

AKM Care

78 Hoylake Crescent

Inspection report

78 Hoylake Crescent
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

78 Hoylake Crescent is a care home for up to four people who have mental health needs and learning disabilities. At the time of our inspection, three people with mental health needs were using the service. No one had a learning disability.

The service was owned and managed by a private partnership. They also own another registered care home and supported living services.

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

Some aspects of the service were not safe. There were hazards within the environment which presented a risk for people using the service and staff. We discussed these with the management team so they could address these straight away.

Improvements were needed to the way in which medicines were managed. People received their medicines safely and as prescribed, but there was a risk of medicines being mismanaged because the systems were not robust enough.

There was not always evidence to show that adverse events had been learnt from and improvements made at the service. For example, when there had been instances of verbal or physical aggression there had not always been reflective practice for the staff to consider why this happened and if changes could be made to the service to reduce the risk of these reoccurring.

Records were not always accurate or complete. We found gaps in recording which included incomplete care plans, risk assessments and quality audits.

People were happy living at the service. They were given choices and were able to be independent when they wanted. The provider had offered short term accommodation to people who had gained new skills and moved to more independent settings.

People had enough to eat and drink and were supported to access healthcare services. They planned their own activities, which included attending places of worship, and were supported by staff when needed and when they wanted support.

People liked the staff and had good relationships with them. They felt staff treated them with respect. Staff were well supported and had the training they needed to care for people safely and meet their needs. There were appropriate systems for dealing with complaints and people felt able to speak up about how they felt. They were asked for their views about the service and these were used to help plan for improvements.

The registered manager was one of the partners. They worked alongside staff to support people. People

using the service and staff felt able to speak with the management team and had good relationships with them.

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.

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 statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was not providing support to people with learning disabilities or those with autism at the time of our inspection. However, they provided a model of care which maximised people's choice and independence. They provided personalised care which respected people's dignity and rights. They also had a culture where managers worked closely with people to help them develop their skills and work towards their own goals and aspirations.

The management team told us they had not supported people with learning disabilities since our last inspection and the primary purpose of the service was to support people with mental health needs, specifically those people wanting to develop skills to move on to more independent settings or their own homes.

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

Rating at last inspection (and update)

The rating at the last inspection (published 20 January 2021) was requires improvement. We identified breaches relating to safe care and treatment, good governance and fit and proper persons employed.

At this inspection not enough improvement had been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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 have identified breaches in relation to safe care and treatment and good governance at this inspection.

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

Follow up

We will request an action plan 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

78 Hoylake Crescent

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 Care Act 2014.

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 conducted by two inspectors.

Service and service type

78 Hoylake Crescent 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

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We looked at all the information we had about the provider, including the last inspection report, their action plan and contact we had with them and others since the last inspection.

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 met all three people who lived at the service, one care worker, the registered manager and the other registered partner, as well as a newly employed manager.

We looked at a range of records including, the care records for two people who used the service, records about five members of staff and other records the provider used to monitor the quality of the service, such as audits. We looked at how medicines were being managed and conducted a partial tour of the environment.

After the inspection

The provider sent us other records we had requested. We sent surveys to the provider to distribute to staff for their feedback, but we did not receive any responses.

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 remained the same. 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

At our last inspection, we found risks had not always been assessed, monitored or mitigated. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found a continuing breach of Regulation 12 because risks were not always safely managed.

- Risks within the environment had not always been assessed, monitored or managed. These included unlocked cleaning products and tools. The electric fuse cupboard was not locked or labelled to indicate risks. People could be at risk if they accessed these areas or misused the items. There was also an exposed hot surface radiator which presented a risk of burns if touched.

We found no evidence that people had been harmed. However, risks were not always assessed, monitored or managed. 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.

- We discussed these areas with the management team who agreed to take action to make the required improvements.
- The provider had assessed risks relating to people's healthcare needs, communication and mental health. Whilst there was information about these risks and plans to manage them, these were not always recorded in a clear way. We discussed this with the management team so they could address this and improve the way information was presented.
- People were supported to take risks and be independent where they were able to be.

Staffing and recruitment

At our last inspection, we found the systems for recruiting new staff were not always operated effectively. This was a breach of Regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the provider was no longer in breach of Regulation 19.

- The provider carried out checks on staff before they started working at the service to make sure they were

safe. These checks included obtaining references from previous employers and checks on any criminal records. New staff completed an induction where managers observed them to make sure they had the skills and competencies needed for their roles.

- There were enough staff to meet people's needs and keep them safe. The management team worked alongside staff supporting people and working shifts. There was an emergency on-call systems where staff could get hold of management support if they needed this.

Using medicines safely

At the last inspection, we found medicines were not always well managed and we made a recommendation about this.

At this inspection, we found improvements were still needed.

- People received their medicines from trained staff. However, some of the systems and processes meant there was a risk they would not always receive these safely. Some people were prescribed as required (PRN) medicines. One person's PRN protocol stated that a medicine used for anxiety should only be used after alternative strategies had not succeeded and that the GP must be contacted if the PRN was used regularly.
- Records for the past two months showed this person had received PRN medicines on most days, however this practice had not been reviewed by the prescribing doctor. Additionally, staff had not recorded the reasons why the PRN was administered on each occasion. This meant there were no records to monitor these reasons to help ensure the medicine had been administered appropriately. Whilst, there was no indication the person was being harmed, the staff were not qualified to make the judgement for this medicine to be regularly administered without the prescriber's views or knowledge.
- Medicines were stored securely, although the staff did not monitor or record temperatures of medicines cabinets. This meant they did not know if the temperatures of these areas exceeded the recommended storage range at any time. Changes in temperature could mean the properties of the medicines were altered and therefore this needed to be monitored to ensure safe storage.

We found no evidence that people had been harmed. However, these issues indicated medicines were not always managed in a safe way and to help ensure people always received their medicines as prescribed. This placed people at risk of harm. This was a further breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed these areas with the management team who agreed to take action to make the required improvements.
- Other systems for managing medicines were suitable and the registered manager had a good insight into these. Staff received support to understand how to administer medicines safely and the management team assessed their competencies in this area.
- Medicines administration was recorded and there were regular stock checks and audits of medicines.

Preventing and controlling infection

- The provider had systems for preventing and controlling infection. However, some of the practices at the service meant these systems were not always robustly followed. For example, unlabelled open bags of meat and other food were stored in the fridge and freezer. Failing to properly label or store food could lead to food going out of date or contaminating other food items.
- Some areas of the building needed deep cleaning, such as soiled marks on a bathroom wall and dirt inside the tumble dryer door.

We found no evidence that people had been harmed. However, there was a risk people could be harmed as a result of these practices. This was a further breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed these areas with the management team who agreed to take action to make the required improvements.
- The provider's procedures and systems had been updated to reflect changes in legislation and good practice in relation to COVID-19. Staff and people using the service took regular COVID-19 tests and had been provided with the necessary information and guidance. We were assured the provider was managing infection prevention and control in relation to COVID-19. However, they were not always following their own procedures in relation to the disposal of PPE (personal protective equipment) or recorded risk assessments. We signposted the management team to this so they could ensure they either update their procedures to better reflect the needs of the service or take action to address these areas.

Learning lessons when things go wrong

- The provider's records did not always show they had learnt when things went wrong so that improvements could be made. For example, there was an incident shortly before our inspection where a person did not return to the service at the expected time, nor did they return for over seven hours later. All three of the people living at the service went out independently. But the provider had not created easy to locate profiles of information to share with others if a person went missing. For example, they did not have a recent photograph. This meant that they may not be able to provide the police or other emergency services with this information if it was needed in the future.
- There had been situations where people using the service became verbally, and sometimes physically, aggressive towards staff. The staff had kept records of these events, but there was not always evidence of reflective practice, debriefs or learning from these. The reasons for these challenges had not always been investigated so the staff could not learn about how they could change their practice. Nor had they planned ways to anticipate future events and implement strategies to reduce the likelihood of situations escalating.

We found no evidence that people had been harmed. However, failure to effectively operate systems to monitor and mitigate risk 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.

- We discussed these areas with the management team who agreed to take action to make the required improvements.

Systems and processes to safeguard people from the risk of abuse

- The provider had suitable systems to help safeguard people from the risk of abuse. The staff received training about safeguarding and this was discussed during team and individual meetings.
- The staff and management team knew what to do if they suspected abuse and had liaised with the safeguarding authority to help protect people when needed.
- People told us they felt safe. Their comments included, "I feel safe" and "I can talk to the owners if I need."

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 we did not rate this key question. This is the first inspection for this key question. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider assessed people's needs and choices before they moved to the service. The assessments included gathering information from friends, families and/or other professionals as well as talking with the person.
- Assessments were detailed and included information about how people would like to be cared for and long-term goals. These assessments were used to help create care plans and were regularly reviewed.

Staff support: induction, training, skills and experience

- People were cared for by staff who were trained and supported. New staff completed an induction into the service which included assessments of their knowledge, skills and competencies.
- Staff undertook a range of training via online portals. The management team also provided face to face learning and training to help staff develop skills.
- There were regular meetings for staff to discuss their work and find out information they needed. Staff told us they felt supported.

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

- People had enough to eat and drink. People were supported to be independent in this area, with help to access shops, to plan and prepare their own meals. People living at the service came from different cultural backgrounds and enjoyed different diets. They were supported to prepare and eat food of their choice.
- Staff helped people develop skills to cook their own food. One person showed us a meal they had prepared which met their needs and tastes. There were no restrictions on when or what people ate, and they were able to help themselves to drinks and snacks.
- The provider had included information about people's nutritional needs in their care plans, although no one using the service at the time of our inspection was at nutritional risk and everyone could make choices about what they ate. The staff supported people to consider healthy options.

Staff working with other agencies to provide consistent, effective, timely care;

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

- People's healthcare needs had been assessed and care plans included information about these. Staff supported people to access healthcare services when they needed and monitored people's health and wellbeing.
- People were supported to access other services when they needed to help develop their skills, independence and opportunities to move to more independent settings.

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

- The building was suitably designed to meet the needs of the people who lived there. There were bedrooms on the ground and first floor, as well as light and well-ventilated communal areas. People had their own bedrooms, with en-suite facilities, and shared communal bathrooms.
- The home was situated close to transport links and people were able to access local shops and the community easily. There was an accessible garden.

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.

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.

- The provider ensured people had consented to their care and treatment. Everyone living at the service had the mental capacity to make decisions about their care and consented to this. There were records to show people had been consulted about their care and people confirmed this. Therefore, no DoLS were in place and there were no formal restrictions for people.
- The staff had carried out assessments relating to different decisions and these included information about people's understanding in relation to these decisions.
- There were some informal agreements which were part of the house rules, such as when and where people could smoke cigarettes. These had been discussed and accepted by people, although there were no records of these agreements. We spoke with the management team about this and they agreed to record these house rules to help people and staff have a better understanding and clarity about these.

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 we did not rate this key question. This is the first inspection for this key question. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated by staff and received the support they needed. They confirmed this and we observed people being supported with kindness and respect. People had a good relationship with managers and care staff. Some of their comments included, "I like the staff here, there is good banter" and "They are not bad."
- People's culture and religions were known to staff, and they were supported to celebrate these. For example, by attending places of worship, saying prayers together and eating different foods. The registered manager regularly supported people to visit specific areas of London to buy food which met their cultural needs.

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

- People were involved in making decisions about their care and day to day lives. They had regular discussions with the management team and keyworkers to discuss their aspirations and future plans.

Respecting and promoting people's privacy, dignity and independence

- People were supported to develop their independent living skills. The service provided support for people hoping to move to more independent settings and had successfully supported a number of people to do this.
- People were supported to cook, shop and clean the home as part of their independence. They were able to access the community on their own and this had been assessed.
- People told us staff respected their privacy and we saw examples of this.

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 requires improvement. At this inspection this key question has improved to good. This meant 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

At the last inspection, we found care plans needed to be improved and we made a recommendation in respect of this.

At this inspection, we found improvements had been made.

- People received personalised care which met their needs and preferences. They were involved in planning and reviewing their own care and were able to make choices. People had developed new skills and received the support they needed to move on to other places if this is what they wanted.
- Care records included information about people's needs and were reviewed and updated. However, some of the information was difficult to access. The management team told us they had identified this and were planning to create new computerised care plans which would be easier to update.

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.

- There was clear and accessible information for people including signage and access to records. People felt they could ask for information if they needed this. Some of the information posted on notice boards, such as the complaints procedure, was not clear. But people felt they did not need this because they could discuss anything they needed with staff.
- People living at the service spoke English and did not have sensory impairments so they could communicate well with staff. They confirmed they had opportunities each day to speak with the management team if they needed information.

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 generally organised their own social activities and maintained relationships outside the service. The staff supported them when they needed, for example accessing places of worship or places they needed transport for.
- The staff helped people with their interests at home, such as playing board games and craft. People said they like this. They had a good relationship with staff and felt able to spend time talking with them and

asking to take part in different hobbies and leisure activities.

- The registered manager told us they were supporting people to access some advocacy services and groups for people with mental health needs. They also said they were looking at different therapeutic activities they could introduce at the home as this was an area they had not yet developed and had recognised would benefit people.

Improving care quality in response to complaints or concerns

- The provider had a suitable complaints procedure and people using the service were familiar with this. They told us they knew who they would speak with if they had any complaints.
- There had not been any formal complaints since our last inspection. The staff regularly met with people using the service to discuss any concerns they had and plan to address these with them.

End of life care and support

- No one at the service was being cared for at the end of their lives or had life limiting conditions. However, the provider had discussed specific wishes with people and created care plans where they recorded any preferences people had expressed about end of life care, and religious needs.

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 requires improvement. At this inspection this key question has remained the same. 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.

Continuous learning and improving care

At our last inspection, we found systems and processes for monitoring and improving the quality of the service had not always been operated effectively. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found systems and processes for monitoring risk and improving quality needed further improvement and the service remained in breach of Regulation 17.

- The provider's systems and processes for monitoring risk and improving quality had not always been operated effectively. The staff and management team had carried out audits about the safety of the environment. But these had not identified risks within the environment and therefore no action had been taken to address these risks.
- There had not always been opportunities for staff to take part in reflective practice following incidents therefore they were not able to share learning about how improvements could be made.
- Records were not always accurate, up to date or clear. Care plans contained a range of information, but this was not always set out in a way which would enable staff to understand and meet people's needs, medicines records did not include information about why some medicines had been administered and staff records did not always show a distinct picture of the recruitment checks.

We found no evidence that people had been harmed. However, failure to effectively operate systems to monitor and improve quality placed people at risk. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team had identified records needed to be improved and had started to plan for this. They had also carried out a review of the service, identifying where other improvements were needed and creating an action plan to address these issues.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour, but we found they were not always clear about when they needed to submit statutory notifications to CQC. We discussed two recent incidents which they had not informed us about but needed to. We were assured the provider had taken

appropriate action in both events and they demonstrated a better understanding of the need to notify CQC after our discussions.

- The provider had a policy relating to duty of candour and understood this. They had been open and transparent with people using the service when things went wrong.

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

- The management team had a good understanding of their roles and responsibilities. The service was run by a partnership. One of the partners was the registered manager. Both partners knew the service well, knew people's needs and worked alongside staff in supporting people.
- People using the service and staff spoke positively about the management team and said they could approach them and felt supported.
- The registered manager was a qualified nurse and had experience working in different care settings. The provider had recently employed a new manager who had started work at the service five days before our inspection. The plan was that they would take over as registered manager, although the partners would remain closely involved in the management of the service.
- The provider had a range of appropriate policies and procedures which they regularly reviewed and updated. There were regular staff meetings where the managers discussed the service and procedures with staff.

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

- There was a positive culture at the service. The staff supported people to make choices and have control over their lives. People were supported to learn new skills and work towards independent living.
- The staff felt well supported and were happy there. Both staff and people using the service felt able to speak with the management team if they wanted changes, and felt they were listened to and respected.

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

- The provider involved people using the service in monitoring the quality of their experiences. They had regular informal discussions with people and had asked them to complete satisfaction surveys about their experiences.
- People's equality characteristics were respected and people were given opportunities to express themselves and make lifestyle choices.

Working in partnership with others

- The provider worked in partnership with others. They supported people to access healthcare services and liaised with these professionals to make sure people received holistic care.
- The provider had attended forums organised by the local authority. They told us they intended to extend links with the local authority and other providers in the future. The local authority conducted audits of the service since our last inspection and the provider had worked to address issues identified at these audits.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered persons did not always ensure that safe care and treatment was provided for service users. Regulation 12

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered persons did not always effectively operate systems and processes to assess, monitor and improve the quality and safety of the services provided or assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.</p> <p>Regulation 17</p>

The enforcement action we took:

We have issued a warning notice telling the registered persons they must make improvements by 31 March 2021.