

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Bourne Hill Care Home

26 Bourne Hill, Palmers Green, London, N13 4LH

Tel: 02088866165

Date of Inspection: 07 March 2014

Date of Publication: April
2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Cleanliness and infection control

✓ Met this standard

Safety and suitability of premises

✓ Met this standard

Details about this location

Registered Provider	Clo Clo Limited
Registered Manager	Mrs. Chandra Kumari Mewa
Overview of the service	Bourne Hill Care Home is registered to accommodate a maximum of five people. Its services focus mainly on caring for adults of any age who have a learning or physical disability.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Cleanliness and infection control	6
Safety and suitability of premises	8
About CQC Inspections	10
How we define our judgements	11
Glossary of terms we use in this report	13
Contact us	15

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Bourne Hill Care Home had taken action to meet the following essential standards:

- Cleanliness and infection control
- Safety and suitability of premises

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 March 2014, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

At our last inspection of this care home on 22 October 2013, the provider was not compliant with one of the five standards we checked. Systems designed to protect people against identifiable risks of acquiring an infection were not effective.

At this inspection we found improvements had been made. A formal system of clinical waste management had been implemented. The service's overall risk assessments included recent updates on infection control and clinical waste management.

We spoke with one of the two people using the service. They raised no concerns about standards of cleanliness. We saw that personal protective equipment including gloves and aprons were available for use. This all helped to protect people from the risk of infection.

We also checked on the safety and suitability of the premises because the local fire authority found minor concerns when they visited the service in November 2013. We were shown evidence that the concerns were addressed. For example, mains-linked smoke detectors had now been fitted in the new rooms built during a recent refurbishment.

We found that people were protected against the risks of unsafe or unsuitable premises. The premises was well-maintained overall. We noted a few matters that would benefit from improvement, for example, the sink-unit around one person's fitted wash-basin had evidence of water damage. The provider contacted us after the inspection to supply evidence that they were addressing these matters.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Cleanliness and infection control

✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment. They were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

At our last inspection of this care home, the provider was not compliant with this standard. Systems designed to protect people against identifiable risks of acquiring an infection were not effective. We were sent action plans addressing our concerns. At this inspection we found improvements had been made.

Clinical waste was now being disposed of in yellow plastic waste bags which were stored in locked bins outside the home for collection. We saw records of regular waste removal by a professional contractor. Staff could explain an appropriate process for transporting waste through the premises to the bins. This new system of clinical waste management helped to protect staff and people who use the service from the risk of infection.

There were effective systems in place to reduce the risk and spread of infection. Feedback from staff showed they understood the service's infection control procedures, for example to wash hands and use protective equipment when delivering care. Team meeting records referenced the monitoring and discussion of infection control matters. We saw that the service's overall risk assessments included recent updates on infection control and clinical waste management.

People were cared for in a clean, hygienic environment. The person we spoke with raised no concerns about standards of cleanliness. They confirmed that staff wore gloves when providing personal care. We saw that personal protective equipment including gloves and aprons were available for use. We found no overall concerns about the cleanliness of the premises.

We found that most areas of the kitchen were clean from the start of our unannounced visit. The exception was the inner ceiling of the microwave as it had some food stains, which the provider may find useful to note. Arrangements for the storage and preparation of food were satisfactory. The service had a dishwashing machine. A kitchen-cleaning roster was in place and records were regularly kept of kitchen cleaning and hygiene matters. The manager explained that the cleaning roster was now more-easily accessible,

to help ensure that it was kept up-to-date in support of the cleaning that took place.

Records indicated that some staff completed training on infection control and food hygiene within the last year and others within the provider's required timeframe of two years. This meant that most staff had the current knowledge needed to protect themselves and others from the risk of infection. A few staff were recorded as last having had these trainings three years ago. The provider contacted us after the inspection to supply evidence of booking further training to address this.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained. Refurbishment of the premises took place about a year ago. A small sensory room and a designated laundry room were added to the rooms available, and much redecoration of the premises occurred. The person we spoke with told us they were happy with the premises and that they felt safe there. Staff and the manager informed us that maintenance matters were quickly dealt with. We looked round most of the premises and found that overall it was well-maintained. We noted that the sink-unit around one person's fitted wash-basin had evidence of warping through water damage. The provider contacted us after the inspection to supply evidence arranging for the sink-unit to be replaced.

Appropriate professional checks of the environment were in place. These included safety inspections carried out on the electrical and gas installations, and on portable electrical appliances. The fire alarm and fire equipment were checked and maintained, both by staff at the service and through contracted fire safety professionals. We noted that the fire detector in the kitchen had been removed from the mains. Staff and the manager explained that a new battery had been acquired, and showed that the device operated but needed to be refitted to the mains supply on the ceiling. The provider contacted us after the inspection to inform us that this was booked to be imminently addressed by a contractor.

The local fire authority found minor concerns with fire safety matters when they visited the service in November 2013. When we visited, the manager demonstrated actions taken to address those concerns. For example, there were now mains-connected smoke alarms in the new laundry and sensory rooms, and a fire-resistant seal had been fitted to the laundry room door. The fire-safety risk assessment had also been updated by the manager to take into account the refurbishment of the premises.

Records of daily temperature checks from some hot water taps in the premises were in place. However, these were always recorded at the same temperature, and had not been completed for the last 10 days. Staff demonstrated how the tests took place, and we noted that it was difficult to read the temperature on the device used. The record was made when the temperature reached approximately 37 degrees Celsius. Whilst the water itself

was not scalding to the touch, the overall process did not assure us that potential concerns with water temperature would be reasonably identified and acted on. The provider contacted us after the inspection to supply evidence of buying a thermometer that was designed for measuring water temperatures accurately.

A recent risk assessment of the environment was in place, and records showed that staff were trained on health and safety matters. We saw records of monthly health and safety checks, although records of specific checks of the first aid kit were last dated mid-November 2013 and did not reference expiry dates. The provider contacted us after the inspection to supply evidence of making sure that these matters were addressed.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
