recently introduced infection control audits as the local authority had requested for changes to be made. The provider was only starting to introduce these audits, but staff confirmed they understood their responsibilities for maintaining standards of infection control.
- Staff confirmed they had supplies of PPE and they received regular guidance on how to use PPE effectively.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

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.

We have not rated this key question as we have only looked at the part of the key question we have specific concerns about.

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 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found that information about the needs of a person indicated that they might not have the mental capacity to consent to their care and support and there was no information that a mental capacity assessment had been carried out to determine if best interests decisions were needed to be made or if an application for a DoLS authorisation was required. We raised this with the registered manager, and they told us, this person had only moved in recently and they had not applied for a DoLS authorisation as yet, and will get this resolved.
- We spoke with staff who had received training on the MCA and we found they understood the principles of MCA and knew how to support people to consent to their care.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care plans were not person centred and did not always contain detailed background information about how people would like their care provided. People's care plans did not identify their ethnicity, cultural backgrounds or religious needs. There was no information recorded to tell staff about people's likes and dislikes. We raised this with the registered manager, and they were able to tell us in detail about people's interests and they recognised care plans needed to be reviewed and updated to reflect this important information.
- People did not have care plans to reflect their plans and wishes for the future, and if they had expressed any preferences and choices in regard to their care should they become gravely ill and about end of life care. The registered manager told us they would update their paperwork accordingly.

We recommend the provider implement national guidance when developing people's care plans.

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.

- At the time of the inspection no one using the service had any particular communication needs, however the provider was aware of the AIS and they gave us examples of how they would ensure information was accessible to people using the service in a way they understood.

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

- The provider told us, they tried to support people to maintain relationships which were important to them, but this was proving a challenge during the COVID 19 pandemic. The provider had arranged for people to have visitors in the garden.
- Since the pandemic the registered manager told us they tried to ensure there were regular activities happening for people. One person wanted to visit the gym which was closed. We asked the registered manager if they had gym equipment at the home which the person could use, they told us they were trying to arrange this and they recognised the service should have more activities for this person.

Improving care quality in response to complaints or concerns

- The complaints records showed that there were no complaints that had been made by people using the

service to the provider since the service opened. The registered manager told us how they would acknowledge, investigate and address any complaint made.

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.

This is the first inspection for this newly registered service. This key question has been rated as 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

- The provider did not have effective quality assurance systems in place to monitor the service as they had not identified the issues that we found during the inspection. For example, the provider had not identified risks in managing medicines and assessing and mitigating risks to people.
- In addition, the provider's quality assurance arrangements were not effective because they had not carried out a mental capacity assessment for people when there was information that the person might lack the capacity to make certain decisions.
- Their processes around safe recruitment were not always robust because staff recruitments records were not always detailed as we did not see robust reference checks in place for all staff.
- The providers care records audits had also not identified that care plans were not as comprehensive and person centred as they could have been.
- Whilst the provider was aware of their regulatory responsibility, they did not always have detailed knowledge of audits or methods used to assess the quality and safety in the service provided.

We found no evidence people had been harmed however, systems were either not in place or robust enough to demonstrate the quality of the service was being monitored or safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were systems in place to show that supervisions, and staff observations had taken place.
- The provider had a business continuity plan in place. This included guidelines to follow in the event of senior staff becoming unwell during the pandemic and how this might impact on the daily running of the home or the safety of the people who used the service.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility: Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was clear about their role and responsibilities and they told us they were trying to embed the values of the provider organisation within the service. These values were to promote dignity and respect and support people to maintain their independence.
- We saw evidence of regular communication between management and staff. There were regular staff

meetings and staff told us they used this as an opportunity to discuss concerns and seek guidance.

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

- The provider was not carrying out regular surveys of people who used the service but we were able to see evidence within "Residents meetings" where people shared their feedback on the day to day running of the service.
- The home had a Statement of Purpose which included details about the accommodation, background and the facilities provided.

Continuous learning and improving care; Working in partnership with others

- The provider had kept up to date with changes in best practices by signing up to newsletters from many social care resources including the CQC and public health. The registered manager told us they were planning to attend local providers' meetings to help with liaising and sharing information with local providers.
- When people's needs changed, the registered manager ensured appropriate referrals were made to external professionals where this was required to help ensure they receive the care they 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
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had not done all that was reasonably practicable to mitigate the risks to the safety of service users.</p> <p>Regulation 12 (1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider was not always operating effective systems and processes to assess, monitor and improve the quality and safety of the service and to assess, monitor and mitigate risks.</p> <p>Regulation 17 (1) (2)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered person was not always operating effective systems to ensure the safe recruitment of staff.</p> <p>Regulation 19 (1)</p>