

# Akari Care Limited

# Hilltop Lodge

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

Hilltop Lodge is a care home providing residential and nursing care to up to 61 older people, including people living with dementia. At the time of our inspection there were 51 people using the service.

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

Overall people and their relatives were happy with the care they received. However, aspects of the service did not operate in the safest possible way.

Medicines were not consistently well-managed, and we saw this led to errors and some people's prescribed medicines being missed. Plans were put in place to reduce risk relating to people's health and safety, and staff understood how to protect people from the risk of harm.

There were enough staff available to keep people safe, but feedback and observations confirmed there was scope to improve staffing arrangements at the service. Immediately after the inspection the provider adjusted their staffing allocations on each floor of the service to respond to feedback. The home was clean and tidy, and infection prevention control practices were well-embedded.

The meal experience was mixed. We saw people were offered a choice of balanced and nutritious meal options. However, inaccurate records exposed people who were on modified diets to unnecessary risk. Most staff were trained to provide effective care but did not always receive regular planned support in their role. The induction of new starters was not effectively managed, with some waiting two to three months to receive a full programme of training.

The provider adapted the environment to promote choice and autonomy for people living with dementia. Rooms were accessible and clearly marked.

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.

The service has had a change of registered manager four times since 2019. This lack of consistency has had an impact on the oversight and governance at the service. Discussions with the provider confirmed they were aware of issues facing the service and they were committed to providing good quality care. The provider had allocated a significant amount of their resources to encourage rapid improvements at the service and issues identified at inspection were acted on quickly to keep people safe.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 14 November 2019 and this is the first comprehensive inspection. We completed a focussed inspection of the key questions safe and well-led on 13 January 2021 (published on 10 February 2021).

### Why we inspected

The inspection was prompted in part due to concerns received about the management of people's medicines. A decision was made for us to inspect and examine those risks. We have found evidence that the provider needs to make improvements. Please see the Safe sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

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 COVID-19 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 monitor the service and will take further action if needed.

We have identified breaches in relation to the management of medicines, governance, record keeping and staffing 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 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 effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### 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** ●

# Hilltop Lodge

## 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 completed by three adult social care inspectors, one medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. They completed telephone interviews remotely.

#### Service and service type

Hilltop Lodge is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hilltop Lodge is a care home with nursing care. 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 no registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the provider registered. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with three people who used the service and eight relatives about their experience of the care provided. We spoke with 12 members of staff including the provider, nursing staff, senior care assistant, care staff, activities coordinator, domestic staff and kitchen staff. We spoke to the service's regular GP.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment, along with the provider's supervision and training records. A variety of records relating to the management of the service, including quality assurance audits, were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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.

### Using medicines safely

- People's medicines were not consistently managed in a safe way.
- Processes to manage the supply of people's medicines weren't always effective. We found occurrences where people's medicines had run out and therefore were not administered. Monthly medicines were ordered from the pharmacy before supplies were due to end, but as requests were issued late in the 4-week cycle, it left almost no margin for staff to respond to potential supply issues.
- Medicines were not always stored safely. We saw some people's medicines were stored in a fridge in the ground floor clinic room, but the fridge was faulty and warm to the touch. Expiration dates for short-dated medicines were not always recorded once opened, so we could not be assured these were still safe to use.
- Accurate records of administration were not always kept, so we were not assured people consistently received their medicines in line with the prescriber's instructions. We found gaps on people's medicine and topical cream charts.
- Records about the application of medicine patches did not provide assurance that the site of application was being rotated safely to reduce the risk of skin irritation. The time a person's regular paracetamol was administered was not documented, so staff could not be assured that the required four-hour time interval between doses had been observed.

Medicines were not managed in a safe and proper way. This placed people at risk of harm. This was a breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately during and after the inspection. They confirmed all feedback was addressed and they had ongoing plans to drive improvements in the area of medicines. We expect to see improvements at the next inspection.

### Staffing and recruitment

- There were enough staff deployed to keep people safe, but feedback and observation confirmed there was scope for improvement in this area.
- Half of the relatives spoken with shared mixed feedback about staffing arrangements. Comments included; "I'm not sure they have enough staff- they are always busy" and "There are times when we have pressed the buzzer and staff have generally arrived in a few minutes. A couple of times they have not turned up at all and I've had to go and look for someone."
- During the inspection we observed people received timely support from staff and there was a visible staff presence in communal areas of the home most of the time. We saw on the ground floor occasions where lounges were left unsupervised for long periods.

- People received care from regular staff who knew them well most of the time. Only when necessary the provider used agency staff to ensure minimum safe staffing levels at the service. The provider told us where possible they re-used the same agency staff to improve the overall continuity of care at the service.
- We discussed our observations and feedback about staffing with the provider. After the inspection the provider reviewed staffing and made changes to staffing allocations on each floor of the home to ensure it reflected people's assessed level of needs. The provider said they also implemented a daily task sheet to further optimise staffing arrangements and ensure staff members were aware in advance of what they were responsible for throughout the shift.
- Staff were safely recruited, with pre-employment checks completed before they started working at the service.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had appropriate systems in place to safeguard people from abuse. Relatives commented, "We do feel [relative] is safe- we can't fault the staff" and "I do think [relative] is safe, and the care seems quite good."
- All incidents, accidents and safeguarding concerns were recorded and reviewed by the management team, to ensure actions were taken to reduce the risk of a reoccurrence.
- Staff had been trained in their responsibilities for safeguarding adults. They knew what action to take if they witnessed or suspected abuse and they were confident managers would address any concerns they raised.

Preventing and controlling infection

- 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.

Visiting in care homes

- At the time of our inspection people were supported to see their family or friends in accordance with government guidance. However, further improvements were expected in this area to ensure guidance was fully embedded. Some visitors and staff were not aware the provider had changed their policy so there was no requirement to give advanced notice of visits. The provider assured us action would be taken to ensure current visiting procedures would be communicated to all relevant persons.

Assessing risk, safety monitoring and management

- Where risks had been identified these had been assessed and planned for. Individual risk assessments for issues such as falls, and mobility were documented within people's care records. Risk assessments were clear and personalised.
- Regular checks of the building and the equipment were carried out, to keep people safe and the building well-maintained.
- Care records contained detailed, personalised evacuation plans (PEEPs) which showed what support people would need to remain safe in an emergency such as a fire in the home.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The support staff received was inconsistent. At the time of inspection half of all staff employed to provide care had not received a supervision meeting in 2022.
- Most staff had received a structured induction program, which included a programme of training and a period of shadowing with an experienced staff member before they began to work unsupervised. We saw, however, twelve new starters who had been working at the service for several months had not completed the provider's full training programme. Some of whom had also not received an induction.

The provider had failed to ensure all staff received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. This placed people at risk of harm. This was a breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite our concerns about staff training, during the inspection we observed staff provided effective care. One relative told us about how staff had effectively supported their family member after they had a stroke. They said, "The permanent staff have been good with their understanding of strokes. Staff encourage them to walk to their bathroom and they've also been good at trying to get them to talk more. It's enhanced their quality of life."
- The provider was aware improvements were needed to the induction, training and supervision of their staff. They assured supervisions, missing training and induction sessions were now planned in.
- Staff were supported through other mechanisms, such as a team meetings and managers told us they were accessible should staff wish to raise a concern.

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

- People were supported to maintain good nutritional intake, through a varied and balanced diet. However, inconsistencies with record keeping meant the service was not operating in the safest possible way.
- For people who were identified as requiring a modified diet to reduce their risk of choking, the kitchen's records on how to prepare an individual's food or drink, such as what texture or consistency they required, did not always reflect professional advice. Some people's care plans also needed updating to reflect professional advice. Records for adding thickening powder to drinks were not always completed.

Accurate records in respect of each service user were not always kept. This placed people at risk of harm. This was a breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

- Despite our concerns about inaccurate records, we found no evidence this impacted people. During and after the inspection the provider was responsive to our feedback. They sent us evidence people's care plans had been updated and told us guidance around modified diets and the use of thickeners was now displayed on each floor of the home for staff to access.
- We received mixed feedback from relatives about the meal support provided. Comments included, "I do go at mealtimes and feed my relative which helps the staff as they don't always have much time for this," "She is eating and drinking alright, I think. [Relative] does need help with eating and I often do it when I am there. [Relative] has lost quite a lot of weight" and "[Relative] has lost weight but staff do try to encourage them to eat with foods they like."
- Kitchen staff were knowledgeable about allergens and were keen to promote choice for people's meal options. For example, following a request from one person living in the home, the cook had prepared bircher muesli according to a recipe they liked for their breakfast.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service worked with other care professionals to make sure people's needs were kept under review. During the inspection we spoke with the service's regular GP who visited weekly. They praised the staff and said the home communicated effectively when health concerns arose. They did, however, comment that the lack of regular nurses or a permanent manager negatively impacted the quality of clinical handovers during their visits, as agency nurses did not know people as well as regular staff.
- People were supported to maintain their health and wellbeing by ensuring timely referrals were made to medical professionals when required.
- Assessments had been completed prior to people moving into the home. These helped ensure the home could meet people's needs and the environment was suitable.
- People's likes, dislikes and preferences had been captured and used to inform the care planning process to ensure care provided was in line with people's needs and wishes.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Hilltop Lodge was working within the principles of the MCA. Capacity assessments were completed, and best interest decisions meetings were held for those people who did not have capacity to consent to care and support.

- Where people did not have an appropriate person to be involved in their best interest decisions, referrals had been made through the local authority for an independent mental capacity advocate to be appointed.

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

- The building was adapted to meet people's needs and the environment was homely and comfortable. Corridors were wide, airy and well-lit. Areas of the building and people's rooms were clearly marked to aid orientation. People were supported to personalise their own rooms as they saw fit.

# 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.

This is the first inspection for this newly registered service. 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

- Regular staff knew people and their individual needs well. Staff spoke about people with kindness and compassion.
- Feedback about the staff was mostly positive. One relative said, "I do think the care is quite good- [relative's name] prefers some staff to others but that's just a personality thing." Another relative said, "Staff are caring. My relative looks well. They have their own clothes on and always looks clean."
- People's care plans recorded information about their life, including details of family, previous jobs and hobbies. This enabled staff to have a basis for starting conversations and engaging with people. Staff supported people's spiritual or religious requirements, and these were identified during the admission process. In one person's care plan we saw good detail about their religious preferences and the hymns they like to sing.

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

- People, and their relatives, were involved in discussing their care and support.
- Residents' meetings were used to gather feedback from people. These were analysed and steps taken where issues had been raised.
- If required, people were supported to have an advocate to represent them in best interest meetings.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's dignity and spoke about people with genuine respect. People's relatives told us staff made sure people were always well-presented and their family member's dignity was maintained.
- People's privacy was respected. Staff understood the need for personal information to remain confidential. Any information that needed to be shared with other staff was discussed in private.
- People were encouraged to maintain their independence as much as they were able to.

# 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 good. This meant people's needs were met through good organisation and delivery.

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 were offered opportunities to engage in a varied programme of activities. The activities coordinator told us they spoke to people to ascertain their interests and preferences to facilitate personalised activities for groups or on a one to one basis. Carers were also encouraged to facilitate social interaction and activity outside of planned events.
- During the inspection we observed periods of lively social interaction and activity. We also observed periods where people would have benefited from additional support to keep them engaged. The provider told us carers were encouraged to facilitate social interaction and activity outside of care delivery, we observed some evidence of this in practice.
- One relative said, "I have seen staff members sitting in the lounge talking to residents and playing music for them- not so much the bank staff." Another relative told us, "The activity coordinator sends us activity sheets each month and there is something happening every day. We couldn't be happier."

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

- Care plans identified people's support needs and provided guidance for staff on how to meet these needs. These were largely appropriate, person centred and regularly reviewed to ensure they reflected people's changing needs.
- Where we identified inconsistencies with the quality or accuracy of people's care records, such as with some people's eating and drinking support plans, the provider took immediate action to address our feedback.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified in their care plans. These were reviewed regularly and any changes in people's communication needs noted.
- The provider was able to supply information about the home in different formats if needed.

Improving care quality in response to complaints or concerns; End of life care and support

- The provider had systems in place to log, investigate and respond to complaints.
- Relatives we spoke with said they were confident to raise any concerns they had with the registered manager and that they would be listened to.
- The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death. Staff were experienced in the provision of end of life care and they worked alongside community health professionals when providing care.

# 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.

Continuous learning and improving care; 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 service lacked a consistent leader since it began operating. Shortly before we came to inspect the registered manager and deputy manager had left the service, which prompted the provider to intervene to ensure the continuation of management responsibilities. Whilst we were satisfied the circumstances for managers leaving the service were outside of the provider's control, the frequent changes in leadership had been detrimental to aspects of the service.
- Monitoring processes were not always effective at supporting the service to meet regulations. We identified concerns with the management of medicines, staffing and record keeping.

The provider's processes to monitor and improve the quality and safety of services were not always robust. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although we identified concerns, we were assured the provider was being proactive and work was already underway to support rapid improvement at the service. Before we came to inspect the provider was aware medicines and staffing were priority areas to address. At the time of inspection there were three senior managers supporting the running of the service, and the provider had planned to commit further resources, such as their quality assurance team, to audit the service.
- During and after the inspection the provider was responsive to all areas of feedback. We saw clear evidence the provider was willing to invest in the service to raise the standard of care. For example, the service had transitioned from paper records to electronic records, which were more secure, and improved oversight of people's care. We fed back to the provider the clinic room fridge was faulty and they replaced this immediately.
- The provider were aware of their legal responsibilities and notified the CQC and local authorities appropriately when required.

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; Working in partnership with others

- The provider's engagement practices had scope for improvement as meetings with relatives had ceased

during the pandemic and not re-started after national restrictions had eased. There was also limited evidence to demonstrate stakeholders were given regular opportunities to share feedback about the service, such as, through surveys or feedback requests.

- The service had links with the local community and key organisations to the benefit of people living in the home and to help with the development of the service.

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
Treatment of disease, disorder or injury	<p>Where medicines were supplied by the service provider, they failed to ensure that there were sufficient quantities of these to ensure the safety of service users and to meet their needs. Regulation 12 (1), (2) (f).</p> <p>The provider failed to ensure the proper and safe management of medicines. Regulation 12 (1), (2) (g).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider's systems or processes were either not established or not operated effectively to ensure compliance with regulation. Regulation 17 (1).</p> <p>The provider failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user. Regulation 17 (1), (2) (c).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider failed to ensure persons employed by the service provider had received appropriate support, training and supervision as is necessary to enable them to carry out the

duties they are employed to perform.  
Regulation 18 (2) (a).