

Chitimali Locum Medical Limited

Earlham House

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 15 September 2015 and was unannounced. The last inspection of this home took place in July 2014. At that inspection we found the provider was not meeting the standards for staffing, staff training and supervision and monitoring the quality of care. At this inspection we found improvements in all of these areas.

Earlham House is a care home for up to 8 people who have mental health needs. There were 7 people living in the home at the time of this inspection.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The home was kept clean and well maintained. People living in the home said they were well looked after. Staff supported people with personal care and helped them to keep safe.

People said they were happy living in the home, had good relationships with staff and were able to do the things they wanted to do. Comments included; "I like it here," "I don't have any problems,"

Summary of findings

and, “We all get on well together. This is my home and I’m happy.”

There had been some improvements in the service since our last inspection in 2014. These included more staff on duty, more training and supervision for staff and people being allowed to use the kitchen.

Staff did not have up to date training in first aid which meant there was a risk that they may not be able to provide emergency first aid support in an emergency.

Staff gave people support with their health needs and went to their appointments with them but care plans did not always detail the support people needed to maintain their health. This meant there was a risk that some health needs might not be identified and met.

There were three standards which were not being met which related to training, not having written health care plans and the provider not notifying the Care Quality Commission of events they are required to notify. You can see what action we told the provider to take at the back of the full version of the report. We also made a recommendation that the service promotes independence and rehabilitation in people’s daily lives.

Summary of findings

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 safe. People lived in a clean and safe environment. Staff knew the risks to each person's safety and helped them to be safe. There were enough staff on duty to support people. People received good support with their medicines.

Good



Is the service effective?

The service was not consistently effective. Staff received training and supervision but were not trained in first aid or the Mental Capacity Act 2005 which meant there was a risk of not being able to meet people's needs in these areas.

Staff supported people to make and attend their health appointments and to maintain their physical and mental health but a lack of written care plans for health meant there was a risk a person's health condition may not be met.

The building was suitable to meet everyone's needs.

Requires improvement



Is the service caring?

The service was caring. Staff had formed good relationships with people living in the home who told us they felt well cared for and liked living there.

People's different cultural needs were respected.

Good



Is the service responsive?

The service was responsive. People told us they received personalised care which met their needs and preferences. They felt able to raise concerns and complaints.

Good



Is the service well-led?

The service was not always well led. The registered persons had listened to the concerns of the Commission and the local authority and made improvements in the home. They sought the views of people in the home and their representatives on the quality of the service but they had not notified the Care Quality Commission of events they were required by regulations to notify.

Requires improvement



Earlham House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on 15 September 2015 and was unannounced. The inspection was carried out by one inspector. Before the inspection we reviewed the notifications sent to CQC by the provider in the last year, the previous inspection report and information from the local authority.

During the inspection we used a number of different methods to help us understand the experiences of people living in the service. We observed how staff interacted with people in the communal areas. We met six of the seven

people living in the home and talked with four of them. The other two did not wish to speak with us, although one person said there were no problems and said that was why they didn't want to speak with us.

We looked at three people's care records in detail and one person's financial records whose money was looked after by the registered manager. We also carried out pathway tracking which involved talking to people and reading care records to see whether the plans for people's care were taking place. We checked menus, one staff recruitment file, staff duty rosters, all staff training, supervision, appraisal and meeting records, accident and incident records, selected policies and procedures and medicine administration record charts. We also saw satisfaction questionnaires completed by people living in the home and professionals involved in their care.

We spoke with the registered manager, deputy manager and two support workers. Following the inspection we contacted health and social care professionals involved with people living at the home to ask their views on the quality of care provided and received feedback from three of them.

Is the service safe?

Our findings

People were safeguarded from the risk of abuse. Safeguarding procedures were in place, staff had been trained in safeguarding people from abuse and they had an understanding of how to recognise and act on any signs that somebody was being abused. The local safeguarding team's number was displayed so people could contact them directly if they did not want to talk to the manager about any concerns. People said they felt safe, got on well with each other and had not witnessed any bullying.

The registered manager followed procedures to protect people from the risk of financial abuse. They managed money for three people living at the home and kept good clear records of people's money and receipts which they either sent to their appointees or retained for their local authorities to inspect. The registered manager was supporting one person to learn to manage money better. Three people had given written consent for staff to look after their finances and others managed their own finances. There was good support in place to protect people who were known to be at risk of financial abuse by others.

People were safe as risks to their safety were managed. There was one exception to this where staff had not carried out a written risk assessment for one person for going out without staff support. We discussed this with the registered manager and found they had taken action to minimise the risks but there had been no written risk assessment and management plan that the person and/or their representative had agreed to. We brought this to the registered manager's attention who agreed to risk assess this and involve relevant people such as family and professionals to make and record a best interest decision if the person did not have capacity to make an informed decision themselves. Six of the seven people living at the home were able to go out independently. Staff went out with them if they wanted support.

The provider had increased staffing levels since July 2015. There were now a minimum of two staff working during the day, excluding the manager, seven days a week and one member of staff awake on duty at night. Previously the night staff had been asleep in the home on call if people needed support and there had been one member of staff on duty during the day at the weekend. The increased daytime staffing meant that staff were always available if

people wanted support. One person who needed staff support to go out was going out more often so the increased staffing had helped to improve this person's quality of life.

The provider operated a safe recruitment process to minimise risks to people from unsuitable staff being employed. Two new staff had been employed since the last inspection. We checked the file for one of them to see if the provider had carried out all the required checks to ensure they were recruited safely and were suitable for the job. We found this person had the required checks including references and a Disclosure and Barring Service check which checks a person's criminal record, and they had suitable experience for the job.

People received good support with their medicines to ensure they took their prescribed medicines appropriately. The local pharmacy prepared all the prescribed medicines in dossett boxes clearly marked and ready to give to people. Medicines were stored securely and safely. Staff monitored the temperature of medicines cabinets and fridges daily. People had given written consent to staff giving them their prescribed medicines. Two people looked after their own inhalers. All other medicines were given by staff. One person was able to give themselves daily injections with staff support.

Since our last inspection staff had completed up to date medicines management training. The local pharmacist had visited the home to check arrangements for medicines were safe and found no concerns. The registered manager said nobody was able to manage their own medicines. We asked two people about this and they said they felt confident with staff supporting them and did not wish to learn to take responsibility for their own medicines. The registered manager kept all the information leaflets about each person's medicines in a file for staff to refer to and check possible side effects.

Staff supported one person with a prescribed cream but there was no record that the person consented to staff applying this cream for them. We informed the registered manager that this procedure had not been for risk and there was no record of the person's consent, or if they did not have capacity to consent, a best interest decision being made. The registered manager said that she would do this and inform us of the outcome.

Is the service safe?

The home was cleaned to a good standard and the registered manager took suitable action to minimise the risk of people contracting or spreading any infection. She had also held a meeting with people living in the home to advise them on safe food hygiene practices. Staff had completed training in infection control. There was a

cleaning schedule in place which staff signed when they had completed a cleaning task. The home recently achieved a five star rating (the maximum) in a food safety inspection by the local authority environmental health team.

Is the service effective?

Our findings

The provider trained staff in relevant subjects for the job, including safe handling of medicines, safeguarding adults, fire safety and infection control. Five staff had a qualification in health and social care. Only one staff member had up to date first aid training. This meant that people were at risk if they needed emergency first aid treatment.

Although most people in the home had capacity to make their own decisions a lack of training in the Mental Capacity Act could lead staff to not understanding how to support people when important decisions had to be made. There had been no mental capacity assessments for one person as staff did not know how to do this. The registered manager told us that this training was booked to take place shortly after this inspection. We discussed this and the registered manager told us she would arrange this training for herself in the meantime to minimise the risk of acting without a person's informed consent.

The lack of training in first aid and Mental Capacity Act was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The local pharmacist was arranging training for staff about supporting people with diabetes. The provider used a training company where the trainer visited the home to provide training and staff worked through workbooks to complete their training. All staff had completed training in managing medicines since the last inspection and all but one were completing training on mental health awareness at the time of this inspection. The staff member who wasn't doing this training had a good knowledge of each person's mental health diagnosis and was able to explain them to us. The provider had not provided any training in mental capacity.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have

been agreed by the local authority as being required to protect the person from harm. The registered manager had

applied for authorisation for one person living in the home as they lacked the capacity to make the decision whether they should live in this home and was awaiting authorisation.

The manager had started staff appraisals last year and told us they planned to complete this year's appraisals a few weeks after the inspection. Staff told us they received regular individual supervision. We checked a sample of supervision records and saw that staff had opportunities to discuss their work with the registered manager or deputy manager.

Staff meetings took place every three months. This was the opportunity for staff to meet together. We saw minutes of these meetings showing that a range of relevant topics were discussed.

People were involved in planning the menu. The home had a ten week menu and each day people could choose from two main meals. If they didn't want to eat either choice they could request something different. People discussed the menu regularly in house meetings. One person who was vegetarian had their own written menu which they had planned with support from staff. Staff kept records of all food eaten by two people who needed their food intake monitoring for health reasons.

People chose their own breakfast and lunch each day depending on what they felt like eating and the main meal was in the evening. Breakfast was cereal, toast or cooked breakfast. Only one person helped prepare food in the kitchen. They enjoyed cooking and said, "I love going in the kitchen and helping them prepare food and baking."

Up until recently, the kitchen had been kept locked when staff were not in it. This meant that people had not been allowed to go in the kitchen freely for many years. Since our last inspection when we raised a concern about this, the kitchen was now kept unlocked. However people had not yet started using it. Some people had no interest in making their own food. Some had little experience of preparing food. One person said, "They encourage me to make food but I don't want to," and another also said they had no interest in cooking. People were happy with the food. One person said, "The food supply is ok. I don't have any problems with it."

Staff had a good knowledge of people's physical health needs and supported them to attend all medical appointments. The deputy manager was responsible for

Is the service effective?

arranging medical appointments for people who were unable to do this themselves and attended their appointments with them so had a good knowledge of their health which they then shared with the staff team. Each person had all their appointments recorded. They attended appointments with GP, consultants, dentists, opticians, chiropodists and other specialist health care professionals.

One person's care plan did not include their physical health conditions. This person had a number of health conditions. They told us that staff supported them well with their health but the lack of a written health care plan meant there was a risk one or more of this person's health needs may not be known and supported by staff, or by medical staff if they were to go to hospital in an emergency. Another person also had health needs which were not yet set out in a written care plan.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff supported people to attend appointments related to their mental health for example visiting a psychiatrist and attending a local clinic for regular injections. On the day of the inspection a healthcare professional had changed an appointment and staff phoned to question this and ensure that the person was able to receive their injection on time.

There were two ground floor rooms which had en suite bathrooms for people who had mobility needs but the home was not wheelchair accessible. People living at the home said the building met their needs and they felt safe.

Is the service caring?

Our findings

People said that staff were caring. Comments included; “They do seem to care about me” and “They look after me well.” One person said, “I like it here. All the staff are nice to me.” Another said staff were, “not too bad.” Two healthcare professionals told us that people were happy in the home. One said staff were “very caring” and “my client seems happy.”

Staff respected people’s right to privacy. They knocked on the doors and waited for permission to go into their rooms and people went out when they wished to. The residents’ surveys from February 2015 showed people thought they had choice about their daily routines and that their privacy was respected.

Staff supported people to make decisions about their lives in the home including through regular group meetings and discussing their care plan individually. An interpreter had been used to support somebody where an important decision affecting their life was needed. Another person’s care plan recorded that they disagreed with their mental health diagnosis and represented their views clearly.

People helped with some practical chores involved in running the home such as helping to unpack the weekly food shopping. One person did their own washing and staff encouraged others to do what steps they were able and willing to do such as bringing their laundry to the washing machine for staff to wash for them. Staff had helped one person to go out to a nearby appointment independently which was a good achievement for this person.

People’s different cultural needs were respected. Staff supported one person to go to a cultural centre where they could meet people from their own cultural background regularly. Two other people also attended cultural centres and were involved with activities there. This helped people to maintain their cultural identity and to socialise with people outside the care home.

Some people did not have friends outside of the home but an ex resident of the home visited regularly and was a friend to people. This person went out with people including on holiday. The deputy manager arranged an annual holiday for people who wanted to go on holiday. Three people were going on holiday shortly after the inspection. The others said they preferred to stay at home. People said they enjoyed their holidays.

Is the service responsive?

Our findings

The service responded to people's needs and preferences. Each person had a care plan detailing their needs and preferences. The care plans did not contain people's written views but the registered manager told us that she typed the plans whilst working on them with the person. One person who had moved in to the home in recent months did not have a completed care plan but had begun this work with the registered manager. The registered manager agreed to complete this care plan urgently. In the meantime staff read the person's history and needs assessment in their file and they were able to explain their needs to staff. This person said they were happy in the home and thought they were well supported by staff. We spoke to two other people who said they had worked with the registered manager on their care plans. They said they did not have a copy but did not want one.

People went out shopping, to the cinema, cultural centres, places of worship, visiting family and friends and other places of their own choice. Most people were able to go out on public transport independently wherever they wanted to go. Staff arranged meals out and trips to the pub with people. One person needed staff support to leave the

house. This person went out regularly with staff support to restaurants, for walks and to a cultural social club. People were able to socialise with others or stay in their own room and go out alone if they preferred. In the home people who wished to joined together to do a crossword, watch television, listen to music and watch films. One person said they enjoyed playing scrabble on Sundays with another person living in the home. Another said they liked to "watch TV, sit and relax."

One person told us they enjoyed the music activity and the snacks that were served with it. One person was independent in the home with laundry, housework and assisting with shopping and cooking.

The home's complaints procedure was displayed in the home so people knew how to make a complaint. We asked two people if they knew how to make a complaint. They said they would talk to the registered manager if they had any concerns and were comfortable to do so. The written procedure had an error as it said people could complain directly to CQC. However CQC does not investigate individual complaints. We brought this to the attention of the manager who amended the procedure so that people living in the home and their visitors know the correct procedures if they had a complaint

Is the service well-led?

Our findings

The registered manager had not made a notification to the Commission that was required under the Care Quality Commission (Registration) Regulations 2009 when there was an incident involving the police and a Deprivation of Liberty Safeguard Authorisation.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The registered manager was familiar with the current regulations for operating a care home; the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 but did not have a copy. We advised that they obtain a copy of the guidance for provider's handbook which contains the regulations and guidance on how to meet the standards.

The culture of the home was caring and protective of people's safety and wellbeing. People were not always supported to take informed risks and to increase their independence in areas such as food preparation. The provider had recently stopped the historical practice of keeping the kitchen locked but as there were facilities in the lounge to make drinks, people were not using the kitchen.

Staff prepared all the food and handed it to people through a hatch from the kitchen to the lounge-diner. There was a fridge and kettle in the lounge-diner where people could help themselves to jugs of squash and make their own tea and coffee. People were used to this arrangement as they had not been supported to go into the kitchen to make their own drinks for years.. The registered manager agreed to support people to be as independent as they were able starting with small steps such as making their own drinks and preparing their own breakfast cereal instead of relying on staff to make a jug of squash or put cereal into a bowl for them.

People living in the home felt supported by the manager in their day to day lives and said life in the home was "not

bad" "good" and "the best place I have lived." Those who wanted to had links with the local community and were satisfied with their quality of life. Professionals said the manager was "dedicated to the care" of people living in the home and willing to listen to and act on constructive criticism. One professional said that the home was "a really nice home."

The provider had sent questionnaires to people living at the home in February 2015 and their families and professionals involved in their care, including their GPs, in June 2015. We saw the results of these questionnaires, and feedback was positive. One person had said they would like more staff and this had been acted on as staff levels increased in July 2015. Staff had completed a survey in May 2015 and the results of this showed they were happy with the training and support given to them at that time.

One example of where staff acted on people's views was a sign for staff saying that six of the seven people living in the home preferred to have the television off during mealtimes.

There had been improvements since the last inspection. There were records showing the provider had been in regular communication with the registered manager and visited the home to oversee the quality of service. The provider had acted on the concerns identified at the previous inspection and made the necessary improvements. These were increasing staffing levels, providing more staff training and individual supervision, more quality monitoring and unlocking the kitchen so people living in the home could use it. The registered manager was carrying out monthly audits of finances and recorded discussions with the provider about staffing, finances, food, medicines, activities, repairs and supervision.

We recommend that the service further promote independence and rehabilitation to enable people to improve their independence in daily living.

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 did not take formal enforcement action at this stage. 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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>People were not protected against the risks associated with their health as the registered person had not assessed risks to their health and safety and taken action to mitigate those risks by writing a health care plan identifying their health needs and how these should be met. Regulation 12 (1)(2)(a)(b).</p> <p>The registered person had not ensured that staff providing care have the qualifications, competence, skills and experience to ensure safe care as staff had not been provided with first aid or mental capacity act training. Regulation 12(1)(2)(c).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents</p> <p>The registered persons had not notified the Commission of an application to a supervisory body for a Deprivation of Liberty Safeguard authorisation. Regulation 18(1)(2)(c).</p> <p>nor an incident which had been reported to the police. Regulation 18(1)(2)(f).</p>