

Chitimali Locum Medical Limited

Earlham House

Inspection report

7 Earlham Grove
London
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

About the service

Earlham House is a residential care home providing accommodation and personal care to up to eight adults over the age of 18 with mental health needs, including dementia and paranoid schizophrenia.

People's experience of using this service

Risks to people had not always been assessed and managed. Health and safety risks in relation to the environment had not been assessed. Safe recruitment practices were not followed. Audits for identifying and addressing concerns were not effective in addressing these prior to our inspection. This put people at risk of harm.

Staff were aware of their responsibilities and knew what action to take should they suspect any form of abuse. People were protected for the risks associated with the spread of infection. Systems were in place to record and respond to accidents and incidents, including lessons learnt.

At the time of our inspection there were sufficient staff to meet people's needs. People we talked with spoke positively about the staff and supportive and caring relationships had been developed between staff and people. The service involved people in choices and decisions about their care. Staff provided a service that met people's diverse needs. People's privacy, dignity and independence were promoted.

Systems were in place to support staff in their role including training, supervision and appraisals. People's care and support needs were assessed and monitored to ensure the service was able to meet their needs.

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 provider and staff understood the need to obtain consent before delivering care.

Care plans were personalised. Staff understood how to provide a person-centred service. People's communication needs were met. However, this was not always documented in their care plan. We have made a recommendation in relation to documenting people's communication needs. The provider had a system to deal with complaints appropriately. The service had a policy in place to provide people with end of life care should this be required.

Staff spoke positively about the leadership in the service. The provider had systems to capture feedback from people about the quality of the care provided. The provider carried out quality checks to identify areas for improvement. This identified that there were a number of improvements required to the building.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (Published 13 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified two breaches of regulation. Safe recruitment practices were not always followed. Risks to people had not always been identified to ensure people's safety, this included ensuring the premises and equipment were safe. Quality assurance was not always effective.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of the quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective

Details are in our Effective findings below.

Good ●

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 ●

Earlham House

Detailed findings

Background to this inspection

The 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.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Earlham House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually 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 five people who used the service about their experience of the care provided. We spoke with four staff members including the registered manager, deputy manager and two support workers.

We reviewed a range of records. This included three people's care records, including care plans, risk assessments and medicine administration records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, audits, records of incidents, accidents and complaints.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed additional documentation, including policies and procedures, training matrix, staff recruitment and quality assurance information.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. 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.

Assessing risk, safety monitoring and management

- Risks to people who used the service was not properly assessed and managed. During our inspection we raised concerns about safety at the home related to window restrictors. We found window restrictors had not been installed on the upper floor levels of the building. This put people at risk of harm as risk related to the health and safety of people were not properly assessed and managed.
- The registered manager told us they were aware of this and had previously identified this as an area for improvement. Following our inspection, the registered manager made immediately arrangements to install window restrictors. They also sent us a copy of a quote dated 13 November 2019, from a window company regarding fitting restrictor hinges. Although this had been identified prior to our inspection, there had been a delay in responding to this, therefore the risk to people of not having window restrictors had not been appropriately assessed. This put people at risk of harm of falling out of the window.
- Risk assessments covered areas such as risk of self-neglect, falls, behaviours that challenged the service and non-compliance with medicine resulting in a deterioration of mental condition. Some areas of risk were not covered, for example one person at risk of self-neglect did not have this detailed in their care plan. The registered manager told us, care plans and risk assessments were due to be reviewed in December 2019. Records confirmed this.
- Staff understood risks and how to manage risks presented by each person living at the home. For example, risk of self-neglect would include not changing clothing or attending to personal hygiene.

Staffing and recruitment

- Safe recruitment practices were not always followed. We found a number of gaps related to the recruitment process. For example, three of the staff files reviewed did not have an application form, this meant we could not establish any background information about staff employment history or past experiences. For one applicant the copy of the work permit was illegible, the picture unclear and it had expired. After our inspection, the registered manager sent us a copy of the up to date work permit. This staff member had joined the service in November 2018, however, the disclosure and barring service (DBS) criminal records check on file was from the previous employer. Following our inspection, the registered manager sent us a copy of the DBS, however, this was the same copy seen during our inspection. This put people at risk of being cared for by staff who were not subject to all the necessary employment checks.
- The registered manager had carried out an audit and identified the gaps in recruitment files and was in the process of addressing these.
- The registered manager told us they had not recruited any new staff since joining the service in August 2019. He also told us, some staff were registered with an on-line DBS service. This is a service which provides

staff with automatic updates on their DBS file as and when this is required.

Whilst people did not come to direct harm as a result of this they were exposed to this risk of harm as a result of the provider not conducting safe recruitment practices. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014

At our last inspection we recommended a risk assessment is undertaken to ensure that staff levels meet people's needs at all times. At this inspection we found there had been some improvements. However, staff felt they would benefit from an additional staff member during busier times.

- At the time of our inspection there were sufficient staff on duty to meet people's needs. We noted there were four staff members on duty, this included two support staff, the deputy manager and registered manager.
- The registered manager told us staffing levels were based on level of need.
- We reviewed the rota which showed two support staff and the deputy manager were on duty during the day, with the registered manager also available to provide care and support to ensure people's needs were met. There was one staff member sleeping in at night. The registered manager was always on call and occasionally worked at the weekends.
- Although most staff felt there were sufficient staff to meet people's needs, some felt they would benefit from another staff member at busier times in the morning and during night.
- The registered manager had recently carried out a reshuffle of the staff group and felt staffing levels were sufficient to meet people's needs. Some people were more independent than others and only required prompting in some areas, whilst others required more support and care. This was confirmed by people we spoke with. A relative told us, "Every time I [visit] there is generally a couple of staff."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person told us, "I like living here. I feel safe [because] there are always staff in attendance." A family member told us they felt their relative was safe.
- Systems and processes were in place to protect people from the risk of abuse. Safeguarding and whistleblowing procedures supported this.
- Staff completed training and understood their responsibility to report and act on any suspicions of abuse, including signs of abuse. Staff told us they would not hesitate to "blow the whistle" if they witnessed poor care or abuse. A staff member told us, "If another member of staff I would go to my manager. I would never feel uncomfortable if I saw something that wasn't right."
- The registered manager told us there had not been any reports of safeguarding since our last inspection in May 2017 but was aware of his responsibilities to report all safeguarding concerns to the local authority and CQC.

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed by staff who were trained and had their competency assessed. This was confirmed by records and staff.
- Medicines were stored safely in locked cabinets and the temperature monitored. Medicine administration records reviewed were up to date and contained no gaps.
- A medicine check carried out by the local pharmacist in November 2019, showed they had no concerns about the way medicines were managed by the service.

The registered manager told us no one living at the home was on 'as needed' (PRN) medicine, such as paracetamol, however, PRN protocols had been established should the need for this arise.

Preventing and controlling infection

- We observed the environment was clean and tidy, however, we noted in one bathroom there was no hand towel or hand wash. The registered manager told us this had just run out and they would replenish this with hand wash and paper towels.
- Staff told us they were provided with the necessary protective equipment to carry out their duties. We observed a staff member wore gloves when preparing dinner. A staff member told us, "You have gloves and aprons, hair nets and chef air nets for the kitchen. Colour coded mops and chopping boards for preparing foods. We observed this during our inspection.
- People told us staff wore gloves when assisting them with care. One person told us when staff administered medicines they washed their hands and wore gloves.

Learning lessons when things go wrong

- Systems were in place for dealing and learning from Incidents and accidents. The registered manager told us there had been no serious incidents since our last inspection. There had been a shouting and racism incident which had been appropriately responded to by the service.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, and a plan of care developed prior to people receiving care. This covered areas such as, daily living skills, personal care and hygiene, medicines, religion, physical health and day time social activities/hobbies. A healthcare professional told us they visited the home with the person referred to the service, prior to them moving in and they were involved with the initial care planning.
- People living at the home had done so for many years, with the exception of one person who had recently joined the service.
- The registered manager told us he would be implementing a new assessment tool in January 2020. Following our inspection, we were sent a copy of the service strategic plan for 2020 which included plans to introduce a new assessment tool.

Staff support: induction, training, skills and experience

- Staff was supported to effectively carry out their roles. Staff and records confirmed they received training in various areas, including medicines, infection control, food hygiene, basic first aid, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and oral healthcare.
- Staff received regular supervision and appraisals and said they felt supported by the registered manager. A staff member told us, "You have a chat, if concerned about anything, [registered manager] will help you, he listens. [We have supervision] four times a year, but [registered manager] sees staff for handovers, we talk about residents and do daily reports."
- A staff training matrix sent by the registered manager following our inspection, provided some information on training completed by staff. This did not provide enough information on dates staff completed training and omitted specialist training in areas relevant to the needs of people living at the home. For example, mental health awareness, dementia and diabetes.
- Staff understood how to support people with dementia and diabetes, such as providing sugary drinks if blood sugar levels drop too low (Hypoglycaemia).
- We spoke with the registered manager following our visit, he told us MCA training completed by staff covered mental health awareness. They also said they would update the matrix to reflect all training completed by staff.

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

- People had their nutritional and hydration needs met by the service.
- People told us they were given choice in relation to food and drink. One person who went outside the service to buy their food, told us, "I am a vegetarian and they cater for that. I helped to put the menu together." Records confirmed this.

- The registered manager told us they compiled a menu based on people's choices. Records and people confirmed this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with healthcare professionals to meet people's health needs. Records showed people attended medical appointments, including, regular blood tests with the clinic for people diagnosed with diabetes.
- People's oral healthcare needs were documented in their care plan.
- The registered manager was aware of the new National Institute for Health and Care Excellence (NICE) guidelines in relation to oral hygiene and had taken action to ensure staff were trained and people received the right oral health care.

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

- People had their rooms personalised with family photos. Two people told us they loved the view from their window overlooking the nearby park.
- The registered manager told us there were a number of repairs which he had identified prior to our visit and was in the process of discussing rectifying these with the provider.
- We observed a number of areas where improvements were required, including replacement and refurbishment of the kitchen cupboards and the communal bathroom. These repairs were highlighted in the service improvement plan sent to us following the inspection.

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 Act 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At the time of our inspection there were four people with authorised DoLS. Care records reviewed confirmed this. The registered manager told us they were in the process of making a DoLS application for a new person who recently joined the service. A healthcare professional involved in the person's care confirmed this.
- The registered manager and staff understood the importance asking people for their consent before providing care. A staff member told us, "Everyone picks out what they want to wear, some you have to show. Open the wardrobe and say choose."

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People we spoke with told us staff treated them with kindness and were caring. One person told us, "[Staff] knows us [people who used the service] individually. They always ask what we want and offer to help us." A relative told us, "They seem to be looking after [relative], seems reasonable ok."
- People's diverse and cultural needs were respected and delivered in line with their plan of care. For example, one person attended the local community centre to socialise with people from their culture and this was documented in their care plan.
- Staff told us they treated people equally and without discrimination. A staff member told us, "It doesn't matter what your sexual orientation is, you are who you are whether you are gay or straight you are still you. There would be no discrimination. From the staff or residents we have I could never see that being an issue."
- There was an equality and diversity policy and people's different needs, backgrounds and cultures were catered for. For example, some people had protected characteristics including those relating to disability. Staff supported them appropriately and in line with the Equality Act 2010, ensuring their rights were upheld, and they were protected from discrimination.

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

- People were involved in making decisions about their care. Records showed people attended residents' meetings to discuss topics such as food choices and activities. One person told us they felt involved in their care and had seen their care plan.
- A staff member told us, "You involve people when you talk to them and find out what they want, what they think and what they like. It's their home and their choice. You have to prompt some people for personal care but be sensitive about it. We go through care plans with them."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and their privacy respected. We observed good interactions between staff and people during our visit.
- People were comfortable in staff presence, smiling and talking with staff in a cheerful manner. Staff respected when people wanted to spend time alone in their rooms.
- Staff understood the importance of treating people with dignity and respect. A staff member told us, "You don't just go in, you have to talk [to people] the way you would expect to be treated and give them their choice and respect their dignity. Before you go in the room knock on the door."
- People's independence was encouraged, and their daily living skills developed where possible. We observed people were able to access the community to visit the local shops, some with support from staff.

One person who was very independent told us they accessed the community on a regular basis.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care which met their needs and preferences. Records confirmed this.
- People told us that staff understood their needs and how to care for them. We observed this through staff interactions with people during our inspection.
- People had their preferences, likes and dislikes taken into account when care was provided. For example, where people had a gender preference in terms of care staff, this was documented in their care plan.
- Staff knew people well and had a good understanding of how each person's mental health needs impacted on their well-being and daily lives.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff knew how to communicate with people and understood their communication needs. For example, one person who did not speak English as their first language communicated by doing motions, such as when they wanted a cigarette they used gestures by putting their hand towards their mouth using the motion of a cigarette. This indicated to staff that the person wanted a cigarette. We observed this during our inspection. This person was also provided with support from an interpreter as and when this was required, for example, when attending placement reviews with the local authority or hospital appointments. This meant the person's communication needs were met.
- Although most people were able to communicate with staff, care plans did not always document people's communication needs.
- The registered manager told us they were updating their care plans to include more information about people's communication needs.

We recommend the provider seeks guidance and support from a reputable source in relation to the Accessible Information Standards.

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 supported to maintain relationships with family and friends. Records showed some people received regular visits from family members.
- People were encouraged to participate in community engagement activities. One person told us, "I regularly go out on my own, but if I need staff to come they will. I like to go to the café and [shopping centre]

or to the museum."

- The service celebrated people's birthdays with their consent and held barbecues during the summer months.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which gave people details of how to raise a concern and how they could expect this to be dealt with. Information about how to make a complaint was also displayed in the communal area.
- The registered manager told us there had been no complaints since our last inspection.
- People knew how to make a complaint if they were not happy and were also given an opportunity to raise concerns at monthly residents' meetings.

End of life care and support

- End of life was discussed as part of the care planning process. Records reviewed documented whether people wanted any involvement from the service.
- At the time of our inspection the service was not supporting anyone with end of life or palliative care. The registered manager told us should there be need in the future, this would be accommodated. The service had an end of life policy outlining how people should be cared for should this need arise.

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 the last inspection this key question was rated as Good. At this inspection this key question deteriorated to requires improvement. Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had joined the service in August 2019 and had worked hard to improve the management of the service. They understood their role and had identified a number of areas where improvements were required, this included the environment.
- However, the risks to people were not appropriately assessed. Window restrictors had not been fitted to the upper floors of the building, putting people at risk of harm.
- Safe recruitment checks were not always followed. This put people at risk of harm as we could not be assured that staff were safe to work with people.
- Audits covered medication, staff files and health and safety, including repairs. Although most areas of concern identified during our inspection were recognised prior to our visit, these had not resulted in immediate action. The provider failed to assess, monitor and mitigate the risks related to health, safety and welfare to people using the service.

Whilst people did not come to direct harm as a result of this they were exposed to the risk of harm. Systems and processes to assess and improve the quality and safety of the service provided or to assess and monitor risks had not been effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014

- The strategic plan sent by the registered manager following our inspection shows commitment by both the registered manager and provider to address all the concerns identified during our inspection. We noted some of these had already been completed, such as the installation of the window restrictors.
- The registered manager told us CCTV had been installed in the communal areas to ensure people felt safe. This was confirmed by people who told us it made them feel safer. Staff initially felt unhappy about this, but said they now felt this was a positive thing. Records showed there had been some consultation after the decision was made to install the CCTV system. The registered manager told us people and staff were consulted.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager operated an open-door policy which enabled staff and people who used the

service to approach him at any time. This was observed during our inspection.

- People and staff told us the registered manager was approachable and listened to ideas. A staff member told us, "[The registered manager] is here you can talk to him, he listens to you and if [you have] any ideas he will talk them through and will ask your opinion."

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 registered manager was clear about their legal responsibility under duty of candour. They told us, "If there's an incident, reporting using CQC notification and being open and transparent, for example report to safeguarding authority. Next of kin to be informed if relevant and care coordinators etc."
- The registered manager understood their duty to report any incidents or safeguarding concerns that required reporting to CQC or the local authority.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager understood the importance of equality and providing a service that met the diverse needs of people.
- People were asked their views about the service. Following our inspection, the registered manager sent us the outcome of their recent survey carried out in November 2019. This indicated that overall people were happy with the care and support provided by the service and the way they were treated by staff.
- The service worked in partnership with other agencies to ensure people's health needs were met. Records confirmed the service worked with various health professionals.
- A health and care professional spoke positively about the service and their engagement with them. They told us the service was well run and the registered manager contacted them on a regular basis with updates, sometimes two or three times a week.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure systems were effective in assessing and monitoring safety of the service provided. This placed people at risk of harm.</p> <p>17 (1)(2)(b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to ensure that recruitment procedures were established and operated effectively to ensure that persons employed was of good character related to Schedule 3.</p> <p>19 (1)(2)(a)(3)(a)</p>