

Chitimali Locum Medical Limited

Earlham House

Inspection report

7 Earlham Grove
London
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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?	Good ●

Summary of findings

Overall summary

Earlham House is a care home for eight people with mental health needs. At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

The home was kept clean and well maintained. Staff supported people with personal care and helped them to keep safe. People were supported to have choice and control of their lives with the exception that people were not allowed a key to the front door.

People said they were happy living in the home, felt that staff supported them well and were able to do the things they wanted to do. Comments included; "I like it here" and staff were "really good." Staff had positive relationships with people living in the home.

Staff had regular training relevant to their role and said training and supervision were good and they felt well supported by the manager.

Staff gave people good support with their health needs including going to their medical appointments with them if required. People were involved in planning their care and were supported to lead the lifestyle they wanted.

The manager notified other authorities of any important event and ensured records were organised and accurate.

The previous inspection was a focused inspection to check on whether the provider had made improvements in health care plans, staff training and notifications. These improvements had all been made and the home was rated Good. The manager showed evidence of learning from incidents and acting on the feedback from other authorities to ensure continuous improvement in the quality of the service. The service met all relevant fundamental standards. Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Earlham House

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 was an unannounced comprehensive inspection. The inspection took place on 2 May 2017 and was carried out by one inspector.

Before the inspection we checked all the information we hold about this service including notifications the manager had sent us since the last inspection.

We contacted a representative of each person living in the home to ask for their views on the quality of service. We received feedback from one of those eight representatives.

We met with three care assistants and the registered manager individually. We met five of the eight people living in the home. One person was out with family all day, one person did not want to meet us and the other person was in hospital at the time of the inspection. We spoke with four of the five people we met. The fifth person said they did not want to talk to us but said they were fine.

We carried out pathway tracking where we looked at five people's assessments, care plans and records of care and talked to them to see if the care plan was being followed to meet their needs. We observed interaction between staff and people living in the home in the communal areas and we observed part of a mealtime. We also looked at staff files, medicines records, quality assurance and management information, health, safety and maintenance records and staff rotas.

Is the service safe?

Our findings

Staff had been trained in safeguarding and knew what to do if they suspected a person in the home had been abused. People said they would tell the manager if they felt unsafe. They said they felt safe in this home. Safeguarding was discussed in residents' meetings.

Each person had their own risk assessments informing staff of the risks to their safety and advising on how these risks should be managed. We found that staff were good at ensuring people were safe and supported to be independent. Four people went out every day and returned when they wished. Staff knew their routines and knew when to be concerned.

One person had become more independent since the last inspection and was managing their own medicines including collecting them from the pharmacy. Medicines were managed safely in the home and there had been no medicines errors.

On weekdays there were three or four staff members on duty during the day and two in the evenings. The rota and signing in book for staff showed there had been one member of staff on duty for part of the evening on three recent occasions. For three recent weekends there had been only one staff member from 3pm to 7pm. The manager said they planned to recruit more staff but thought this current staffing level met people's needs and was safe. There was no risk assessment relating to this reduction in staffing and we advised the manager to contact the placing authorities to inform them of this staffing change and to carry out a risk assessment. The manager had plans to recruit new staff. There was a lone working policy in place for staff but no risk assessment addressing possible risks or unmet needs associated with one staff being on duty for a few hours. The manager agreed to do this.

We recommend that a risk assessment is undertaken to ensure that staffing levels meet people's needs at all times.

New staff were recruited safely and regularly supervised to ensure they were suitable for the role.

The home was clean and there was good infection control practice in place. Staff had recently attended infection control training. The last inspection of the kitchen by the local environmental health team was in March 2015 when they rated the home the highest rating for food hygiene and safety. We noted the kitchen remained clean and good food hygiene practices were followed.

The provider ensured fire extinguishers were checked annually and the fire alarm system was checked every six months. There were instructions on what to do in the event of a fire. Staff checked the fire call points every week and emergency lighting every month. Fire drills were held regularly. However since the last inspection the manager had made a decision that the front door was to be kept locked and staff hold the keys. People living in the home had agreed to this but this practice increased risk in the event of a fire. We advised the manager to seek immediate advice from the fire brigade and undertake new fire risk assessment

which they did and confirmed they acted on the fire officer's advice. Gas, electrical installation and water supply had all been tested and declared safe.

Is the service effective?

Our findings

People said they had good support from staff. They said staff were, "good", "nice, I like it, nice people" and "not bad."

Staff attended regular training to ensure they had the knowledge necessary for their role. When we arrived unannounced for this inspection staff were being trained in medicines management by an external trainer. They had updated their annual first aid training the previous week and records showed staff received regular training. All permanent staff had relevant qualifications in health and social care. They had individual supervisions three or four times a year and an annual appraisal. Staff felt well supported by the manager and said they enjoyed their jobs and that the home was a "lovely" place to work.

There were records showing people had consented to care and to a restriction of not being able to have their own front door key. Where there was a restrictive practice such as staff managing a person's money or cigarettes, we saw that best interest decisions had been made using an interpreter where needed to ensure the person could understand the process. Staff had completed training in 2015 and again recently in the Mental Capacity Act (MCA). People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Five people in the home had a DoLS and three of them were not able to go out of the home unaccompanied for their own safety. One person had a tracking device to help keep them safe.

People said they liked the food in the home, "I have my own menu which I like", "It's not bad" and "Yes I like it" were comments made to us. One person planned their own menu weekly and staff supported them to go and buy the food. Another person bought all their own food and staff reimbursed them. The other people had opportunities to give their views on the food in regular residents' meetings and their meals were cooked by staff. On the day of the inspection staff cooked a healthy lunch for people and they had a takeaway in the evening which they were able to choose from a fish and chip shop or Turkish kebab shop. Everybody said they liked the food. A vegetarian was happy with the menu. Cultural preferences were met. Staff supported people to go out and eat in local cafes and restaurants which served food from their culture. People were able to go into the kitchen and help themselves to drinks and snacks between meals.

People received good support with their health. Staff encouraged people to see their GP and dentist regularly. Some people did not wish to but staff continued to encourage them. The deputy manager had the lead role in health issues and made appointments for people with relevant healthcare professionals and advocated on their behalf. Records were kept of all appointments and the outcome so that people had a record of their health status and staff supported people to attend the appointments. A person with diabetes had been supported to attend relevant screening for foot and eye care.

A new banister had been added to the staircase since the last inspection as one person needed more support to use the stairs. The manager said that nobody required any further adaptations to the building.

Is the service caring?

Our findings

People told us they had good relationships with staff. One person told us that staff looked after them well and were "alright" and "not bad".

We saw that people had a good relationship with staff. One person said the best thing about the home was, "It's quiet and the support" and another said that staff were "nice." Another person said they got on well with staff.

People were involved in making decisions about their care and lifestyle. The staff team had supported people to become more independent since we made a recommendation about this at the last inspection. Three people were able to go to the shops to buy items for the home and also to go wherever they chose. Two people had started attending some appointments on their own. Two had started making their own breakfast. The home used to have a "coffee bar" in the lounge for people to make drinks. This had been removed since the last inspection, making the lounge more homely and people were invited to use the kitchen to make drinks any time. For those who were not willing/able to do so staff offered them drinks regularly between meals and asked them how they were.

One person had a hairdresser visit them at the home and the manager said they were encouraging the person to go to the same hairdresser at a salon to increase their independence. They had supported one person to go overseas with relatives to visit family which was an achievement for the person.

One person liked to spend most of their time with staff and this was supported. Another person said, "I like to keep to myself" and said this wish was respected by staff. On the day of the inspection one person chose to stay in bed and staff respected this choice but also visited regularly to check the person was well and to offer them food and drink. Staff respected people's privacy.

People told us that they all got on well with each other and with staff. People had the choice whether they wanted their family involved in their care. The manager and deputy kept in regular contact with families where the person agreed to this.

People's religions and cultural backgrounds and wishes were included in their care plans. Staff supported people to keep in touch with others from their cultural background. One person was involved with a Scottish organisation and attended social events there with staff support and another attended the Irish centre. The home celebrated St Patrick's Day and Burns Night with appropriate food and drinks. Staff supported one person to visit the local Cypriot Centre for coffee. Staff had supported another person to attend a cultural centre but recognised that the person was not benefiting from this so started other activities with this person that they preferred. This person had regular contact with their family who met their cultural needs.

The manager had arranged for one person to have an advocate but they chose not to accept the offer. An ex-resident of the home visited regularly and was a friend to people living in the home which was a positive relationship for people. The manager said staff would be supportive to people to maintain any relationships

they chose. Nobody wished to attend a place of worship but their dietary religious preferences were respected.

Is the service responsive?

Our findings

People were involved in writing their care plan with the manager and their views were recorded. They said they were happy with their care.

The manager said that people can get up and go to bed whenever they choose and that night staff were awake at night so able to support people if they chose to stay up late.

Staff encouraged people to be involved in activities outside the home. One person attended a gardening group and others went out to local cafes or for walks or out on the bus to places they chose. Extra staff worked when people had a planned appointment or activity they needed staff support with. People had the opportunity to go on holiday with staff which three people had done last year. At resident's meetings they discussed ideas for things to do and people all enjoyed having parties and barbecues in the home.

The manager kept a complaints and suggestions book near the front door so visitors could raise any concerns which was used and a response was written by the manager. There were residents' meetings where people in the home had opportunity to give their views on matters such as the food, and anything they wished to discuss.

People told us if they had any complaints or concerns they would speak to the manager but none of them had any concerns.

Staff kept in regular contact with people's care coordinators. One care coordinator told us the manager always let them know if there was any change or concern and said that they thought staff had got to know the person really well. They said they were really happy with the service provided to the person at Earlham House.

Is the service well-led?

Our findings

The home had a registered manager. 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.

The manager encouraged a positive culture in the home. The people living in the home and staff said they felt supported by the manager and could talk to them at any time. One person said the manager was a "nice lady" and a staff member said she was "lovely."

The provider didn't write any reports about the quality at the home or record their visits. In the absence of the provider keeping any monitoring records in the home, the manager kept records of all the provider visits and what they discussed. These records showed that the provider visited regularly and talked to people.

Questionnaires on the quality of the service were sent to relatives and professionals each year requesting feedback. We looked at the replies from the last questionnaire in 2016 and saw that all the feedback about the service was good.

The manager appraised staff for their continued suitability to work in the home and took appropriate action if there were any concerns about staff. She had trained staff in report writing and the use of language in care records. We checked a sample of records and found that the records were accurate.

The manager and deputy carried out audits though the records of the audits were very brief. The manager told us she would ensure action taken as a result of audit findings would be recorded.

We asked people if anything could be improved in the home and nobody could think of any improvements they would like. One professional told us the home "provides really good care."

The staff team had a good relationship with care professionals involved in people's care and with people's relatives and friends.

The manager sent notifications to us which is a legal requirement when there was any important event.