

AKM Care

78 Hoylake Crescent

Inspection report

78 Hoylake Crescent
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Ratings

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

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, one person with mental health needs was 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

People were happy living at the service. They had good relationships with staff. They were involved in planning and reviewing their care.

Medicines were managed in a safe way. Risks to people's safety and wellbeing were assessed and planned for.

The environment was safely maintained. There were systems and audits to help make sure risks within the environment were identified and reduced.

The provider had made improvements to the service since the last inspection. They had involved staff to help them understand about keeping the service safe and meeting people's needs. There were suitable systems for dealing with and learning from complaints, accidents, incidents and safeguarding alerts.

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 last inspection of the service was on 2 December 2021 (published 8 January 2022) and we rated the service requires improvement. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

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

Why we inspected

We carried out a comprehensive inspection of this service on 2 December 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe and Well-

led which contain those requirements.

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 requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 78 Hoylake Crescent on our website at www.cqc.org.uk.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

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 one inspector.

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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 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 held about the provider, including their action plan.

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.

During the inspection

We met both partners (one partner is also the registered manager) and another member of staff. We looked at the records the provider used for managing the service which included care records, risk assessments, checks and audits. We also conducted a partial tour of the premises and looked at how medicines were managed.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our inspection of 2 December 2021, we found the provider had not always assessed, monitored or managed risks to people's safety and wellbeing. 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 enough improvements had been made and the provider was no longer breaching Regulation 12.

- Risks to people's safety and wellbeing had been assessed, monitored and managed. At the last inspection, we identified risks within the environment. The provider had addressed these, by carrying out regular checks of the environment and equipment to assess risks and mitigate these. There was improved signage and potentially harmful items were locked away and secured.
- The staff carried out regular audits of health and safety and action was taken when risks were identified. There were checks on fire safety and regular fire drills.
- The risks to people's wellbeing related to their health, activities of daily living, nutrition and mobility had been assessed. People had been involved in these assessments and they were supported to understand how to keep themselves safe and minimise risks. There were plans to support them if something went wrong. The risk assessments were regularly reviewed and updated when needed.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and, if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Using medicines safely

At our inspection of 2 December 2021, we found the provider did not always ensure medicines were safely managed. 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 enough improvement had been made and the provider was no longer breaching Regulation 12.

- People received their medicines in a safe way and as prescribed. The staff had training and information to understand how to support people with their medicines, about why people were taking them and the risks associated with medicines management.
- Medicines were stored securely, and the provider carried out checks and audits of medicines, including storage.
- Staff recorded when they had administered medicines. There were PRN (as required) medicines protocols in place. Staff followed these, recording the reasons for administration and whether this had the desired effect.
- The provider worked closely with people and the medical professionals who supported them to review their medicines and make sure they were appropriate.

Preventing and controlling infection

At our inspection of 2 December 2021, we found the provider had not always operated systems to prevent and control infection. 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 enough improvement had been made and the provider was no longer breaching Regulation 12.

- There were systems for preventing and controlling infection. The environment was clean and well maintained. Staff carried out daily checks and audits of cleanliness and food storage areas. There were systems to help ensure the service remained clean.
- The provider had procedures regarding infection prevention and control. These were regularly reviewed and updated. There were also procedures for dealing with the COVID-19 pandemic which included regular COVID-19 testing, use of personal protective equipment (PPE) and assessing the risks relating to COVID-19 for people using the service and staff.

Learning lessons when things go wrong

At our inspection of 2 December 2021, we found the provider did not always effectively operate systems to learn when things went wrong. 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 enough improvement had been made and the provider was no longer breaching Regulation 17.

- The provider had processes for learning when things went wrong. There were clear protocols for dealing with incidents and accidents. The staff were familiar with these. All incidents and other adverse events were discussed with the staff team so they could learn from these.
- The provider had developed strategies to reduce the likelihood of incidents where people became anxious or aggressive. These strategies included more information for staff to understand people's mental health and communication needs. This approach had helped to reduce the frequency of these types of incidents.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes to safeguard people from the risk of abuse. The provider had a procedure for safeguarding adults and staff were trained to understand this and how to recognise abuse.
- There had not been any safeguarding alerts since our last inspection. The provider had previously worked with the local safeguarding authority to help investigate allegations and to protect people from harm.

Staffing and recruitment

- There were enough suitable staff deployed to care for people and meet their needs. People were cared for by the same group of familiar staff. The registered manager (who was one of the partners) worked alongside staff supporting people.
- There were systems to help ensure only suitable staff were employed. These included interviews as well as checks on their identity, employment history, eligibility to work in the United Kingdom and on any criminal records. New staff completed an induction and the provider assessed their competencies, skills, and knowledge.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our inspection of 2 December 2021, we found the provider did not always effectively operate systems and processes to monitor and mitigate risks. 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 enough improvement had been made and the provider was no longer breaching Regulation 17.

- The provider had improved their systems for monitoring the quality of the service. They had introduced new audits and checks. They had involved staff to help them understand why the checks were important. We saw there were thorough audits which identified where improvements were needed.
- The provider had addressed concerns from the last inspection, developing systems to improve medicines management, health and safety, infection prevention and control and learning from incidents and accidents.
- Records had been reviewed and updated. These were clear, accurate and up to date.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive culture at the service. There was only one person living there at the time of the inspection. They were able to make choices about how they spent their time and what they ate. They had been involved in planning their care and were invited to take part in monthly meetings with their keyworker to discuss personal objectives and how they would like to work towards these.
- The registered manager held meetings with staff and the person using the service to gather their feedback and plan for the service.
- People's care plans included information about their culture, religion and disabilities. There were plans to help them meet these needs in a person-centred way.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 was a partnership and one of the partners was the registered manager. Both partners spent time working at the service alongside staff. They were appropriately experienced and qualified.

- There were a range of policies and procedures which were regularly reviewed and updated. They reflected legislation and good practice guidance. Staff were familiar with these.

Working in partnership with others

- The provider worked with other health and social care professionals to support people living at the service and to meet their needs. There was evidence of regular communication and appointments.
- The provider attended local authority forums and worked with the local authority and other providers to share experiences and guidance.