

# TLS Property Developments Ltd

## Eltham House

### Inspection report

2 Eltham Road  
Coventry  
West Midlands  
CV3 5LD

Tel: 02476504553

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Eltham House is a residential care home providing personal care and accommodation to people with learning disabilities or autistic spectrum disorder. Accommodation is provided in an adapted domestic style property, registered to support up to six people. On the day of our inspection six people lived at the home.

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

The management of individual risk assessments had improved and were well managed. However, environmental risks were not always identified or assessed. People felt safe living at Eltham House and staff understood their responsibilities to keep people safe. Staff were recruited safely and medicines were well managed and administered.

Some checks on the environment were not always effective, as they failed to identify the issues we found. People and relatives were encouraged to share their views of the service, staff felt supported and told us the service was well led. The registered manager was committed to addressing shortfalls identified during the inspection visit to improve the safety of the environment.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People had choice and were supported to be as independent as possible. The care people received was person-centred and people's rights to privacy, dignity and respect were upheld.

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

The last rating for this service and update was requires improvement (last report published 3 April 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We undertook this focused inspection to check the provider 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.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. Although we found improvements had been made the overall rating for the service has remained the same, as some processes and systems that have been introduced need time to become more established and provide assurances of improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eltham House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Eltham House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Eltham House is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since our last inspection. 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. We used all this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service. However, some people were not able to tell us about their experience of care, in any detail, therefore we spent time observing how people were cared for and how staff interacted with them. We spoke with five members of staff including the registered manager, senior carer and support workers.

We reviewed a range of records, including three people's care and medication records. We looked at three staff files in relation to recruitment and reviewed records relating to the management of the service, including accidents and incidents and the provider's policies and procedures.

#### After the inspection

We gathered telephone feedback from three relatives about the service provided. We looked at staff training data and sought further clarification from the registered manager about quality monitoring checks.



# Is the service safe?

## Our findings

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At the last inspection risks associated with people's care and safety were not assessed and well managed. 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. However, further improvement was required.

- However, environmental risks were not always identified or assessed. For example, we identified a plastic paint container full of cigarette ends was being used, as an ashtray which was unsafe. We brought this to the attention of the registered manager, who addressed this.
- People and staff took part in regular fire drills. This ensured they knew what to do if the fire alarm sounded.
- People's individual emergency evacuation plans provided staff and the emergency services with the information they needed to keep people safe, for example, in the event of a fire.

### Preventing and controlling infection

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. However, we observed some staff wearing inappropriate face coverings during our visit. This practice was stopped by the registered manager, after we brought it to their attention.
- We were somewhat assured that the provider was making sure infection outbreaks could be effectively prevented or managed. However, cleaning schedules lacked detail and did not demonstrate cleaning tasks were being completed regularly.
- We were somewhat assured that the provider's infection prevention and control policy was up to date.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. At the time of the inspection some areas of the home were cluttered, which would impact on the ability to thoroughly clean.
- 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 somewhat assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Eltham House. One person told us, "Put it this way, it's nice, I like it."
- Staff received training in safeguarding adults and demonstrated they understood their responsibilities to report any related concerns.
- The registered manager understood their responsibility to report concerns to the local authority and to us (CQC) to ensure any allegations or suspected abuse were investigated.

#### Staffing and recruitment

- People told us, and our observations confirmed enough staff were on duty to meet people's needs during our visit.
- One staff member told us, there were "enough staff to support people to go out and about, in the community."
- Staff were recruited safely. Pre-employment checks were completed to ensure staff were suitable to work with people who used the service, in line with best practice guidance and the providers policies and procedures.

#### Using medicines safely

- People received their medicines as prescribed from trained staff whose competencies were regularly checked.
- Medicines were ordered, stored, administered and disposed of safely and in line with best practice guidance.
- Medicine administration records (MARs) gave an accurate account of medication administered and the amount in stock.

#### Learning lessons when things go wrong

- Lessons had been learnt as improvements had been made to some aspects of risk management since our last inspection. Records showed risks associated with people's care had been assessed and guidance was in place to help staff provide safe care. For example, one person's epilepsy risk assessment informed staff what they needed to do when the person experienced a seizure including when to call for emergency medical treatment.
- Accidents and incidents were recorded and reviewed regularly to identify patterns and trends to prevent reoccurrence. There has been no recent accidents and incidents recorded.



# Is the service well-led?

## Our findings

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection the provider had failed to operate effective systems and processes to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 17. However, further improvement was needed.

- Some audits and checks, for example care records identified areas for improvement, actions required to achieve this and the date the actions had been completed by the registered manager. However, other audits were not always effective. We found the registered managers checks on the environment had failed to identify the issues we found, including the fire safety risk created by using a plastic container as an ashtray.
  - The registered manager demonstrated an understanding of the regulations and their responsibilities in relation to this. For example, they had informed us about important events within the service.
  - Staff felt supported and received the guidance needed to fulfil their roles through individual and team meetings. Staff told us meetings were also an opportunity to share ideas about service improvements.
  - One staff member described the support they had received from the registered manager, which helped them, "to build up their confidence and develop new skills."
- Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
- People told us they liked the registered manager. One person described the registered manager as "a nice boss."
  - Relatives spoke positively about the staff. One relative told us, "(Person) likes living at Eltham House, he has developed good relationships with the staff. They have a good understanding of his needs, likes and dislikes."
  - The atmosphere in the home was friendly and inclusive. Throughout our visit people, staff and the registered manager engaged with each other in a relaxed and familiar manner.

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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager understood their responsibility to be open and honest when things went wrong in line with their responsibilities under the duty of candour.

- People provided feedback about the service through quality questionnaires and residents meetings. During our visit one person confidently approached the registered manager to suggest adding window blinds to the lounge. The registered manager listened and gave assurance they would act in response to the feedback.
- Staff received Equality and Diversity training and demonstrated they understood the importance of this. One staff member described how they supported a person to meet their religious needs, by attending church.
- The registered manager and staff team work closely with other professionals to ensure people receive consistent care and support based on their needs and wishes.