

Clo-Clo Ltd

# Bourne Hill Care Home

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 6 July 2017 and was unannounced. When we last inspected this service in April 2015 we rated the service as 'Good'. At this inspection we rated the service as 'Requires Improvement.'

Bourne Hill Care is a home for five adults with a learning disability or are on the autistic spectrum. On the day of the inspection visit there were four people using the service.

A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. A newly recruited manager was in post and applying for registration with the CQC.

Statutory notifications to CQC had not been made in respect to outcomes of Deprivation of Liberty Safeguards for people who used the service.

Staff had received training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and staff understood what to do if they had concerns as regards people's mental capacity. DoLS had been appropriately applied for where people's liberty was restricted. However, we found that the service did not complete best interests decisions or mental capacity assessments for people where there were concerns regarding their mental capacity.

People and relatives told us that they felt safe with the staff that supported them. Staff understood how to keep people safe and protect them from abuse.

Safe recruitment practises were noted which ensured that all staff employed by the service were assessed as being safe to work with vulnerable people.

People's individual risk associated with their health and care needs had been identified and appropriate guidance had been provided so that staff were able to support people in order to reduce or mitigate risks.

Medicines were managed, handled and stored securely. Appropriate systems and processes were in place to ensure medicines were administered to people safely and appropriately.

Care plans reflected how people were supported to receive care and treatment in accordance with their current needs and preferences.

Staff received an induction as well as relevant training which supported them to carry out their role effectively. Staff were appropriately supported through various ways which included regular supervision and annual appraisals.

People were supported to access a variety of health care services such as GPs, dentists chiropodists and psychiatrists.

We observed care staff and management approach and speak with people in a way that was caring and positive. People and relatives spoke positively of the management team.

The home maintained adequate staffing levels to support people both in the home and the community.

A complaints procedure in place which was displayed for people and relatives. There was an incident and accident procedure in place which staff knew and understood.

Quality assurance systems were in place to monitor quality of care provided.

We identified one breach of regulation relating to submitting statutory notifications to CQC. You can see what action we have asked the provider to take at the back of the full version of this report.

## 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 safe. There were sufficient staff to ensure that people's needs were met.

Staff were aware of different types of abuse, how to identify abuse and what steps they would take if they had safeguarding concerns.

People were supported to have their medicines safely.

Risks to people who use the service were identified and managed effectively.

Good 

### Is the service effective?

The service was effective. Staff had access to regular training, supervisions and appraisals which supported them to carry out their role effectively.

People were given the assistance they required to access healthcare services and maintain good health.

Mental capacity and Deprivation of Liberty safeguards were understood and principles of the code of practice were being followed.

Good 

### Is the service caring?

The service was caring. We observed caring and positive interactions between staff and people who use the service.

People were treated with dignity and respect.

Good 

### Is the service responsive?

The service was responsive. Care plans were person centred.

People had access to activities and they were supported to access the community which supported people to be

Good 

independent.

The home had a complaints policy in place and complaints were investigated and responded to.

### **Is the service well-led?**

The service was not always well led. The provider did not submit required statutory notifications to CQC.

The provider had a system for monitoring the quality of care with regular audits and action taken where necessary.

People, relatives, staff and a healthcare professional spoke positively of the manager and recently implemented improvements to the service.

**Requires Improvement** ●

# Bourne Hill Care Home

## **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 checked 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 inspection took place on 6 July 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed relevant information that we had about the provider including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. We also received a provider information return (PIR) from the service. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with two people who used the service. We observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being. Following the inspection, we spoke with two relatives.

We spoke with two care staff, the manager and provider. We received feedback from one health and social care professional involved with the service.

We looked at three care records, nine staff recruitment and training records, medicines records and records relating to the management of the service such as audits, policies and procedures.

## Is the service safe?

### Our findings

When asked if they felt safe living at Bourne Hill Care Home, both people we spoke to told us they felt safe. One person told us, "Generally [safe]. The staff are nice." We observed positive and reassuring interactions between people and the staff that were supporting them which promoted people's safety and well-being. Relatives told us that they felt their relatives were safe.

Staff were able to clearly explain the different types of abuse, the signs they would look for if they felt someone was being abused and the actions they would take to report abuse in order to keep people safe. Staff understood the term 'whistleblowing' and knew of the different agencies that could be contacted if they needed to report any concerns. This included the local authority, police or the Care Quality Commission (CQC). One staff member told us, "I would go to the manager first. I would whistle blow to CQC."

We looked at the systems and processes the service had in place that ensured the safe receipt, storage, administration, disposal and recording of medicines. Accurate and complete records had been maintained in relation to medicines management. Protocols were in place where people had been prescribed PRN medicines. PRN medicines were administered on an 'as and when required' basis and include medicines such as pain relief. PRN protocols give staff information on the type of medication the person had been prescribed and information on how and when the medicine should be administered.

Staff told us and records confirmed that they had completed annual training in medicines management.

Records showed that people's risks was managed effectively. Current risk assessments were in place for people. Risks assessed included medicines, diabetes, personal hygiene, road safety awareness, swallowing and accessing the community. The manager told us that he was in the process of creating a new care planning and risk assessment tool. For one person, we saw a risk assessment had been completed to guide staff on how to support the person when they displayed behaviour that challenged. The risk assessment advised staff to increase positive time by encouraging the person to do positive things such as making a hot drink or talking about things the person liked.

We observed there to be sufficient staff available to support people living at the service which was confirmed by rotas viewed. Staff confirmed that the manager and provider were always available to help when required. Where people needed to be escorted to appointments or community activities staffing levels were adjusted to ensure that people were supported safely.

The service had systems in place ensuring the reporting and monitoring of all accidents and incidents involving people living at the home as well as staff. Each accident or incident was recorded with details of the accident and the actions taken in order to keep people safe.

We looked at nine staff files to look at whether the service was following safe recruitment processes so as to assure themselves that only suitable staff were being employed. Staff files contained appropriate

documentation which included criminal record checks, references, identification checks and checks to confirm that staff were eligible to work in the UK.

The home was generally clean and well maintained on the day of the inspection. We discussed minor remedial works required with the manager and provider such as re-grouting bathroom tiles, replacing a dirty light cord and replacing worn laminate floors in the home. Following the inspection, the provider sent evidence of works completed and additional maintenance works booked.

We looked at the home's health and safety certificates such as electrical installation, gas and fire. We found that some health and safety checks were slightly overdue at the time of the inspection, such as fire extinguishers yearly checks, five yearly electrical installation inspection and a gas inspection. We received email confirmation with supporting evidence that all outstanding health and safety checks were completed or booked for completion following the inspection.



## Is the service effective?

### Our findings

We observed people to be supported by staff who knew them well. Staff demonstrated a good understanding of people's needs.

Staff told us and records confirmed that all staff completed a period of induction before commencing their employment. In addition all staff received training and refresher training in mandatory and non-mandatory topics such as medicines, emergency first aid, fire safety, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff also completed training specific to the needs of the people they worked with such as challenging behaviour, autism, depression and self-harming. A staff member told us, "We have regular training. I have done quite a lot of training."

Staff provided positive feedback about the level of on-going training and support that they received as part of their role. Records confirmed and staff told us that they received regular supervision and annual appraisal. A staff member told us, "I have had supervisions. We discuss goals, responsibilities, any concerns I have and the residents."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do 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 the best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals is called a Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

We found that where people were unable to leave the home because they would not be safe without care and support, the home had applied to the relevant local authority for a DoLS authorisation and documentation to evidence this was available. We observed during inspection that staff accompanied people when accessing the community and attending healthcare appointments. Staff had received training in MCA and demonstrated a good level of awareness of the MCA and how people were to be supported in order to ensure that they were given choice and autonomy at all times. A staff member told us, "If they have mental capacity, you always ask. If they don't have capacity, you still ask."

Records confirmed that where appropriate, people had consented to their care. However we found that the service did not complete best interest's decisions or mental capacity assessments for people where there were concerns regarding their mental capacity. We saw best interest's decisions completed by health and social care professionals for DoLS applications. However these were not routinely completed by the provider for people's care needs. We discussed this with the manager and provider who advised that they would

implement mental capacity assessments and best interest's decision making moving forward.

We received positive feedback from people regarding the food choices on offer. A person told us, "Yes they do [give choice]. Sometimes I have curries. We made ice-cream last Saturday." Staff used pictorial aids to ascertain some people's food choices which was observed during the inspection. We observed that people were also supported to go out to restaurants and cafes to have their meals. During the inspection, we observed a person go for a walk with a care worker and have a fish and chips lunch at a café which was the person's favourite meal.

The kitchen was clean and tidy on the day of the inspection. However, we noted that opened foods in the fridge had not been dated or appropriately covered. We brought this to the attention of the manager and provider who advised us that they would implement a new food storage system to ensure opened foods and meat products were correctly stored.

Records showed that people had access to a GP, hospitals, dentists, opticians and other health professionals. Staff supported people to attend routine health appointments and check-ups as part of the care and support provided and care records were updated accordingly. A relative told us that the manager has been proactive in making referrals for their relative.

## Is the service caring?

### Our findings

Throughout the inspection we observed that people had established positive and caring relationships with the staff that supported them. People were seen approaching members of staff confidently when they needed to express themselves or were requiring support. People and relatives told us staff were caring. One person told us, "I like all the staff." A second person told us when asked if staff were caring, "It's just the nature of them doing things for me." A relative told us, "I would give them nine out of ten."

Staff knew how to protect people's privacy and dignity and were able to give a variety of examples on how they achieved this. Examples included closing doors and curtains when supporting people with personal care, maintaining confidentiality of people's information and records and always explaining clearly to people what they were about to do. The manager's office was located off the living room and we observed people coming and going from the office and speaking with the manager and provider. We observed that during some conversations, the office door was closed to protect people's privacy.

Each person had a designated keyworker. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. This included supporting them with activities and spending time with them. There were regular documented key working sessions between the keyworker and the person using the service. During the inspection, a person told us that they wanted a different key worker. We discussed the person's request with the manager and provider who, following the inspection advised that the manager was acting as an interim keyworker for the person until a newly recruited member of staff was identified as a suitable keyworker. A staff member told us, "[As key worker] I make sure [person] attends appointments, have toiletries and that they are happy and well."

People were supported to spend time on their own if they wished. People told us that they could spend time in their rooms if they wanted. One person told us, "I go to my room. I look at TV, DVD's, and word search." During the inspection, we observed one person was supported by staff to go to their room after lunch to have a nap.

People were supported to maintain relationships with their families and friends. Relatives told us they were welcome to visit whenever they chose and were welcomed by the management team and care staff. People were also supported to safely engage in relationships which were detailed in their care plan. One person told us their partner visited and they were given privacy. A relative told us, "We visit every Saturday." People had access to an advocate when they required further support from an independent person.

People were offered the option of attending religious services if they chose to do so. The manager told us that he was supporting a person to connect with their local religious place of worship.

Staff had received training in equality and diversity. Staff we spoke to understood what equality and diversity meant and how that affected the care they provided for people who use the service.

## Is the service responsive?

### Our findings

People were supported to engage in a range of activities which reflected their goals and interests. Some people who used the service attended day centre on a regular basis. Staff told us they devised activities for people to engage in when in the home on evenings and weekends. One staff member told us, "Last weekend we made ice-cream. We went to the summer fete at the church. Sometimes we do arts and crafts, park and picnic, out for lunch and baking. We do a wide range of activities." A person told us, "We go on trips, the fete and they take me for a walk." A second staff member told us, "I make them feel at home. Sometimes [Person] likes to listen to music."

Care plans were person centred and people's involvement in the care planning process was evident. The manager was in the process of reviewing and rolling out a new style care plan. Care plans contained a one page profile which included sections that detailed what was important to the person, how the person liked to be supported and what people liked about the person. One person's care plan detailed that they had a particular stuffed toy they were fond of, that they liked to smoke a cigarette in the garden and that they liked to call their family every day. Care plans detailed people's likes and dislikes, preferred daily routine, clothing and personal care preferences. Pictorial information regarding menstruation and how that affected people was also provided in an easy to read pictorial format which supported people to be independent and develop a better understanding of how their bodies functioned.

Relatives told us that they had not seen people's care plans. However a relative told us that the newly appointed manager wanted to arrange a meeting with the person's family to get the person's relatives involved in care planning. The manager advised us that they were in the process of arranging meetings with relatives to improve on their care planning process.

People told us that had no complaints and feedback from relatives indicated that in recent months they saw a significant improvement in the care provided at the home and any previous concerns had been addressed. The service had a policy and procedure in place for dealing with any concerns or complaints. Pictorial guidance on how to submit a complaint was available for people to refer to at the home. All compliments and complaints were recorded, followed up and resolved.

We looked at the services compliments book and saw compliments from relatives which included thank you cards for celebrating people's birthdays.

## Is the service well-led?

### Our findings

We reviewed information we held about the service prior to our inspection and noted that no statutory notifications had been made to CQC in respect of outcomes to DoLS applications and one police incident. During the inspection, we noted that three people were subject to a DoLS authorisation. This meant that the provider had not told us about significant events affecting people's care and support needs. Following the inspection, the registered manager submitted notifications of DoLS outcome for one person.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We received positive feedback from people and relatives regarding the provider and manager. A person told us, "[Provider] is very nice to me." A relative told us, "We are much happier that [manager] is there. He has been so good and there have been so many changes." A second relative told us, "I must admit, since the new manager started, I have noticed a distinct improvement. He is prompt and efficient."

We received positive feedback from staff regarding the management support they received. One staff member told us, "[Manager] is a good manager. He is very nice and supportive. He does a good job." A second staff member told us, "Oh! [Provider] is fabulous. You can go to her with anything. She is always here to listen." We observed both the manager and provider engage with people in a friendly and familiar manner and we observed people display affection towards the provider and manager. A relative told us, "I was quite impressed a few weeks ago. When [manager] came in, all service users came up to him; said hello and put their arms around him. That was spontaneous."

A health and social care professional told us that they found the current management team in place at the service to be competent, caring and considerate towards the person they supported.

Quality assurance systems were in place to monitor the quality of service being delivered which included quarterly unannounced night checks, regular supervisions and feedback from people and relatives. A monthly audit of the service was completed by the provider and an external quality assurance provider. As part of the monthly audit, housekeeping and maintenance, infection control, safeguarding, training, supervision and medicines were checked. Areas for improvement were identified and an action plan was implemented. Areas identified for improvement included creating a maintenance book for documenting repairs, implementing regular checks of the first aid box and ensuring a first aider was identified on each shift.

Feedback was requested from people, relatives and healthcare professionals on a regular basis. Feedback received was positive with people commenting that they felt safe and liked the care staff. Comments received from people included, "I feel very safe because I am in a safe place. The staff are nice and friendly and supportive." Feedback from a relative stated, "When I come [Person] is happy and the staff like [Person] too."

Staff meetings took place quarterly and the last staff meeting documented took place in March 2017. We

saw that staff raised issues such as low levels of personal protective equipment (PPE) and low food levels. The provider advised us that as a result, they appointed a member of care staff as 'food stock champion' who monitors food levels and ensures food orders are placed in a timely manner.

Throughout the inspection we gave feedback to the manager and provider and clarification was sought where necessary. The management team demonstrated a willingness to learn and reflect in order to improve the service people received as a result.

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 18 Registration Regulations 2009 Notifications of other incidents  The provider had not notified about significant events affecting people's care and support needs in relation to the outcomes of Deprivation of Liberty Safeguarding outcomes and a police incident.