

TLS Property Developments Ltd

Eltham House

Inspection report

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Coventry
West Midlands
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Tel: 02476504553

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31 October 2017

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Eltham House provides care and accommodation for up to six people with a diagnosis of a learning disability or autistic spectrum disorder. On the day of our inspection visit there were five people living in the home. The home is located in Cheylesmore, Coventry in the West Midlands.

The home was last inspected in January 2017. At that inspection we found two breaches in the legal requirements and Regulations associated with the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

These breaches were in relation to the care and support people received. The provider did not ensure risks to people's safety and well-being were assessed. Where risk had been assessed management plans were not up to date. This meant staff did not have the information they needed to keep people and themselves safe, including in an emergency. The provider did not have effective systems and process in place to monitor and improve the quality and safety of the service people received.

The home was rated as Requires Improvement. We asked the provider to tell us how improvements were going to be made. In response the provider sent us an action plan which detailed the actions they were taking to improve the service.

At this inspection on 31 October 2017 we checked to see if the actions identified by the provider had been taken and if they were effective. We found sufficient action had been taken in response to the breaches in Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the provider was no longer in breach of the Regulations.

There was a registered manager in post at the time of our inspection. A requirement of the service's registration is that they have 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 and associated Regulations about how the service is run. The registered manager is also the provider for this service and is referred to as the provider throughout this report.

Risks to people's safety were identified and assessed. However, further improvement was needed to ensure records relating to the support people required in the event of a fire, or other emergency were clear and to ensure all staff knew where these records were kept. People told us they felt safe living at Eltham House and staff were happy working at the home. Staff understood how to protect people from abuse and their responsibilities to raise any concerns.

People's care plans contained up to date information which provided staff with the guidance they needed to provide personalised care. Staff demonstrated a good understanding of the needs and preferences of the people they supported. People and some relatives were included in planning how they were cared for and

supported.

There were systems in place to monitor the quality and safety of the care and support people received, and the provider regularly sought feedback from people and their relatives and other visitors. The provider used this feedback to make improvements to the service provided.

Staff were recruited safely and there were enough staff to support people at the times they needed. People received their care and support from staff who they knew and people were supported to take part in meaningful activities.

Staff completed an induction when they started working at the home and had their work practices regularly checked by a member of the management team. Staff completed training the provider considered essential to meet people's needs safely and effectively. People received their medicines as prescribed from trained staff.

The management team and staff understood the principles of the Mental Capacity Act (MCA) and their responsibilities under the Act. Staff gained people's consent before they provided support to people.

People were encouraged to make choices about their daily lives, including what they would like to eat and drink. People received a choice of nutritional meals that met their individual needs. Staff supported people to maintain their health and well-being and ensured people had access to health care service when needed.

Staff respected people's privacy and dignity and supported people to maintain their independence. People who lived at the home were encouraged to maintain links with friends and family who could visit the home at any time. People and relatives knew how to make a complaint and complaints were managed in line with the provider's procedure.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Processes were in place to manage the risks associated with people's care. However, further improvement was required to keep people safe in the event of a fire, or other emergency. Action was being taken to address this. People felt safe living at Eltham House and staff understood their responsibilities to keep people safe from harm. Medicines were managed and administered safely. Staff were available to support people at the times they needed.

Is the service effective?

Good 

The service was effective.

Staff received an induction and training that supported them to meet the needs of people effectively. Food and drink that met people's needs was available. The provider was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported to access healthcare services to maintain their health and wellbeing.

Is the service caring?

Good 

The service was caring.

People received care and support from staff who knew their individual needs. Staff were caring and friendly. People were encouraged to maintain their independence and make everyday choices. Staff understood how to promote people's right to dignity and privacy at all times. People were supported to maintain relationships that were important to them.

Is the service responsive?

Good 

The service was responsive.

People were encouraged and supported to follow their hobbies and interests. Staff had a good understanding of the needs of people they supported and people were involved in the development of care plans. People's care records were

personalised and up to date. People and relatives knew how to make a complaint.

Is the service well-led?

Good 

The service was well led.

People and some relatives were satisfied with the service provided and the way the home was managed. Staff were supported to carry out their roles by the management team who they considered approachable and responsive. The provider had effective systems in place to review the quality and safety of service provided. The provider used feedback received to make improvements to the service provided

Eltham 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.

Before our visit we looked at the 'Report of Actions' the provider had sent to us in February 2017 following our last inspection. This detailed the actions the provider was taking to improve the service.

We also looked at the statutory notifications the provider had sent to us, and contacted commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or the NHS. They had no further information available.

This inspection visit took place on 31 October 2017 and was unannounced. The inspection was carried out by one inspector.

During our visit we spoke with two people who lived at the home and five staff, including a senior care worker, three care workers and the deputy manager. At the time of our visit we were not able to speak with the provider but we spoke briefly with one of the directors of the home.

Three of the people who lived at the home were not able to tell us, in detail, about their experiences of the care and support they received. We therefore spent time observing how they were cared for and how staff interacted with them.

We reviewed two people's care records to see how their care and support was planned and delivered, and we looked at the medicine administration records for four people. We also looked at two staff files to check whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other supplementary records which related to people's care, including emergency evacuation plans and checks management completed to assure themselves that people received a good quality service.

Following our office visit we spoke with two relatives via the telephone to gather their views about the service their family member received.

Is the service safe?

Our findings

At our previous inspection in January 2017, the provider had breached Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. This was because the provider had not ensured risk assessments relating to the health, safety and welfare of people who lived at the home were up to date. People's risk management plans did not provide staff with the information they needed to keep people and themselves safe, including in the event of an emergency.

Staff did not recognise some practices were unsafe and presented a health and safety risk in the home for example, propping doors open. The lack of effective risk management meant the provider was putting people's and staffs safety and well-being at potential significant unnecessary risk.

We asked the provider to take action to improve risk management. In response they sent us an action plan outlining how they would make improvements.

At this inspection we found the provider had completed the action they said they would take and the necessary improvements had been made. However, further improvement was needed.

Previously, the measures in place for staff to support people safely in the event of a fire, or other emergencies were not effective. This was because there were not enough staff on duty at night time to provide the support people's emergency plans (PEEPs) detailed they needed. Furthermore staff did not understand the action they needed to take to keep people safe in an emergency and how their practices, for example, propping doors open may place people and themselves at risk.

At this visit staff explained the action they would take to keep people and themselves safe in an emergency. One staff member told us, "After calling 999 my priority would be to double check fire doors were closed. The fire brigade told us this would keep them [people] safe, if we couldn't get them all out, until they [fire brigade] got here." Another said, "In a fire we would follow the emergency plans." The deputy manager told us people's PEEPs had been updated to reflect the advice provided by the fire service, including the providers 'stay put' policy about how to keep people safe at night when only one staff member was on duty. The deputy also said PEEPs had been reviewed by an independent fire protection consultant who was, 'happy with them'.

However, we found some PEEPs did not detail the actions staff needed to take at night when staffing levels were reduced. One relative told us the home had informed them in the event of a fire at night their relative would need to stay in their bedroom and wait for the fire brigade. This was because their relative needed two staff to assist them to move safely and only one was on duty. They added, "This is a concern. Having to wait for the fire brigade. It could be too late, in my opinion." The deputy manager told us, "One night staff is an acceptable level but we have applied for funding (to the local authority) to have an extra night staff and we are waiting to hear." No timescale had been agreed for this decision to be made. However, we saw information to show the provider made regular contact with the local authority to ask for an update about when the decision would be made. The deputy manager also gave assurance PEEPs would be updated to

ensure information was clear. Since our visit we have received information to confirm PEEPs have been updated.

Following our visit we contacted the fire service to discuss the providers 'stay put' policy and night time staffing levels. We received confirmation that 'as long as' the remedial work identified during their visit to the home in January 2017 had been completed, they had no concerns about fire safety at the home. The provider gave assurance all required works had been completed.

We saw PEEPs were located by the front door of the home which meant they were easily accessible to staff and the emergency service. However, when we asked staff where PEEPs were kept they told us, "Upstairs in the office." Another said, "I'm not 100% sure." We discussed this with the deputy manager who gave assurance this would be addressed.

During our visit we saw the provider's fire procedure was displayed around the home, fire exits signs were displayed and fire doors were kept closed. Fire exits and corridors and communal areas were free from obstruction and staff understood the importance of this. One told us, "We can't leave anything lying around because it could cause a problem if we need to get out quickly."

Records showed since our last inspection the provider had reviewed and updated people's risk assessments. We saw each person's care plan included risk assessments for their mobility, nutrition, health and wellbeing. Information was clearly recorded, including recommendations made by health care professionals, to instruct staff of the actions they were required to take to manage and minimise risk. For example, one person was at risk of skin damage because they scratched their skin. Their risk assessment informed staff how to reduce this risk by applying prescribed creams and encouraging the person to wear cotton gloves. We observed staff followed these instructions during our visit.

Another person was at risk of choking when they drank fluids. Their assessment instructed staff to reduce this risk by following the recommendations of a Speech and Language Therapist (SALT) to thicken the person's drinks. Thickener is prescribed to assist a person, at risk of choking, to swallow more safely. SALT complete assessments where people are at risk of choking, and provide guidance on what consistency food and fluids should be to reduce this risk. Staff knew how to manage this risk. One commented, "We know how important it is for [name's] drinks to be thickened. Whenever we go out with [name] we take it (thickener) with us. We wouldn't leave home without it."

There were procedures to ensure the premises and equipment in the home remained safe. The provider commissioned specialist suppliers to service and maintain essential supplies and equipment. Records showed, for example, recent checks of emergency lighting, the water and gas supply.

The management team also completed routine checks around the building and arranged for any necessary repairs to be completed. For example, a replacement 'toilet flush button' was fitted in the downstairs toilet during our visit and a new extractor fan and grab rail had been ordered for the down stairs bathroom. We noted some soft furnishing and décor where showing signs of wear and tear. We discussed this with one of the directors of the home. They told us a 'refurbishment programme' was being planned. Though no timescale had been set for this work to be completed.

This meant the provider was no longer in breach of Regulation 12.

People told us they felt safe living at Eltham House because staff were always present in the home. Another person indicated they felt safe when we asked them by giving us a 'thumbs up' sign. Relatives told us their

family members were safe. One commented, "[Name] is definitely safe." We observed people did not hesitate to go to staff when they wanted support and assistance. This indicated they felt safe around staff members. There was a homely and relaxed atmosphere and the relationship between people and staff was warm and friendly.

The provider's recruitment policy and procedures minimised risks to people's safety. The provider ensured, as far as possible, only staff of suitable character were employed. Prior to staff working at the home, the provider checked their suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Staff confirmed they were not able to start working at the home until all pre-employment checks had been received and checked by the provider.

During our visit we saw there were enough staff available to keep people safe and respond to their needs. One person told us, "They [staff] live with us all the time. We're not on our own. If I want them they are there." When discussing staffing levels with staff one commented, "There are always enough of us to support people, including if some [people] want to go out." They added, "We never work short because we work as a team and cover for each other if someone is off sick." The staff member told us this was because it was important people received their support from staff they knew and who understood their needs.

Throughout our visit we saw staff were available to support people when needed. For example, one person decided to take a shower and staff provided the support the person needed. At other times staff were able to spend time socialising and chatting with people. One staff member said, "What I love is we have time to spend with people. It's so important."

The provider protected people from the risk of abuse and safeguarded people from harm. Staff attended safeguarding training which included information about how people may experience abuse. We gave staff different safeguarding scenarios and asked them to tell us what they would do if they were concerned a person who lived at Eltham House was at risk. Their responses confirmed they knew how to keep people safe and who to report their concerns to.

Staff felt confident if they raised concerns of a safeguarding nature the management team would address them. One told us, "I am extremely confident [provider] and deputy would take action." They added, "Obviously we have a whistle blowing policy that can be used if they didn't." Whistleblowing is when an employee raises a concern about a wrong doing in their workplace which harms, or creates a risk of harm, to people who use the service, colleagues or the wider public.

People told us they received their medicines as prescribed. One person said, "They [staff] make sure you get your tablets." At the start of our visit we saw the deputy manager administering people's morning medicines. They chatted with people, provided drinks and gave people the time they needed to take their medicine. Records showed staff completed training before they were assessed as 'competent' to administer medicines and regular checks took place to ensure they remained competent to do so.

We saw medicines were managed, stored, administered and disposed of safely. We reviewed three people's medicines administration records (MAR), which had been completed in accordance with the provider's policy and procedures. Where people's medicines were prescribed on an 'as required' basis there was clear guidance for staff to follow. This meant people received their medicines when they needed them.

The management team regularly completed audits of MARs to make sure people continued to receive their medicines as prescribed. Information recorded in the staff 'communication book' confirmed any issues

identified during medicines audits were raised with staff and actions were agreed.

Accidents and incidents records were completed, and there was a system in place to analyse the records to identify any patterns or trends to reduce further re-occurrences.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection. People continued to make their own decisions and were supported by staff who understood how to protect their rights. The rating continues to be Good.

The provider ensured new staff received effective support when they first started work at the home. This included completing training the provider considered essential to meet the needs of people who lived at the home, reading policies and procedures and working alongside experienced staff. On the day of our visit one staff member told us, "I'm still shadowing (working alongside) because I haven't completed my training so I'm not allowed to work with people on my own until I do all my induction."

Records showed the provider's induction was linked to the Care Certificate. The Care Certificate is expected to help new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care. This demonstrated the provider was acting in accordance with nationally recognised guidance for effective induction procedures to assist in ensuring people received good care.

Staff spoke positively about the on-going training they received which they said enabled them to update and further develop their knowledge and skills. Staff told us training was also tailored to meet the individual needs of people they supported. For example, staff responsible for administering medicines had been trained to enable them to administer a specific 'as required' medicine prescribed for one person. One staff member told us, "I wasn't allowed to work with [name] until I understood the condition, the triggers, how it presented and how to administer the medication." They added, "Completing the training made me feel 100 times more confident about supporting [name]."

Records showed staff were supported to be effective in their roles through regular team and individual meetings, including observations of their practice, with a member of the management team. Staff also had an annual appraisal of their work to reflect on what had gone well and to identify any areas for development.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found the rights of people who lived at the Eltham House were protected. The deputy manager demonstrated they understood their responsibilities under the Act and records confirmed the management team had made DoLS applications to the local authority (supervisory body). This was because some people had restrictions placed on their liberty to ensure their safety.

Staff told us they had completed MCA training and through discussion demonstrated they understood the principles of the Act, they assumed everyone had capacity to make their own decisions unless it was established they could not. We saw staff supported people to make their own decisions about their day-to-day care and staff respected the decisions people made. Staff gained people's consent before they assisted them.

People told us the food was 'nice' and they always had a choice. We saw one person was offered five different choices at breakfast because they were not sure what they 'fancied' to eat. Once the person had made a choice they said, "I like that it's my favourite." People's care plans included information about their dietary needs, allergies and any cultural or religious preferences for food.

Staff monitored people's appetites and weight and obtained advice from people's GPs and dieticians if they were at risk of poor nutrition. Staff were knowledgeable about people's individual medical conditions and health. Records showed staff supported people to maintain their health through regular appointments with healthcare professionals, such as dentists, opticians and chiropodists.

Is the service caring?

Our findings

At our previous inspection we found the service provided was caring, and at this inspection it continued to be. The rating continues to be Good.

People and relatives described staff as kind, caring and friendly. When speaking with one person about staff they told us, "Lovely, my friends, family." A relative told us, "[Name] seems very happy with the staff." We saw staff knew people well and spoke with them in a respectful and sensitive way. For example, when one person became upset a staff member gently placed their arm around the person's shoulder and said, "Please don't be upset. Is it your porridge? Would you like to sit down while I sort it for you?" The staff member told us, "I know what's wrong. It's not quite hot enough for [Name]." We saw the staff member remade the porridge which we saw the person enjoyed.

Staff understood the importance of respecting people's privacy and ensuring their dignity was maintained. One staff member told us, "I always think about what would be important to me if I need help, especially with personal things. I always cover people with a towel to preserve their dignity." We saw staff sought permission to enter people's bedrooms by knocking on their doors before entering. Staff told us this was to ensure people's privacy was respected.

People were able to make everyday decisions for themselves and staff respected the decisions people made. One person told us, "I decide what I do." We saw people chose where they spent their time. For example, some people spent time in their bedrooms, whilst other people spent time in the lounge and kitchen. We heard staff asked one person if they wanted to attend a 'craft class'. The person declined and expressed a preference to go to the local shop which staff supported them to do.

Staff encouraged and supported people to maintain their independence, where possible. One staff member told us, "[Name] can make his own cereals. I just give gentle prompts. That's all that's needed. You should see the big smile on his face when he does it." Another said, "Independence is a big thing, an important thing. Even if it may seem small like them [people] washing their own face. It helps increase confidence and feelings of well-being."

Staff told us they enjoyed working and caring for the people who lived at Eltham House. They recognised caring for people was important, with one staff member explaining, "We are not here to home people we are here to support people. Our job it to enable the guys [people] to live fulfilling lives in the way they want."

People were supported to maintain relationships with those who were important to them. One person told us they visited their family home each weekend which they enjoyed. A relative explained how they were made to feel welcome when they visited Eltham House. They said, "The staff are very friendly. We are always offered a hot drink."

We saw people were relaxed with staff, and were confident in approaching staff if they needed support. For example, one person touched a staff member on the arm as they passed by. The staff member stopped what

they were doing and recognised the person wanted a drink. We saw the person and staff member went into the kitchen and made a hot drink together. We also heard people and staff laughed together whilst getting into their Halloween outfits. Whilst admiring one person's outfit a staff member said, "[Name] you're the best witch ever. I love your broom stick." The person responded by smiling and giggling.

Is the service responsive?

Our findings

People told us they were satisfied with the service they received and spoke positively about the way staff provided their support. One person said, "It's good." A relative told us, "[Names] needs have changed significantly over the past twelve months and staff have adapted and changed to meet [names] need."

We saw people's needs were responded to quickly and effectively by staff. For example, when one person became anxious we saw a staff member quickly provided comfort and reassurance. The staff member sat next to the person and quietly asked what was wrong whilst gently rubbing the person's hand. They continued to provide comfort and reassurance until the person became relaxed.

Previously, we found some people's care plans had not been completed. Other people's care records were not up to date and did not provide staff with the information they needed to support people safely, and to ensure personalised care was provided.

During this visit we found improvements had been made. The deputy manager explained all care plans had been rewritten using a new format so information was clear and detailed. They told us they regularly reviewed and updated each person's care records to ensure they remained current and up to date. Care plan audits confirmed this.

Care files we reviewed contained information about people's life histories, their likes and dislikes, cultural and religious motivations and traditions. Newer staff told us this information 'helped' build relationships with people over shared interests.

Care plans detailed people's individual preferences and care and support needs. This meant staff had the information they needed to provide care and support in the way the person preferred.

Staff told us they had time to read people's care records. One commented, "Part of my induction involved sitting down with the care records and reading them. It has really helped me get a sense of what people need and want and to understand their lives." Another staff member told us, "The new care plans give you a very clear picture." They added, "We also have a handover and communication book so if anything has changed since your last shift you can quickly get up to speed."

We saw the 'communication book' contained details of any changes or information staff needed to be aware of. For example, recent entries informed staff about changes to people's medicines, scheduled health care appointments and hospital visits. Staff had signed each entry to show they had read the update. One staff member commented, "The communication book is like your reference point. You get a snapshot when you come to work and can read the detail in the plans later."

During our visit we heard staff sharing information with on-coming staff and saw staff referring to the communication book to 'check' information.

Staff had a good knowledge of people's individual needs, and were able to tell us how people preferred their

care and support to be provided. One told us, "Structure and routine is really important for [name] if you don't do things in certain way [name] would become distressed."

Staff told us they spent time with people and their relatives to discuss, and review their care and support needs which helped them to respond to any changes. However relatives told us they had different experiences of this. One relative said they had not been invited to a review for some time which they said was a 'concern'. Another relative told us they were fully involved and regularly attended meetings to discuss the care their family member received.

People told us they were supported to participate in social activities of their choice. One person told us staff supported them to visit a local social club each week which they enjoyed. We observed people made daily decisions about where they would like to go and what they would like to do. On the morning of our visit, four people chose to attend a 'craft class' whilst another person chose to stay at home. In the afternoon everyone chose to attend a Halloween party held at one of the provider's other homes.

The senior care worker told us they had been focussing on further developing the home's activity programme since our last inspection. They said, "It's more structured now, whilst flexible. Adding structure has helped because the guys [people] know what is happening and we can plan." They added, "One of my happiest moments was seeing [name] banging a drum at the music group with a great big smile on their face. [Name] was so happy." They went on to explain the activity programme was being further developed to support people to regularly 'access and integrate' with their local community. They told us people in the local community now stopped in the street to 'have a chat' because they had got to know the people living at Eltham House through their attendance at a local lunch club.

We checked how complaints or concerns were managed by the home. People and relative's told us they knew how to make a complaint and would feel comfortable doing so. One person told us what they would do if they had a complaint, they said, "I'd tell the boss." Records showed one complaint had been received since our last inspection which had been managed in line with the provider's procedure.

The provider's complaints policy was on display in the home. It was also available in an easy read format which people who lived in the home could understand. Easy read formatting is an alternative way of sharing information through the use of pictures and symbols. Discussion with staff demonstrated they understood their responsibilities to support people to share concerns and make complaints. One told us, "If a resident wasn't happy about something I would try to put it right or I would tell deputy or senior so they could sort it out."

Is the service well-led?

Our findings

At our last inspection in January 2017, the provider had breached Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. This was because they did not have effective systems in place to assess and monitor the quality and safety of the service provided. This meant the provider had not identified where improvement was needed or assured themselves that people received high quality care that was safe, effective and responsive to their individual needs.

We asked the provider to take action to address these concerns. In response they sent us an action plan outlining the actions they would take to make improvements.

At this inspection we found the provider had completed the action they said they would take and improvements had been made.

Records showed the provider had completed regular audits and checks to monitor the quality and safety of the service. These included health and safety and infection control audits and checks to ensure care plans, risk assessments and medicines records were accurate and up to date. Audits identified shortfalls and the action taken to address these. For example, a medicines audit completed in October 2017 had identified signatures were missing on a MAR to evidence a prescribed cream had been applied to a person's skin. This had been addressed with the staff member's concerned. A health and safety audit had highlighted the need for 'adequate signage to be displayed by service isolation points' (stop taps) around the home. We saw signs displayed. These audits and checks ensured the service continuously improved.

This meant the provider was no longer in breach of Regulation 17.

People told us they were satisfied with the service provided and they thought the service was well managed. One person said, "I like it here. They look after me." However, when we discussed how the service was managed with relatives we received mixed feedback. One relative told us they were, "Not really satisfied because they did not feel the provider responded to the issues they raised." In contrast another relative told us, "The home seems very well managed and we are more than happy." They added, "They [management] answer any question I have and keep me updated with what's happening with [name]."

The home had a registered manager who was also the provider. People and staff told us the provider was 'supportive and approachable'. One staff member said, "I feel I can go to [provider] to voice any concerns or suggested improvements for the home." The senior care worker told us the provider had a 'really good' working relationship with all members of the management team. They said, "We are all similar in that we want the best for these guys [people]."

There was a clear management structure in place to support staff, including the provider, a deputy manager, senior care worker and team leaders. The deputy manager told us they were responsible for the day to day operations of the home and since taking up post had worked closely with the senior care worker to make improvements. They added, "[Provider] is always available if I need advice and is open to discussion about

improvements and changes."

Staff told us a member of the management team was 'always' available to provide support and guidance, including 'out of hours'. One staff member described how the deputy manager had responded to an 'out of hours' request. They explained the deputy had attended the home to provide cover whilst another staff member supported a person to attend an emergency hospital appointment.

Staff told us they enjoyed working at Eltham House. Comments made included, "I love working here and I can say that whole heartedly." "I love coming to work. I love the guys [people]. It's a good place to work because we all work as a team and share the same priority." and, "It's small and homely. It's a happy place."

The provider invited people and relatives and visitors to complete 'satisfaction questionnaires' to share their views about the home and to suggest areas where improvement could be made. We saw recent feedback received from visitors and relatives was positive. Comments included, "I thought the atmosphere in the home was fantastic and the photos on the wall create a homely feel." and, "Staff really understand the service user's needs." All 19 respondents agreed Eltham House provided a safe happy environment.

The provider used the feedback they received to make improvements to the service provided. We saw one person had commented the television in the lounge was 'too high up on the wall and was too small'. Whilst the television had not been moved, one of the directors told us plans were underway for the television to be replaced and re-sited. Another person said they would like more fish for their fish tank. We saw the fish tank in their bedroom which was filled with fish.

The deputy manager, in the absence of the provider demonstrated they understood their responsibility to submit statutory notifications about important events and incidents that occurred within the home. They told us, "If there was anything I wasn't sure about I would phone the CQC (care quality commission) helpline."

We asked to see a copy of the provider's statement of purpose (SOP). A SOP is a legally required document that includes a standard set of information about a provider's service. We found the SOP required updating to reflect the management arrangements for the home. Providers are required to inform the Care Quality Commission of any changes to their SOP within 28 days of making any changes. We discussed this with the deputy manager who gave assurance they would discuss this, with the provider.

Providers are legally required to display the ratings we give them, within the home and on their website, within 21 days of receiving our final inspection report. We saw a 'rating poster' showing the home's latest rating from our inspection in January 2017 was displayed in the front reception area of the home. The deputy manager confirmed the provider did not have a website.