

# Chitimali Locum Medical Limited

# Earlham House

## Inspection report

7 Earlham Grove  
London  
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14 June 2022  
15 June 2022

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08 September 2022

## Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Inspected but not rated
Is the service well-led?	Requires Improvement ●

# 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 over two floors with a garden.

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

Staff recruitment checks were verified by the provider, however, we have made a recommendation in relation to the availability of recruitment records.

People and relatives told us they felt safe at the service. People were protected from the risk of abuse or harm because staff knew the action to take should they suspect or witness any abuse. Risks to people were assessed and appropriately managed to ensure people received safe care. Appropriate infection control practices were followed by staff. Learning from incidents was discussed and shared with staff. Staffing levels were determined by the level of individual care required for people using the service. We had some concerns about staffing levels at night.

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.

Systems for monitoring the quality of the service were in place and regular audits took place. Continuous learning took place to improve the quality of the service provided to people. However, frequent management changes meant there was sometimes inconsistencies in the way the service was managed by different people.

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 25 February 2022). 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 improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we made a recommendation in relation to staff training in relation to medicine competency. At this inspection we found the provider had made improvements, medicine competencies had been completed for staff administering medicines.

### Why we inspected

We carried out an unannounced focused inspection of this service on 14 and 15 June 2022. The provider

completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, fit and proper persons employed, need for consent and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. For the Effective Key Question, we checked whether the service had followed their action plan and now met the requirements of Regulation 11 (need for consent). As we only checked the part of this Key Question we had concerns about, the rating for Effective has not changed and remains requires improvement. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains requires improvement. This is based on the findings at this inspection.

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](http://www.cqc.org.uk).

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

**Requires Improvement** ●

### Is the service effective?

Inspected not rated.

**Inspected but not rated**

### Is the service well-led?

The service was not always well-led.

**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 (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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we could 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. 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.

There is not currently a registered manager in place, the new manager appointed in March 2022 is currently in the process of submitting an application to become the registered manager. The registered manager 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 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 three people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the new manager, team leader, support worker and operations manager.

We reviewed a range of records. This included care records for four for people who used the service, including care plans, risk assessments and daily records of care. We also reviewed medication administration records for three people. We looked at three staff files in relation to recruitment and staff supervision as well as a variety of records relating to the maintenance of the building, including servicing contracts and records related to the running of the service.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. 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 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Recruitment procedures had improved since our last inspection. The service had appointed an operations manager to support the manager and provide guidance and advice in relation to recruitment and other aspects of the service. This helped to ensure care staff were suitable to work with the vulnerable people they cared for. However, further improvements were required to ensure recruitment records were kept up to date and gaps identified were addressed.
- We informed the manager of our findings. They told us they were new to the service and was still finding their way around, following our visit they provided the necessary information to explain most of the gaps found during our inspection.

We recommend the provider seeks a reputable source in relation to management of recruitment records.

- Staff files showed other checks, including criminal background checks using the Disclosure and Barring Service (DBS). These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- At our last inspection the provider had failed to ensure staffing levels were sufficient 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- On the day of our inspection we saw that staffing levels were sufficient to meet people's needs. However, we were concerned about staffing levels at night. The manager told us people were very settled at night and therefore required less support or care. A senior staff member who lived five minutes away who was on-call and able to attend in an emergency.

- The manager told us staffing levels were determined based on people's level of need. They told us none of the people living at the home required one to one care, most were able to take care of their personal care needs independently. A senior support worker had been promoted to team leader to assist the manager with overall management of the service. We found the team leader was still part of the rota and continued to provide care. This meant the rota system had yet to be implemented.
- Staff rotas showed two members of staff were on duty during the early and afternoon shifts, and one staff at night. The manager was also at the service daily Monday to Friday and able to step in if required.
- Staff felt there were enough of them to meet people's needs. One staff member told us, "I think so, we are always recruiting and building up our bank staff." Another staff member said, "Yeah, people go to bed between 8-11pm, this is their choice. It's very quiet that's why one carer is enough. The team leader is local 5/10 minutes away."
- The manager told us extra bank staff were used where people had medical appointments to ensure people's health needs could be met. The service was in the process of recruiting more support staff.

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

At our last inspection the provider had failed to adequately assess risk, safely administer medicines and follow good infection control practice. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At this inspection we found risk assessments had improved, but further improvements were required to ensure the format used for creating risk assessments were clear, for example, separation of actions taken to mitigate risk and the impact to people. This would ensure staff, in particular new staff were able to follow the guidance. The manager told us they were in the process of reviewing all care plans and risk assessments to transfer these to a new on-line system recently purchased by the provider. Records confirmed this.
- Risks to people were assessed and reviewed at least annually or sooner in the event of a change in circumstances or an incident. Records reviewed confirmed the manager had updated most risk assessments for people living at the home in March 2022.
- A risk assessment policy & procedure was in place and last reviewed June 2022. This included guidelines for assessing risk, including health and safety in relation to people, staff, visitors and the environment.
- Risks covered areas such as risk of falls, going out in the community, smoking, self-neglect and eating and drinking. For example, a falls risk assessment provided guidance such as, "Ensure that there are no obstacles that [person] could trip or fall over in the communal areas or [their] room."
- Staff understood risks posed to people and were able to explain the actions they took to mitigate these. For example, a staff member told us about the measures in place for someone at risk of falls, which included encouraging the use of a stick for balance.
- Medicine management had improved since our last inspection and issues found on the day of our visit had been addressed by the manager. The manager had introduced weekly and monthly auditing of medicines. Records confirmed this.
- Medicine administrative records (MAR) were signed by staff. We made the manager aware of one entry which had been scratched out, which they said would be addressed with staff. Staff administering medicines had received training and had their competency assessed.
- The manager told us no one was currently prescribed 'as required' medicines (PRN). However, we found



PRN medicine prescribed to one person, but this had not been recorded on their medicine administration record (MAR). A pharmacy audit carried out after our inspection identified the PRN medicine had been missed from the MAR chart and this was rectified. The manager also put a PRN protocol in place for this person. This helped to ensure the person received pain relief when this was required.

- We found infection prevention and control practices had improved. Cleaning schedules were reviewed to include regularly touched areas, such as door handles. The home was clean and tidy with no malodour.
- Staff received training and followed good infection prevention and control procedures. A staff member told us, "We wear PPE, gloves, mask, aprons, when we help prepare meals we always wash our hands."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were somewhat assured that the provider was accessing testing for people using the service and staff. One staff member told us they were required to do a lateral flow test twice weekly through their agency. Following our inspection, the manager took immediate action to ensure all staff now submitted evidence of testing, which they told us was now done twice a week.

We have also signposted the provider to resources to develop their approach in relation to this.

#### Visiting in care homes

Visitors arrangements at the service were in line with government guidelines. The manager told us there were no restrictions visiting the home. Visitors were asked to show evidence of a negative COVID-19 test, have their temperature checked upon entry and to wear a face mask. There was a visitors policy displayed in the communal entrance for all visitors to observe.

#### Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from abuse, including safeguarding and whistle blowing policies.
- People and relatives told us they felt safe with staff. A relative told us, "Staff are always very careful, and he is definitely safe." Another relative said, "I have no concerns about [relative's] safety, they look after him very well, he's clean."
- Staff understood how to report safeguarding concerns. They demonstrated a good understanding of abuse and were clear on how to report concerns under safeguarding and whistleblowing procedures. One staff member told us, "If I see staff member abusing somebody, I would report it to my manager, I would go high, you guys [CQC], police if necessary and Haringey council." Another staff member told us, "I would report it straight away".
- The manager was aware of the need to report any safeguarding concerns to the local authority and the CQC.

#### Learning lessons when things go wrong

- Staff knew how to report accidents and incidents and systems for recording these were in place. The manager told us where an incident had occurred, there was learning from these.

# Is the service effective?

## Our findings

At our last inspection the provider had failed to ensure people who lacked capacity to consent was 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- The manager told us for one of the four people currently under a DoLS restriction, their DoLS had yet to be approved. Although this had been requested after the expiry date, the local authority had responded and were in the process of arranging a date for the assessment to be completed.
- People were asked their consent before staff provided support or care. A staff member told us, "I knock on the door and ask if can come in, ask [person] if ready to get up and if want my help, [person] will decide if they want to come down for breakfast or have it in their room. If best interest, discuss with advocate or relative. [People using the service] are all individual."

# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. 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; Continuous learning and improving care

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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, further improvements were required to ensure these changes were fully imbedded.

- Systems for auditing and monitoring the service had been reviewed since our last inspection and new audits introduced. This covered areas such as medicines, health and safety and infection control, complaints/compliments and care plans.
- Following our last inspection, the provider had appointed an operations manager to support the manager with the day to day operations of the service. The operations manager provided supervision to the manager and developed an action plan for the service. However, we found some areas of service required more expertise in robust monitoring and auditing of the service, such as medicines and recruitment.

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, including being transparent when things go wrong. However, notifications were not always submitted in a timely manner for DoLS renewals where restrictions had been approved. The manager sent these in retrospect following our inspection visit.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were asked their views about the service. Regular key-working sessions were used to obtain feedback from people in relation to their wellbeing and the service.

Working in partnership with others

- The service worked together and with other health and social care professionals to meet people's needs

and to assess and plan ongoing care and support. Meetings were held to review people's care.