

Hillgreen Care Limited

# Hillgreen Care Limited - 14 Colne Road

## Inspection report

14 Colne Road  
London  
N21 2JD

Website: [www.hillgreen.co.uk](http://www.hillgreen.co.uk)

Date of inspection visit:  
22 January 2016

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26 October 2016

## Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

**Inadequate** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

14 Colne Road is a residential care home providing care for up to six younger adults with learning disabilities. On the day of the inspection there were five people using the service.

This focused inspection took place on 22 January 2016 as we had received serious concerns from the local authority as part of a food safety inspection that had taken place. We checked whether the provider was in breach of legal requirements in relation to Regulation 15 and 17 concerning premises and equipment and good governance.

At the time of the inspection there was no registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last comprehensive inspection which took place on 19 November 2015, the provider was found to be in breach of Regulations 9, 12, 16, 17, 18 and 19. These covered safe care and treatment, fit and proper persons employed, staffing, person centred care, receiving and acting on complaints and good governance. Not all of the above Regulations were looked at as part of this focused inspection. However, the provider was found to be in continued breach of Regulation 17.

On 19 January 2016 a food safety inspection had been carried out by the local authority. This had highlighted serious concerns around the safe management of food, health and safety risks and infection control issues. The inspection made reference to certain issues which included out of date food, cross contamination and appropriate storage of foods. The report also highlighted health and safety issues which included structural concerns of the building, pest control, cleanliness of the home and certain pieces of equipment within the home and the poor condition of the kitchen and the cupboards within the home and also raised concerns about the knowledge of staff in relation to food safety.

At our inspection, we found that the provider had implemented some improvements in response to the recommendations that the local authority had made. However, at the time of this focused inspection we noted that certain remedial actions which could have been implemented immediately had not been applied.

There were inadequate arrangements in place to prevent and control the spread of infection and ensure that the premises and equipment were clean. There was no infection control policy in place and staff were not adhering to a cleaning schedule. We saw evidence of poor infection control practice. This included overflowing bins, unclean areas and inappropriate storage of clinical waste. The storage of hazardous substances was not safe and presented a risk to people using the service. The premises were not being properly maintained.

There was ineffective management oversight of the home and the service it provides. The provider had failed to appoint someone to the role of manager since early December 2015. The deputy manager was not being provided with sufficient support to ensure that the service was being effectively run. The provider had failed to identify serious issues in relation to the running and management of the service. The systems in place to identify issues were either ineffective or had not been implemented. In relation to a number of issues, action appeared to be taken by the provider only when external independent agencies identified issues. Some of these issues potentially placed people and staff at risk of harm. When action was taken, it was not always effective or addressed all of the issues that had been highlighted. Certain issues around the structure and condition of the building had been highlighted to senior managers by staff working within the home. However, no action had been taken.

During this inspection we found the provider to be in breach of Regulation 15 and 17. This report only covers our findings in relation to these breaches. We are in the process of taking enforcement action against the provider. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for 14 Colne Road on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We will undertake another unannounced inspection to check on all other outstanding breaches of regulations identified for this service.

## 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 safe. Chemicals were not stored securely within the home.

There were inadequate arrangements in place to prevent and control the spread of infection and ensure that the premises and equipment were clean

Staff lacked awareness on how to manage infection control within the home. Cleaning equipment was not stored appropriately and was not colour coded for use within specific areas.

The home was not clean. Bins outside the home were seen to be over-flowing and certain household rubbish was kept in the garden area which could encourage pest infestation.

The kitchen was found to be dirty in particular areas and in to be in a state of dis-repair.

Hot food temperatures were not monitored and recorded.

Soiled items were stored inappropriately in black outside the laundry room. Red bags were not used to store soiled bedding or clothing until washed.

**Inadequate** ●

### Is the service well-led?

The service was not well-led. At the time of the inspection there was no registered manager in post. No one had been appointed to the role of manager.

There was ineffective management oversight of the home and the service it provides. We found that the provider had failed to identify serious issues themselves in relation to the running and management of the service.

Certain policies and procedures were not available at the time of the inspection.

Weekly and monthly fire safety checks had not been carried out since October 2015.

**Inadequate** ●

Regular health and safety audits had not been completed since October 2015.

Essential checks of electrical and fire equipment had not been carried out.

The provider could not evidence that staff had received relevant training around COSHH, food safety, infection control and health and safety.

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# Hillgreen Care Limited - 14 Colne Road

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This focused inspection took place on 22 January 2016 and was unannounced. The inspection was carried out by three inspectors.

Before the inspection we received information from the local authority that had carried out a food safety inspection on the 19 January 2016.

We spoke with six members of staff including the regional manager. We looked at the training records of seven staff members. Other documents we looked at included policies and procedures, quality audits, fire safety records, maintenance, health and safety records.

## Is the service safe?

### Our findings

There were ineffective measures in place to prevent and control infection. The service was not complying with the Department of Health's Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

There was no infection control policy in place. Cleaning schedules were not completed by staff members to show when and what areas of the home were cleaned on a regular basis.

Cleaning equipment was not stored safely. Cleaning equipment, such as mops and buckets, were stored outside in the garden. These were not colour coded to indicate particular mops to be used in particular areas and were not protected from external dirt, insects or the elements. We asked the deputy manager about the reason why cleaning equipment was kept outside and how staff would know which mop to use in a particular area. The deputy manager told us that equipment was stored outside as there was no appropriate storage area within the home. They also told us that there were labels on the handles identifying a mop for a particular area. However, when we asked to be shown this there was no evidence of any label visible.

At the entrance of the home there was a hand sanitiser dispenser adjacent to the front door. On checking, this was found to be empty.

On inspecting the property, we found it to be unclean and poorly maintained in places. In the kitchen, we found that some handles on the drawers were loose and a number of cupboard doors were damaged. We also noted that on one cupboard door where the panel had been stuck back on, there was a build-up of grease, grime and fluff. The cutlery drawer was found to be dirty and the skirting boards in the kitchen were scuffed and looked unclean. The dishwasher was not working.

There were inadequate arrangements for the disposal of waste. As we entered the service, we observed the service's refuse bins were overflowing with rubbish. We also saw three rubbish bags that had been placed on the path in the back garden. These had been stored in the garden for approximately 30 minutes before a staff member, wearing protective gloves and an apron, disposed of them. They were placed in the bins in the front garden. These bins were overflowing more as a result. We were told that additional refuse bins had been ordered, but had not been delivered at the time of the inspection. Overflowing bins with bags that contained food and other waste risked further pest infestation. We also noted that internal recycling bins were also covered in dirt and grime which could attract pests.

The service was in the process of dealing with a pest infestation (rats and mice) issue around the property. Staff told us that this had been identified in December 2015. Pest control services had visited numerous times and action had been taken to eliminate the problem. Action taken included filling holes under kitchen units and installing a sealed floor in the under stairs cupboard where rats and mice had been seen to have been entering the property. There was evidence of the laying of baits for vermin in strategic places around the property. We saw no evidence of a mice or rat infestation during the inspection and staff confirmed that they had not seen any vermin for the period of one week.

Inside the boiler cupboard next to the kitchen, we observed a large build-up of dirt and dust behind the

door. We also noted that outside the boiler room on the floor there was a bag containing one person's protein shakes. We brought this to the attention of a staff member that in light of the pest infestation, food items, should not be kept on the floor. The staff member removed the bag immediately.

During the inspection we also observed a black plastic refuse bag in the hallway. The bag was open and we could see that the bag contained soiled sheets. We asked the care worker present what was in the bag. They confirmed that the bag contained soiled sheets and had been left in the hallway outside as there was no space to store it in the laundry room at that point in time. The bag remained there for approximately 15 minutes. The service was not using red bags for soiled items that require washing. Red bags are used to contain heavily soiled or infected items that need to be washed at a high temperature to destroy any bacteria. These bags were not available within the service and there was a lack of awareness amongst staff around infection control.

There was one cupboard beneath the kitchen sink which had a label stuck to the door which said 'COSHH: Hazardous Materials'. There were two doors to the cupboard. One door had a lock. The other door had a bolt inside. When the bolt was in place and the other door locked, the hazardous materials were secure. However, although the door with the lock was locked, the door with the bolt had not been secured. The door with the bolt could be opened. We highlighted this to a staff member who told us that as they the reason why it was not locked was because they had been using the chemicals to clean the property. The staff member immediately locked the cupboard. However, the door with the bolt could still be opened. This meant that the door to the cupboard containing hazardous substances was not locked and therefore potentially accessible to people who used the service. This was open for at least two hours during the inspection. The COSHH cupboard was also overflowing with cleaning products.

The door to the laundry was unlocked. This meant that anyone could access the laundry room and the chemicals that had been stored inside. We found there to be a large packet of washing powder with the lid open placed on a sink near the door which was easily accessible to people using the service. We also found that the boiler cupboard door was not locked, which presented a possible risk to people using the service. The deputy manager and staff members told us about a number of water leaks that had been identified around the home. One of the leaks had resulted in water coming through the lounge ceiling. The area where the leak had been was boarded over. However, electrical wiring was hanging from the ceiling. Staff told us that this had been an ongoing issue for over one month and no further action had been taken. One staff member told us, "We can only inform head office, that's all we can do."

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recent food safety inspections that took place on 19 January 2016 and 21 January 2016 highlighted a significant number of issues in relation to food safety and infection control. We found that as a result of the inspection, the majority of issues had been addressed. However, on the day of the inspection the provider had not implemented a requirement to record hot and cooked food temperatures. Staff had not recorded any temperatures since the food safety inspection even though a thermometer had been provided to do so.

The fridge freezer was clean and contained food that was in date. There was also a chest freezer in the shed in the garden. Neither the fridge or freezer was overflowing. The food safety inspector had highlighted that staff were keeping their own meals in the main fridge and this food was not labelled. During the inspection we observed that staff continued to keep their own food in the fridge. We were informed by the regional manager that the provider was in the process of obtaining a fridge for staff use only.

As part of the food safety inspection it was noted that staff lacked knowledge in relation to allergens. They did not know how to identify what food items contained recognised allergens or how to ensure people who were allergic to these items were protected. We noted that the provider had displayed a poster on the kitchen notice board providing staff with information about allergens and storing food safely. We were also informed by the deputy manager that food safety and hygiene training had been scheduled for all staff within the next week. Staff we spoke with were able to tell us about food safety and what actions need to be taken in relation to recording cooked food temperatures and the preparation of different food items separately.

Notices were on the wall highlighting specific areas for the preparation of meat and chicken and vegetables. Colour coded chopping boards were also available for different categories of food items which were sanitised and washed appropriately every time they were used.

Personal protection equipment was available: there were gloves and aprons. There were signs by the main sink with details of hand washing techniques. We observed staff to be using these appropriately.

## Is the service well-led?

### Our findings

At the time of this focused inspection, there was no registered manager in place. No one had been appointed to the post of manager and the position was vacant. The provider had promoted a senior care worker to the position of deputy manager. The provider was in the process of recruiting for a registered manager. The deputy manager took up post in December 2015. We were told that the deputy manager had been supported by the regional manager who visited once a week. (The regional manager was responsible for overseeing the quality and performance in all of the provider's seven registered homes.) They also received support and mentoring from the manager of another sister home who visited twice a week and was available on the telephone. The deputy manager told us that they felt well supported by these managers. However, the failure to appoint a suitable person to the manager role and the ineffectiveness of the oversight of the home and provider's quality assurance and governance systems had resulted in significant shortfalls in the way the service was being run. This was having a negative impact on people using the service and potentially put them and staff at risk of harm.

The service had minimal systems in place to monitor the overall quality of care and running of the home. There was no manager in post. Senior managers had little knowledge and oversight of many issues which were prevalent within the home. If external, independent inspectors had not highlighted failings regarding food hygiene, infection control, fire safety and quality assurance, it appeared unlikely that the provider would have identified or addressed these issues due to a lack of management oversight and effective quality assurance systems. The provider had also failed to equip the deputy manager with the appropriate skills and knowledge for them to carry out their role. When we spoke with the deputy manager they informed us that they had not received any training or guidance about quality assurance or audits of the home.

Maintenance issues within the home had been reported to senior managers. A list of all issues had been compiled by the deputy manager which was dated 13 January 2016. However, the provider or senior managers had not responded to the request and had not provided any indication as to when these issues would be resolved. After the inspection, the regional service manager sent us an action plan which outlined how they plan to address all identified issues.

The service had a health and safety policy which was dated 26 September 2011. The policy stated that it was due to be reviewed by 17 September 2012. This review had not taken place. A risk assessment policy was dated 12 January 2011 and again stated that a review was due by 13 January 2012. This review had not taken place. We were told by the regional manager that regular health and safety audits were completed but not recorded. A recorded audit had not been completed since 2 October 2015.

The most recent Portable Appliance Testing (PAT) of electrical was completed on 4 December 2014 and at the time of our visit was out of date for annual renewal.

There was no environmental risk assessment policy in place. We asked to be shown this and none could be found. A blank checklist template was available but this had not been completed. The blank checklist required checks on electrical equipment, windows (but it did not ask if window restrictors were in place and working) and doors, health and special needs, physical environment, risks to staff and risks to the physical

environment. There was also untitled blank section which referred to people's behaviours, absconding, damage to property and placement risk.

There was no infection control policy in place. We asked to see this but it could not be found. The home had a 'Domestic Cleaning' policy which related to general household cleaning and guidance but did not make any reference to infection control measures.

The London Fire and Emergency Planning Authority had visited to conduct a fire safety inspection in October 2015. A letter had been sent to the provider dated 13 October 2015 which listed actions and improvements that needed to be made. The service was asked to address five actions. The regional manager was unable to provide any information or confirmation that four of these actions had been addressed. These included the need for the fire safety risk assessment to be reviewed, with specific consideration required towards fire separation within the premises and adequate protection to the means of escape. The provider was required to arrange initial and ongoing maintenance works to ensure fire safety measures were kept in an efficient state, working order and good repair. This included ensuring all fire doors closed effectively into their frames. The provider was asked to provide suitable fire resisting separation by enclosing the under stairs meter reading cupboard in 30 minute fire resisting material. The provider was also asked to provide suitable fire resisting separation between door frames by filling a gap with 30 minute fire resisting material or replace the fire door with the appropriate door required. This specifically referred to the kitchen fire door.

One action, the installation of a smoke detector in the ground floor boiler room next to the kitchen, had been completed. The actions were required to be completed by 17 December 2015. The regional manager could not provide us with confirmation that the actions had been completed. The provider was also required to update the fire risk assessment. The fire risk assessment we were provided with was dated as 2015, but the form had no actual date of when it was completed. Weekly fire alarm tests had not been carried out since 7 November 2015 and the monthly fire drill had not taken place since 22 October 2015. Fire extinguisher checks needed to have their annual check. They had last been checked on 9 January 2015.

The provider could not demonstrate that staff had been appropriately trained. Staff training records did not evidence that all staff members had received relevant training in specific areas such as food hygiene, infection control, COSHH or health and safety. One staff member did not have any relevant training certificates on file.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  People who were using the services were not provided with clean and properly maintained accommodation.

### **The enforcement action we took:**

We issued a Notice of Decision imposing conditions on the provider on 02 February 2016.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  People were at risk because the service did not have effective systems and management oversight to monitor the quality and safety of service provision.

### **The enforcement action we took:**

We issued a Notice of Decision imposing conditions on the provider on 02 February 2016.