

# Chitimali Locum Medical Limited

# Earlham House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

Earlham House is a residential care home which provides accommodation and personal care to up to eight people with mental health needs. At the time of the inspection seven people were living at the service. Earlham House is a care home set up in an adapted residential building with a garden.

### People's experience of using this service and what we found

We found recruitment practice at the home was unsafe. This meant we could not be assured that staff employed were of good character and safe to work with people. Risk assessments were not always up to date. This meant we could not be assured that risk to people had been assessed and mitigated. There were issues with the way staff were deployed, therefore we could not be assured that people had their needs met, due to staff shortage. Accidents and incidents were not always recorded, and complaints not dealt with in line with the providers policies and procedures, therefore learning from these were not always explored to identify improvements needed to service delivery. We were not always assured that Infection control practices were appropriately followed. This put people at risk of infection, such as COVID-19 virus.

Systems for monitoring the quality of the service were ineffective in identifying some of the issues found during our inspection.

Staff training was not always effective in ensuring staff understood their responsibilities in reporting and acting on abuse and staff competency to administer medicines assessed. We have made a recommendation in relation to staff training.

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. However, we found the principles of the Mental Capacity Act 2005 were not always followed by the service. We have made a recommendation in relation to the consent and the Mental Capacity Act

Relatives told us people were safe living at the service. However, not everyone living at the home felt safe due to behaviours that challenged the service. People were involved in decisions about their care and staff were described by most relatives as caring and kind.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was requires improvement (published 6 January 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found not enough improvements had been made and the provider was still in breach of regulations.

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection and concerns raised in relation to staffing, care provided to people and food provision.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, caring, effective, responsive and well-led sections of this full report.

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

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to recruitment, staffing levels, mental capacity assessments, complaints and management of the service at this inspection. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of 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 not always effective.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our safe findings below.

**Inadequate** ●

# 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by two inspectors, including a bank inspector. An Expert by Experience made calls to relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Earlham House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have 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. The new manager had made an application to become the registered manager.

#### Notice of inspection

This inspection was unannounced.

#### What we did before 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. The provider was not asked to

complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with three members of staff including the new manager, a support worker and a trainee support worker.

We reviewed a range of records. This included one person's care records, including care plan, risk assessment and daily records of care. We also reviewed medication administration records for three people. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the maintenance of the building, including servicing contracts and records related to the running of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further records related to recruitment and people's care where gaps were identified, training data, quality assurance records, management of the service, including policies and procedures were reviewed. We spoke with the local authority commissioning team.

# 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 requires improvement. At this inspection this key question has remained the same. This meant 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.

### Staffing and recruitment

At our last inspection the provider had failed to conduct safe recruitment practices. This was a breach of regulation 19 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- At our last inspection we found a number of gaps in recruitment records, for example, no applications on file for three staff members and a criminal record check for a previous employer. At this inspection we found further improvements were required to ensure safe recruitment practices were followed.
- We reviewed staff employed by the service since our last inspection, including the current manager. We found various inconsistencies, including partially completed application forms containing gaps in employment and no reference information.
- We asked the manager about these gaps. They told us they had submitted all the relevant paperwork to the provider, but documents had not been placed in staff files. However, some of the gaps identified could not be explained, such as incomplete application forms and issues with references requests.
- The provider failed to ensure checks related to satisfactory conduct in previous employment were carried out. This meant we could not be assured staff employed by the service were of good character and safe to work with people.
- The provider did not always follow their own recruitment process before employing staff.

We found no evidence that people had come to harm. However, people were put at risk of harm because the provider failed to follow safe recruitment practice. This was a continued breach of regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager responded immediately during and after the inspection. They told us recruitment procedures would be revised and staff files reviewed and updated. The provider had also agreed to employ a human resources person part-time to help with recruitment procedures.

- Staffing levels were not always efficient to meet people's needs. Staff told us staffing levels could be improved. A staff member told us, "Sometimes there is only one staff member on duty and this can make it difficult to provide the care people need."

- Records of rosters reviewed confirmed staff worked alone between 8am-9am Monday to Friday and during the weekends. The rota also showed an in-experienced staff member in training worked alone on a number of occasions without an experienced staff member on duty. This was confirmed by staff. This meant people's needs were not always met due to insufficient staffing levels.
- The manager told us staffing levels were based on level of need. The dependency tool sent in by the manager showed three staff members were required for the early and late shifts and 1.5 at night. A review of the rota by the manager concluded that there was less activity between the hours of 8am-9am as most people slept during this time, therefore the rota had been amended to reflect this.
- One person told us, "In the day there used to be sufficient staff for staff to spend time with people, now this is purely functional, there's enough staff to clean and make food. It [staffing levels] has been cut back to where it is just functional, staff do not have time for any sort of support." This meant we could not be assured that staffing levels met people's needs at all times.

We found no evidence that people had come to harm. However, people were put at risk of harm because the provider failed to ensure staffing levels were insufficient to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the manager sent in a revised rota which no longer included the trainee staff member, they had recently left the service. The manager told us a staff member had been promoted to team leader and currently in training for this role. The team leader would be assisting the manager with audits, on-call and administration duties.

Assessing risk, safety monitoring and management; Using medicines safely; Preventing and controlling infection

- Risks related to people were assessed and reviewed. However, these lacked details and were not always up to date. For example, the risk assessment for one person did not include guidelines on how to mitigate risks associated with behaviours that challenged the service. For the same person the service had not considered the risks of travelling without being accompanied by staff. This put the person at risk of harm because measures to mitigate risks had not been fully assessed.
- Most staff had worked for the service for some time and were aware of risks posed by people and what they should do.
- The manager told us, and records showed they had started to review the format of care plans and risk assessments to make these more person-centred and focused.
- Following our inspection, the manager sent us an updated risk assessment.
- Medicines were not always managed safely. Medicine administration records reviewed contained various gaps. For example, for one person staff had not signed on 22, 25 and 27 May 2021 for medicines prescribed to be taken daily each morning. This meant we could not be assured that medicines were given as prescribed and may have put the person at risk.
- PRN protocols for 'as required' medicines such as paracetamol for pain relief were not in place. Additionally, for one person staff had administered 'as required' medicines for pain relief, however, the reasons for administering this had not been recorded on the back of the MAR chart.
- For another person prescribed cream for a skin condition, staff had not recorded when and how this had been applied. Therefore, we could not confirm whether the person had received treatment for their condition as prescribed.
- Staff had not completed a medicine competency assessment to check their capability to administer medicines. This meant we could not be assured that all staff had the necessary skills to competently administer medicines. This put people at risk of harm.
- We were not always assured that the provider followed good infection control practices at the home.

- Overall, the home was generally clean and tidy, however, we found the service cleaning task allocation did not provide a detailed list of areas to be cleaned, such as frequently touched door handles and light switches. Some communal areas of the home required additional cleaning. The infection control policy and procedures were out of date and did not include guidelines for the COVID-19 virus.
- Systems in place to prevent the risk of spreading infection from visitors were not always followed by staff. The manager told us, visitors were asked to take a lateral flow COVID-19 test, take their temperature and wear a mask. Inspectors were not asked to do this on the day of our inspection. This meant the arrangements in place to check visitors were not robust and therefore put people at risk of acquiring an infection, such as COVID-19 virus.
- At the time of our inspection visiting arrangements had not been finalised. The manager told us, and we observed a tent had been put up in the garden area to allow for lateral flow COVID-19 testing of all visitors to the service, as well as providing a designated space for people to receive visits from friends or their family members. This meant visiting arrangements had not been implemented in line with government guidelines.

We found no evidence that people had come to harm. However, people were put at risk of harm because the provider failed to adequately assess risk, safely administer medicines and follow good infection control practice. The above issues amounted to a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff and people using the service had access to PPE, such as aprons, mask and hand sanitiser. One person told us, "I think infection control is quite good. They wear their kit, face masks and where [mask] is not pulled up they [staff] keep their distance."
- Regular testing for COVID-19 was carried out in line with government guidelines for staff and people using the service. With the exception of one person, people using the service had been fully vaccinated. Records showed the manager worked with the local authority to ensure staff take up of the vaccine improved. At the time of our visit five of the nine staff members employed had received their second COVID-19 vaccination with plans for the remaining staff to be vaccinated in line with government requirements.
- Relatives told us they had not visited the home since the start of the COVID-19 pandemic. However, most had spoken with their relative during the COVID-19 lockdown and some people using the service had started to revisit their relative following the change in visiting restrictions.

Systems and processes to safeguard people from the risk of abuse

- Staff we spoke with told us they had received training in safeguarding. However, not all staff were aware of the whistleblowing policy and the external authorities to report to.
- The manager told us all staff were aware of reporting requirements and this had been discussed at team meetings. Records confirmed this. However, this had not always been effective in ensuring staff fully understood their role in reporting safeguarding concerns to external authorities. This meant systems to check staff understood their roles and responsibilities in reporting abuse were ineffective.
- Relatives told us they felt the service was safe. A relative told us, "Yes, exceptionally safe 10 out of 10. Another relative said, "My [relative] is very safe living at Earlham House. ... I would rate the home 10 out of 10 for safety." Due to behaviours that challenged the service, one person said they did not always feel safe.
- Following our inspection visit an incident of alleged abuse had been reported to CQC. The manager acted promptly to safeguard people and worked closely with the relevant authorities in relation to this safeguarding investigation.

Learning lessons when things go wrong

- Systems for acting and dealing with incidents and accidents were not robust. The service did not always

follow their accident and incident reporting policy and procedures.

- Records showed an incident involving two people who used the service was not recorded and lessons learnt not explored.
- The manager told us there had not been any serious incidents since she started in April 2021. However, an incident involving the service calling out the emergency service had not been recorded in line with the process detailed in their procedures.
- Prior to our inspection the manager had identified inconsistencies with the way aspects of care were recorded by staff and had started work to bring this information together.
- The manager had identified lessons learnt following a recent incident which concluded the need for staff training in managing behaviours that challenged the service.
- The manager told us all staff would be completing training in incident and accident reporting to follow up and identify lesson learned.

# 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 now deteriorated to requires improvements. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people lacked capacity to make decisions about their care and treatment, we found best interest decisions were not always made in line with the principles as set out in the Mental Capacity Act 2005.
- Consent forms were signed by the previous manager after obtaining email authorisation from relatives. It is unclear whether relatives involved had lasting power of attorney to make best interest decisions and therefore we could not be certain these decisions were made in line with the requirements of the Mental Capacity Act 2005.
- We found one person had a mental capacity assessment in May 2021 which concluded the person lacked capacity to make decisions related to their health. However, it was unclear whether the person did or did not lack capacity as other information on file indicated that they did have capacity but chose to make poor decisions regarding their healthcare needs.

We found no evidence that people had come to harm. However, where people lacked capacity consent was not always in accordance with the requirements of the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager told us they continued to work closely with healthcare professionals in relation to this situation. Records confirmed this.
- Records showed people subject to restrictions had authorised DoLS in place. At the time of our inspection there were four people with authorised DoLS.

- The manager and staff understood the importance of asking people for their consent before providing care.

Staff support: induction, training, skills and experience

- Relatives told us staff were good at their job. One relative told us, "I think the staff are amazing." Another told us, "Yes, the staff are very good at their jobs, 8 out of 10." A person using the service told us although most staff were good at their job, however, not all possessed good communication skills

- Staff training was not always effective in ensuring staff understood their role in reporting and acting on safeguarding concerns. This meant we could not be assured that staff attained the necessary skills to effectively carry out their role.

- Following our inspection visit the manager sent us a training matrix detailing training completed by staff and training due. This showed staff had completed on-line training in various areas, such as basic life support, fire safety, food hygiene, moving and handling, mental health awareness and medication management. This was confirmed by staff.

- A supervision training matrix sent by the manager showed staff had attended regular supervision and completed an appraisal. Records confirmed most staff received supervision, with the exception of one person who told us they had not received supervision since joining the service in February 2021. Staff told us the new manager was approachable and they felt supported by them.

- The manager told us they had identified gaps in training and in the process of accessing training in areas such as behaviours that challenged the service, medicine competency and incident and accidents.

We recommend the provider seeks a reputable source in relation to staff training.

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

- Prior to our inspection we received concerns about food supply at the home. During this inspection we found enough dried food in stock such as cereal and pasta. Foods such as eggs and bread was running low and we saw staff had purchased these on the day of our visit. However, we found limited options for people with special dietary requirements, such as vegetarians. This was confirmed by one person who also told us they felt the quality of food had gone down. We discussed this with the registered manager who told us they purchased food from various supermarkets, including vegetarian products. They said at time fresh foods such as fruit and vegetables will arrive damaged and this can be disappointing for people.

- The manager told us people were asked their choice of food and a weekly menu produced based on this. Where people had special dietary requirements, this was discussed with them. Records confirmed this. Since joining the service in April 2021, the manager introduced online shopping.

- Staff told us supply was running low, but the shopping order was due on the day of our visit. This was confirmed by the manager who told us they were in the process of placing the order for delivery

- The menu showed people were given choices, such as option of cereal or fried breakfast. Staff told us where people did not want what was on the menu, they were able to choose an alternative.

- Relatives told us they felt people were given enough food of their choice. Relative told us, "There is enough food and drink. My [relative] enjoys the food at Earlham House." Another relative told us, "My [relative] eats everything. He loves the food at Earlham House."

- Following our inspection visit we received further concerns regarding the lack of food supply. We discussed this with manager who told us they had worked closely with people to ensure their nutritional needs were met, and food choices were accommodated.

- We were sent copies of weekly on-line orders for food covering four-week period from June 2021 to July 2021. We were not able to verify spend on weekly shopping at the home, but the shopping list indicated food had been regularly purchased for the home.

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

- People living at the service had done so for many years and had been assessed prior to admission to the service to ensure they received the right care and support.
- Care plans were developed in line with people's individual needs and preference. Records confirmed people's choice for care was recorded in their care plan. However, these were not always written in a person-centred manner.
- The manager told us they were in the process of developing a new format for care plans to make these more accessible and person-centred. Records confirmed this.
- Most staff had worked for the service for some time and knew people well. A staff member told us they referred to people's care plans and talked to people about their needs. They were able to give us an example of this, whereby a person who had a preference for the way they preferred to rest at night. This was written in their care plan.

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

- People were referred to healthcare professionals to help staff to meet their health needs. However, referrals were not consistently made in a timely manner. For example, one person who had presented with behaviours that challenged the service for some time was not referred for specialist support to help staff to better support them. Records showed the person had recently been referred for specialist behavioural input following a referral by the manager to their GP in May 2021. The person had presented with behaviours that challenged the service over a period. This meant the person was not able to benefit from specialised input sooner.
- For another person, a report from the London ambulance services showed staff had picked up and addressed their health issues and taken appropriate action in a timely manner.
- Records showed people had access to healthcare professionals such as podiatrist, chiropodist and dietitian and people's oral healthcare needs were assessed and monitored.

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

- People's bedrooms were personalised, and people were involved in how they wanted their room to be decorated.
- We noted improvements made to the service since our last inspection. The provider had installed new kitchen units and purchased new appliances, such as a fridge freezer. New carpet had been installed throughout the communal stairway/hallway and the various parts of the building had been repainted.
- The garden had been improved with a new decking area which included table and chairs for people wishing to utilise the garden area.

# 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 now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- Although most people and relatives told us staff were caring and kind, the lack of robust systems and processes failed to support an environment where people were respected and received good care.
- A person using the service told us, "I think they [staff] are more caring and kind than you would expect, especially given the cut in hours. They are excellent.". A relative told us, "Staff are very respectful and treat [relative] with dignity and respect always, 100 percent."
- We observed some good interactions between staff and people using the service. Staff spoke with people in a respectful manner.
- Staff we spoke with understood the importance of treating people with dignity and respect. One staff member told us of the importance of respecting people's choices and preferences, such as what time they liked to get up and ensuring the door is closed when giving personal care.
- Care plans documented people's cultural and religious needs.

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

- We received mixed feedback from relatives about their involvement in the review of people's care plans. One relative told us, "I was able to attend care plan meetings up to the time of the lock down." Another relative said, "No, I have never been involved in care planning or care plan meetings."
- People were involved in decisions about their care. Minutes of residents' meetings evidenced monthly meetings took place. People were given an opportunity to have a voice in how the service operated and receive information. Residents' meetings covered various subjects related to the running of the service. This included menu choices, activities, housekeeping, visitor's policy, coronavirus update and testing.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected, and their independence encouraged by staff. We observed people going out independently going out into the community on the day of our visit. One person told us,
- Care plans provided details of how staff should care for people, including tasks people were able to do for themselves. For example, one person's care plan stated staff should encourage the person to dress themselves and make tea and breakfast.
- Relatives told us people were treated with dignity and respect. One relative told us, "The staff are very respectful and always treat my sister with dignity and respect."
- People were encouraged to undertake various tasks to help develop and maintain their independence, such as tidying their rooms, clearing the table after mealtimes and laundry.

# 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 now deteriorated to requires improvement. This meant people's needs were not always met.

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

- Due to COVID-19 restrictions people had spent more time inside the home. For some people able to independently access the community this had been challenging.
- People who were able to access the community were provided with PPE to keep them safe. We observed people going out on the day of our visit.
- Most relatives told us they picked up their loved ones for a home visit or to go for a walk to a café or restaurant or supermarket.
- People's care plans documented their social activity and hobbies. The manager told us people also participated in activities at the home. Where people preferred not to participate in activities, this was documented in their care plan.
- We found handwritten records of daily notes were not always legible, therefore it was difficult to assess how much monitoring and support was being offered. We brought this to the attention of the manager who told us they had identified this as an area for improvement prior to our inspection visit and they were currently looking at ways to improve this.

We recommend the provider seeks a reputable source in relation to effective record keeping.

Improving care quality in response to complaints or concerns

- Complaints were not always dealt with in line with the providers complaints policy. One person who had complained to the previous manager did not feel listened to and their complaint had not been resolved. This complaint was not recorded or logged in the complaints file. Therefore, we could not evidence to what extent concerns and complaints were used as an opportunity to learn and drive continuous improvement.
- The complaints policy required updating as this incorrectly made reference to people contacting CQC if their complaint had not been resolved or they had any continued disagreement.

We found no evidence that people had come to harm. However, systems for receiving, recording, handling and responding to complaints from people were not in place. This was a breach of regulation 16 (Receiving and action on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Most relatives felt their complaint would be taken seriously. Comments included, "I have not complained to date. I could complain if I wanted to. I think any complaint I was to make would be taken very seriously," and "I have never formally complained. However, if I was to complain I think Earham House would take my complaint seriously and investigate my complaint thoroughly."

End of life care and support

- Care plans documented whether people wanted to discuss their end of life wishes. Where family members

were involved this had been clearly recorded, including people's requirements for resuscitation.

- At the time of our inspection the service was not supporting anyone with end of life or palliative care. Planning personalised care to ensure people have choice and control and to meet their needs and preferences
- Care plans documented people's preferences for how they wanted to be cared for. For example, one person's sleeping preferences were taken into account when providing care and support. This meant the person had choice and control about how their needs were met.
- Staff knew people well and were able to tell us about people's individual needs.

#### 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.

- People's communication needs were documented in their care plan. For example, in one person's care plan this stated the person, "Communicates effectively, able to communicate with staff, speaks English, can directly voice needs, some support with reading and writing." For another person the care plan documented the need for an interpreter to help the person to communicate.

# 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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure 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 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Systems for auditing and monitoring the service were not robust and did not always identify the concerns found during our inspection.
- The provider carried checks on recruitment records and despite a previous breach of regulation, the audits have not been robust enough to identify that all recruitment checks were being carried out as required. Audits failed to ensure daily records of care were up to date and accessible. Risk assessments were not always up to date and lacked details about the risks posed to people, staffing levels were not always safely managed to ensure people's needs were met. Systems for responding and acting on complaints were not robust in ensuring complaints made by people were taken on board. Best interest decisions were not always made in line with the principles of the Mental Capacity Act 2005.
- The manager told us they had identified some of the gaps identified above and working towards improving systems.
- Medicine audits carried out in May 2021 by the manager had identified some of the issues found during our visit. However, this had not identified some of the signature gaps found in MAR charts. Therefore, we could not always be assured that people had received their medicines as prescribed.
- We discussed this with the manager who told us medicine gaps had been discussed at a recent team meeting. Record of a staff meeting in May 2021 confirmed this. This included a change of pharmacy to now include printed MAR charts, however, issues related to gaps found in MAR charts in May 2021 were not included in these discussions.

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. The above issues amounted to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014

- The manager joined the service in April 2021 and immediately recognised some of the improvements required. They understood their role and were keen to implement changes. They were aware of the need to ensure people were safe and staff were supported to understand their role and responsibilities.
- The manager told us they felt supported by the provider who they said took their suggestions on board.
- Records of audits covered medicines and health and safety. The manager stated they had started to make changes to systems and documents and said the service was a "Work in progress." The manager recognised the need for improved monitoring/auditing systems and had started to implement these.

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

- Relatives told us they had spoken to the manager, but felt it was too early to say how good they were at their job. A person who used the service told us the manager had good intentions and did their best.
- The manager told us they had a very good relationship with staff and people living at the home. Staff told us the manager was approachable and was making changes to improve the service.

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 manager understood their responsibilities under duty of candour. Records showed the manager had notified CQC and relevant people, including relatives and the local authority following an incident. However, procedures for recording incidents were not always followed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We received mixed feedback from relatives about their involvement in how the service was run. One relative told us, "I have never been asked my views on how the service is run." Another relative said, "I have received a questionnaire in the past but not since COVID-19." A third relative told us, "I have never been asked my views about Earlham House. I would like to add that I am very satisfied with Earlham House and my [relative] is very happy living there."
- Records showed that a resident satisfaction survey was carried out in May 2020. This showed overall, most people were happy with the service.

Continuous learning and improving care

- Systems were in place to continuously learn and improve the quality of care provided to people. The manager told us when things went wrong you, "Learn what your short comings are from that, such as training, guidelines, what to do next so this doesn't happen. Always good to have a proper mechanism, knowing people's needs and aspirations, and put good paperwork and do follow ups, auditing before things go wrong.
- The manager had identified this as an area for improvement and implemented more robust quality assurance systems. Records showed the manager had developed an improvement plan, which they described as a working progress.

Working in partnership with others

- The manager worked closely with healthcare professionals and the local authority. Records confirmed this.
- The manager told us they had developed a good relationship with the local authority who had been very

supportive. This was confirmed by the local authority who told us that the manager engaged well with them and was responsive.

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 11 HSCA RA Regulations 2014 Need for consent  The provider did not always obtain consent in accordance with the requirements of the Mental Capacity Act 2005.  Regulation 11
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had not ensured risks to people were effectively assessed and mitigated risk, which put people at increased risk of harm.  Regulation 12 (1)(2) (a)(b)
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had not ensured adequate numbers of suitably skilled and competent staff had been deployed to meet people's needs.  Regulation 18(1)(2)(a)

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider's governance, assurance and auditing systems had not effectively assessed, monitored and driven improvement in the quality and safety of the services provided and ensured compliance with regulations.  Regulation 17(1)(2) (a)

### The enforcement action we took:

The provider's governance, assurance and auditing systems had not effectively assessed, monitored and driven improvement in the quality and safety of the services provided and ensured compliance with regulations.

Regulation 17(1)(2) (a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider had not ensured adequate checks had been carried out to ensure staff were safe to work with people. This put people at risk of harm.  Regulation 19

### The enforcement action we took:

The provider had not ensured adequate checks had been carried out to ensure staff were safe to work with people. This put people at risk of harm.

Regulation 19