

Chitimali Locum Medical Limited

Earlham House

Inspection report

7 Earlham Grove
London
N22 5HJ

Tel: 02088813064

Date of inspection visit:
08 March 2016

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11 July 2016

Ratings

Overall rating for this service	Good ●
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Is the service effective?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

This focused inspection took place on 8 March 2016 and was unannounced.

Earlham House is registered to provide accommodation and personal care to eight people who have mental health issues. The home has 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.

This inspection took place to check on legal requirements which were not being met at the last inspection in September 2015. These related to recording people's health needs in a care plan, staff training in First Aid and the Mental Capacity Act 2005 and informing us of important events in the home.

We found improvements had been made in all areas and people were happy with their service. Staff had completed training in First Aid so knew how to respond in the event of a medical emergency in the home. They had been trained to understand the implications of the Mental Capacity Act 2005 for people in the home and understood people's rights to make their own decisions and choices. The registered manager had updated herself on the legal requirements and has been sending notifications of events to us as required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Good ●

The service was effective. We found that action had been taken to improve the effectiveness of the service. People's health needs were clearly recorded in their care plans so that staff knew what their health conditions were and what support and treatment they needed. Staff had been trained in First Aid and the Mental Capacity Act 2005 to enable them to support people in accordance with legal requirements to meet their needs.

Is the service well-led?

Good ●

The service was well-led. The registered manager had improved in making statutory notifications to us about important incidents and was making these regularly and keeping us informed of what was happening in the home. This met legal requirements.

Earlham House

Detailed findings

Background to this inspection

We carried out an unannounced comprehensive inspection of this service on 15 September 2015. Three breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Earlham House on our website at www.cqc.org.uk.

We inspected the service against two of the five questions we ask about services: is the service effective and is the service well led? This is because the service was not meeting some legal requirements.

This unannounced focused inspection was undertaken by one inspector and took place on 8 March 2016.

Before the inspection we reviewed notifications the provider had sent to us since the last inspection and their action plan for making improvements in the home. We also had contact with the commissioning team from the local authority and used their feedback on the service provided as part of our inspection.

During the inspection we talked to four people living in this care home and two staff on duty. We also interviewed the Deputy manager to discuss the provider's action plan and the improvements made since our last inspection and we reviewed records. We looked at four people's care records, records of accidents and incidents and staff training records. We observed interaction between staff and people living in the home.

Is the service effective?

Our findings

At the last inspection in September 2015 we found that people living in the home did not have their health needs detailed in their care plans. This meant there was a risk that staff may not know or be able to meet their health support needs. We found that the registered manager had worked with each person living in the home to rewrite their care plan and these included their health needs. These were written in the person's own words and included their own views on their health along with professionals' views. The plans were person centred and all health conditions were included in enough detail for staff to know how to support the person. The deputy manager kept clear records of each person's medical appointments for them with the diagnosis and treatment and accompanied them to all appointments if they wanted this. People told us they thought their health needs were known and met by staff.

At the last inspection we found only one staff member had up to date training in First Aid. This meant people were put at risk as the majority of staff did not know how to manage medical emergencies. We found at this inspection all staff (except one on long term leave) had completed First Aid training. They had the knowledge to deal with medical emergencies in the home.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 capacity to take particular decisions, any made on their behalf must be made in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

At the last inspection we found that staff had not received training in the MCA and DoLS and did not have good understanding. Staff did not feel they could assess the capacity of one person to agree to specific decisions that had been made. At this inspection we found that staff had completed the relevant training, understood about the need to obtain people's consent and their rights to make their own decisions. One person was subject to a Deprivation of Liberty Safeguard and their care records were clear about their capacity to make decisions for themselves.

We spoke with four people living in the home who all said that their rights to make their own decisions were respected and three of whom were able to come and go as they chose. Six of the seven people living at the home were presumed to have full capacity to make their own choices and went out independently. One who had a DoLS was supported to go out to wherever they chose and said they were happy with the way they were supported by staff who they referred to as "friends."

Is the service well-led?

Our findings

At the last inspection we found that the registered persons were not meeting the legal requirement to inform us of events such as incidents where police were involved and applications to deprive a person of their liberty. We found that action had been taken to improve this and the registered manager was sending us notifications as required. The registered manager was on leave at the time of this inspection but we spoke to the deputy manager who demonstrated a good understanding of the legal requirement to notify us of important events.

We made a recommendation at the last inspection that the service promote independence and rehabilitation to enable people to improve their independence in daily living. For a number of years the provider had kept the kitchen locked so people could not go in without staff. During that time a fridge and kettle were placed in the lounge for people to make drinks. After we required the provider to unlock the kitchen six of the seven people in the home still didn't use the kitchen. People said they were happy to make drinks in the lounge and did not want to make any of their own food. There had been little progress in promoting these skills since the last inspection. We spoke to four people about this and they all said they wanted staff to make all their food. We discussed this with the Deputy manager and she told us of ideas she had to encourage people to be more independent which she planned to implement. These included having baking and sandwich making competitions, to plan days when everyone was expected to make their own lunch with support and to remove the "coffee bar" from the lounge to make the home more homely. This was evidence that the leadership of the home do plan to encourage people who are able to retain some independence skills within the home.