

TLS Property Developments Ltd

Eltham House

Inspection report

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West Midlands
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07 March 2016

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Ratings

Overall rating for this service

Requires Improvement 

| | |
|----------------------------|---|
| 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? | Requires Improvement  |

Summary of findings

Overall summary

We inspected Eltham House on 7 March 2016. The inspection visit was unannounced.

Eltham House provides care and support for up to six people with physical disabilities, learning disabilities, or autism spectrum disorders. The home is located in Cheylesmore, Coventry in the West Midlands. There were five people using the service when we visited. Each person had their own bedroom and there was a shared lounge, conservatory and kitchen diner at the home.

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. We refer to the registered manager as the manager in the body of this report.

People and their relatives told us they felt safe living at the home and staff treated them well. Staff knew how to safeguard people and were clear about their responsibilities to report concerns to the manager. All necessary checks had been completed before new staff started work at the home to make sure, as far as possible, they were safe to work with the people who lived there.

Risks associated with the delivery of care and support for people who lived at the home had been assessed. However, risk management plans and risk assessments had not always been updated when people's care or support needs changed, and were not always followed by staff. This meant the risks associated with people's care were not always monitored and managed, so that risks to people were minimised. Systems to ensure medicines were managed safely were not consistently effective. Staff had not followed the provider's policy and procedure to ensure the safe management and administration of controlled medicines.

There were enough staff employed at the home to care for people safely and effectively. New staff completed an induction programme when they started work to ensure they had the skills they needed to support people effectively. Staff received training and had regular meetings with the manager in which their performance and development was discussed.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The provider had made applications to the local authority in accordance with DoLS and the MCA, and at the time of our inspection was awaiting the outcome of those applications.

People were encouraged to eat a varied diet that took account of their preferences and specific dietary requirements. People had access to a range of healthcare professionals. However, the advice of health care professionals was not consistently recorded on care records, or followed by staff to ensure people received the care they needed when their health changed.

Staff treated people with respect and dignity, and enabled people to maintain their privacy and 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 were supported in a range of activities, both inside and outside the home. Staff were caring and encouraged people to be involved in decisions about their life and their support needs. People were supported to make decisions about their environment and choose how their room was decorated.

People's care records were not always reflective of their care and support needs therefore did not provide staff with up to date information about how people should be cared for and supported. However, staff had a good understanding of the needs and preferences of the people they supported. People and their relatives thought staff were caring and responsive to people's needs.

People knew how to make a complaint if they needed to. Complaints received were fully investigated and analysed so that the provider could learn from them. People who used the service and their relatives were given the opportunity to share their views about how the service was run.

There were systems in place to check and monitor the quality and safety of the service people received. However, checks did not always identify where the home needed to make improvements to mitigate the risks to people's health and safety.

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.

People told us they felt safe living at Eltham House and staff knew how to safeguard people. However, the arrangements in place to manage the risks associated with people's care and the management of people's medicines required improvement. Staff were available to support people at the times they preferred.

Is the service effective?

Good ●

The service was effective.

Staff completed induction and training so they had the skills they needed to effectively meet the needs of people at the home. Where people could not make decisions for themselves, people's rights were protected because important decisions were made in their 'best interests' in consultation with health professionals. People received food and drink that met their preferences and supported them to maintain their health.

Is the service caring?

Good ●

The service was caring.

Staff were friendly and people were comfortable in their company. Relatives spoke positively about the care and support received by their family member. People's privacy and dignity was respected and 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 take part in activities and follow their interests. People's care records were not always reflective of their care and support needs. However staff had a good understanding of the needs of people they supported and people and their relatives were involved in the development of care plans and reviews. People and relatives knew how to make complaints if they needed to.

Is the service well-led?

The service was not consistently well led.

Systems were in place to monitor and improve the quality and safety of the service. However, these did not consistently identify areas where improvement was needed to ensure risks to people's care and welfare were consistently managed. The manager was approachable, and people who lived at the home, their relatives and staff felt able to speak to the manager at any time.

Requires Improvement 

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.

The inspection took place on 7 March 2016 and was unannounced.

The inspection was undertaken by one inspector.

We reviewed information we held about the service, for example, information from previous inspection reports and notifications the provider sent to us to inform us of events which affected the service. This is information the provider is required by law to tell us about. We looked at information received from local authority commissioners of the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. They had no further information to tell us that we were not already aware of.

During our inspection we spoke with all the people who lived at the home, two relatives of people who lived at the home and a health care professional. We spent time observing how people were cared for, and how staff interacted with them so we could get a view of the care they received. We also spoke with one senior care worker, three care workers and the registered manager.

We reviewed two people's care records to see how their care and support was planned and delivered. We checked two staff files to see whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated, including the service's quality assurance checks.

Is the service safe?

Our findings

People told us one of the reasons they felt safe inside and outside the home was because staff were always available when they needed them. One person said, "I am safe. There is always one of them [Staff] about if I need them." Another person confirmed to us with positive hand gestures and facial expressions they felt safe when we asked them. A relative told us, "I have no worries about [Name]. They [Staff] look after [Name] and I know they will come to no harm." We observed people did not hesitate to go to staff when they wanted support and assistance. This indicated they felt safe around staff members. The atmosphere at Eltham House was relaxed and homely with friendly relationships built between people and the staff who supported them.

People were supported by staff who understood how to keep them safe. Staff knew how to safeguard people from abuse and were clear about their responsibilities to report any concerns to the manager. One staff member explained how they would protect people saying, "Safeguarding is all about protecting vulnerable people. That is our [Staff] responsibility. We have to make sure people feel they can come to us if there is a worry." The staff member went on to explain they were confident the manager would take action if they reported any concerns and they would not hesitate escalating these to the provider if they needed to.

The provider protected people against the risk of abuse and safeguarded people from harm. The provider notified us when they made referrals to the local authority safeguarding team where an investigation was required. The manager followed the local authority procedures to ensure people were safe whilst safeguarding concerns were investigated. They kept us informed with the outcome of the referral and actions they had taken.

The manager had identified potential risks related to each person who used the service, and where risks were identified care plans had been written to instruct staff how to manage and reduce the potential risks. For example, one person was at risk of falling, and could injure themselves. There were plans for staff to follow in how the person should be assisted to go up and down stairs to minimise the risk of them falling. We saw staff followed the guidance whilst assisting the person.

We found although risk assessments and risk management plans were in place, they did not always reflect people's current care and support needs. For example, one person had been discharged from hospital in February 2016 and had returned to Eltham House. We saw none of the person's care plans or risk assessments had been updated to reflect the changes in the person's care and support needs following their discharge. However, staff were able to tell us about, and were providing the level and type of support the person now needed.

We saw another person was at risk of choking. Staff had been directed by a speech and language therapist (SALT) to thicken the person's fluids with two and a half scoops of thickener per 200 ml of fluid to reduce this risk. SALT provide advice where people have difficulty with eating, drinking and swallowing. We observed one staff member thicken the person's drink with two level scoops of thickener to 200 ml of fluid. We asked three care staff about the prescribed dose of thickener for the person, we received two different incorrect

responses. We looked at the person's care plan and saw the prescribed dose was recorded as one and a half scoops to 100 ml of fluid. Inaccurate information had also been recorded in prescribing guidance kept in the kitchen, which was provided for staff's reference. This record showed the need to thicken 200 ml of fluid with four level scoops of thickener. We were concerned staff were not following the correct advice of SALT, and the use of too much, or not enough thickener had the potential to place the person at risk of harm. We shared our concerns with the manager who told us they would speak to SALT and update all records. Since our visit the manager and SALT have confirmed the correct prescribing dose has been confirmed, and records have been updated.

The provider had systems to minimise risks in the environment, such as regular safety checks of the premises, including water checks. Emergency plans were in place if the building had to be evacuated, for example in the event of a fire. Staff knew what arrangements were in place in the event of a fire, and were able to tell us the emergency procedures.

Incident and accident reports were completed by the senior carer worker and submitted to the provider each week. These were analysed to identify any patterns or trends so appropriate action could be taken. For example, following a number of unwitnessed falls the home's staff had worked closely with health care professionals. An alert mat had been installed under a person's mattress to inform staff when the person got out of bed. We saw the number of falls had reduced. This meant the provider was using information to protect people.

Staff told us and records confirmed the provider had safe recruitment procedures in place to minimise the risks of recruiting staff who were of unsuitable character to support people who lived in the home. A new member of staff told us, "I had to provide two references before I could start work and because my check with the Disclosure and Barring Service (DBS) is not back yet I can't work on my own. I work alongside an experienced member of staff." The DBS is a national agency that keeps records of criminal convictions. The manager confirmed 'adult first' checks had been completed for all new staff. The adult first check is used in exceptional circumstances to enable a person to start work before their full DBS is received.

There were enough staff available to support people at the times they preferred. During our inspection staff were present in the communal areas of the home and we observed people's needs being responded to in a timely manner. People received the support they needed from staff to keep them safe at home and in the community. Staff told us they thought staffing levels were good. One staff member said, "It's all about team work. We [Staff] help each other on every shift to make sure everything is done and we are there when people need us." During the day there were three members of staff on duty which meant people received one to one or two to one support. At night time there was one member of staff available to support people. Staff rotas showed staffing levels had been consistent over the last four weeks prior to our inspection, including weekends.

People were supported by staff to take their prescribed medicine. One person told us, "They [Staff] give me my medicines every day." We saw a member of staff preparing and administering medicines to people. This was undertaken safely and in a dignified and sensitive way. We observed the staff member ask a person if they were ready to take their medicine. The staff member said, "There is no rush. I have got all the time you need. Would you like another drink? You're doing really well."

People received their medicines from experienced staff who had completed medication training. Staff told us, and records confirmed regular checks of staff competencies were completed by the senior care worker to ensure staff had the skills they needed to administer medicines safely.

Medicines were stored securely and disposed of safely when they were no longer required. Each person at the home had a medication administration record (MAR) that documented the medicines they were prescribed and how and when they should be taken. We looked at three people's (MAR) charts. Two MAR charts had been completed to show medicines had been administered and signed for at the specified time. The third MAR chart showed a person was prescribed a controlled drug (CD). CD's are medicines that have stricter legal controls. The MAR showed a CD stock balance of four medicines. We counted the medicine and found three in stock. One medicine was not accounted for. We also saw the provider was not following their own policy and procedure for the safe management and administration of controlled drugs which required the signature of two staff members. This meant we could not be sure CD's were being managed and administered safely. We raised our concerns with the manager who immediately arranged for a full medicines audit, and instructed staff to follow the provider's procedure for the management and administration of CD's.

Is the service effective?

Our findings

People expressed confidence in the knowledge and skills of staff who worked at Eltham House. One person told us how staff assisted them in using a wheelchair when they went out of the home saying, "Staff know what they're doing." Another person told us, "Staff are very nice. They know what I need, when I need help and how to help me." This confidence in staff's abilities was mirrored in comments made by relatives and a health care professional. One relative said, "The Staff know [Name] and look after them very well." Another relative told us the staff seemed very capable. A health professional told us they felt staff had a good understanding of people's needs and knew how to support people. They said, "The staff are on the ball with everything. They [Staff] understand how they need to support and care for people."

Staff told us they completed an induction and received on-going training the provider considered essential to meet the needs of people who lived at the home. This included training on how to effectively support people who presented behaviour that may harm other people, infection control and first aid.

The induction for new staff was linked to the Care Certificate which assesses staff against a specific set of standards. As a result of this induction staff must demonstrate they have the skills, knowledge, values and behaviours expected from staff within a care environment to ensure they provide high quality care and support. Staff also spent time working alongside experienced staff in addition to having to complete a probationary period. One new staff member said, "I learnt so much doing the Care Certificate and on my induction. It taught me, and helped me to understand people's needs here and how we can help them."

Staff told us, and records confirmed training was also tailored to enable staff to meet the individual needs of people they supported. For example, some staff had completed training in epilepsy which helped them to effectively support people living with the condition. Staff spoke positively about the training provided. One staff member said, "You improve your knowledge. There is a lot of information to digest, but it's very informative and I now feel I have got so much more to offer the people we support."

The manager maintained a training record which showed staff received refresher training at regular intervals. Regular training ensured people were supported by staff who kept their knowledge and skills updated to enable them to support people effectively. One staff member said, "My training is up to date. The manager and senior encourage us to do training." Another member of staff told us they were being supported by the provider to do a level two NVQ in care. Other staff had completed NVQ level two and three. An NVQ is a nationally recognised qualification which requires staff to demonstrate they can do certain work-related tasks by testing their abilities in the workplace. The manager told us, "I encourage all staff to do training and support them with their self-development. This is really important."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best

interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

People told us they were encouraged to make some decisions about their daily lives. For example, how and where they spent their time and where they preferred their meals to be served. One person said, "Of course, I decide what I want to do. It's up to me. The staff ask and I tell them, after I've given it some thought." A relative told us, "[Name] tells the staff when they want to come to visit me and they [Staff] bring them."

Staff received training in the Mental Capacity Act 2005 (MCA) and understood the importance of seeking people's consent before they provided any care and support. Staff told us that people made day to day decisions about their care and support. One staff member told us, "Just because someone has a learning disability it does not mean they can't make decisions and don't have rights. They [People] have the same rights as you, or me." Another staff member explained how they always asked one person what they would like to eat when they went out for lunch. The staff member said, "[Name] always choses the same, but I make sure I ask every time just in case they [Person] change their mind." Throughout our visit we observed staff supporting people to make decisions including when people wanted to get up and what activities they want to do. Staff knew what decisions each person could make for themselves so they remained as independent as possible.

We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found where people lacked the capacity to make a decision, the provider recorded information about the support people required to make that decision. Where people were unable to make a decision, decisions were made in people's 'best interests' with the support of those closest to them and health and social care professionals. The manager understood the requirements of the Deprivation of Liberty Safeguards (DoLS). The manager had made DoLS applications to the local authority for people living at the home who were restricted from going out alone. The manager was awaiting the outcome of the applications.

People told us they enjoyed the food at Eltham House and made choices about what they would like to eat and drink. One person said, "The food's nice, I eat what I like." We observed the person looking in the fridge and freezer to choose what they would like for their evening meal. We saw people had access to food and drink throughout the day. Staff explained they sat with each person to ensure their food choices were reflected in the weekly menu. One staff member said, "We ask people what they would like and then we make a shopping list. This way we are sure everyone gets what they want, or fancy eating."

We observed the support people were offered at breakfast time. We saw staff engaging with people in a friendly manner. There was lots of chatter and laughter around the breakfast table. Staff were available to support people when needed and sensitively encouraged people to eat and drink by giving gentle reminders and prompts. This meant people were supported to meet their nutritional needs to maintain their wellbeing.

Staff and people told us the home worked in partnership with other health and social care professionals to support people. One person said, "I can see my doctor. The staff arrange it for me." A visiting health professional told us, "They [Staff] are very pro-active. If they want advice or have any concerns about a person they are on the phone straight away. One staff member said, "We [Staff] always go to with people to appointments. If the doctor comes here we go in the room, if the person wants us to." Another staff member described how staff had made regular visits to support a person whilst they were in hospital. The manager told us they thought that being able to make these visits was one of the benefits of being a small family run home. We saw care records included a section to record when people were visited, or attended visits, with

healthcare professionals. For example, people were able to see their chiropodist, dentist and optician where a need had been identified. We found that for most of the time, staff followed instructions given by health professionals.

Is the service caring?

Our findings

People told us staff were caring. One person said, "It's good here. They [Staff] are my friends. I know they worry about me because they care." Another person nodded, smiled and put their thumb up when we asked if staff were caring. Relatives spoke positively about how staff supported their family members. One relative told us, "Absolutely, definitely, the staff are without question caring." A health professional described the staff as, "Very caring and kind." Then went on to say "Staff at Eltham House know the people they support well, which is an essential part of being caring."

We observed people had a good rapport with staff, and spoke to them with confidence. Staff sat with people and chatted to them about things that interested them. We saw staff treated people in a kind and respectful way and they knew the people they cared for well. People laughed and seemed pleased with the way staff interacted with them. Staff took time to listen to people and supported them to express themselves according to their abilities to communicate. For example, we saw one person playing cards with a staff member. The staff member was speaking and using hand gestures to communicate with the person. We saw the staff member gave a thumbs up sign and said, "You've won again. You're too good for me. Are you cheating?" The person giggled and smiled. This demonstrated people were supported by staff with kindness, in a way that they could understand.

We asked staff whether they thought the home provided a caring environment for people. All the staff told us they thought it was caring. One staff member explained, "If you don't care you're in the wrong job. You have to be caring. They [People] are in my heart, like my family. I would do anything for them [People]." Another staff member said, "I would say we are very caring. You can see the bond between us [People and staff]. Every day we do our very best for them [People] because they are very important to us."

People told us, and we saw people made everyday choices that were respected by staff. For example, some people were up when we arrived, and other people had chosen to stay in bed. We saw people had made choices about how their bedrooms were decorated. A number of people invited us into their rooms. We saw people had been supported by staff to choose wall colours, furniture and carpets. All of the bedrooms were different and reflected people's preferences and interests. One person told us, "I'm very comfortable in my room."

We observed, and people told us their dignity and privacy was respected by staff. One person told us, "Staff knock my door in the morning and ask if they can come in." One staff member was heard asking a person's permission to go into their bedroom to collect some items. We heard staff speak discretely and quietly to people regarding personal care routines, to respect people's privacy.

Staff told us they understood the importance of respecting people's privacy. One staff member said, "It goes without saying. Privacy is very important because it shows them [People] we are being respectful." Another staff member explained how one person liked to watch television in the privacy of their own bedroom. The staff member said, "[Name] sometimes enjoys their own company so we knock on the door, then ask if they need anything."

People told us staff supported them to maintain their independence where possible. One person said, "They [Staff] know what I do myself and what I need help with." The person went on to explain they preferred to do things for themselves which was important to them. We observed a staff member who placed a cup on the table in front of a person, ensuring the cup handle was positioned towards the window. The staff member was heard asking the person if they had positioned the cup correctly. The person told us, "They know if they put the handle that way I can get the cup myself." We saw the person drinking independently.

Staff supported people to maintain relationships with those closest to them. One person told us how staff went with them each week to the cemetery to visit their family member's grave. The person told us, "I like to go every week. I took flowers on Sunday." Staff told us they supported another person to use the telephone to speak to their family member who lived abroad. A relative told us they were always made very welcome at the home. The relative explained how they telephoned before each visit to check [Name] was home and that it was ok to visit. The manager told us the home had a very good relationship with all relatives and the team prided themselves in the way they supported and encouraged people to have regular contact with their family members and friends.

People were supported to access advocacy services. Most people had a relative they could ask for support from, however, where people did not the manager provided access to both statutory and lay advocacy services. Statutory advocates, for example, Independent Mental Capacity Advocates make decisions in a person best interest where a person has been assessed to lack capacity to make decision. A lay advocate is a designated person who works as an independent advisor to support people in making decisions, for example, about their finances which could help people maintain their independence.

Is the service responsive?

Our findings

People told us they felt involved in making decisions about their care and spoke positively about how staff supported them. One person said, "Some days I like to stay home and other days I like to go out. Sometimes I want a shower and other times I don't. I let the staff know and then they help me if I need them."

Staff demonstrated they had good knowledge of people's individual needs and were able to tell us how people should be supported. We observed a person who sat forward in their chair and started making repetitive sounds. A staff member who was working in the lounge recognised this meant the person wanted the radio on. The staff member stopped what they were doing and turned the radio on. Then checked with the person that it was on the station of their choice. This demonstrated staff responded to people's individual needs and preferences.

People and their relatives told us they were involved in making decisions about their care and how support was delivered. One person described how staff sat with them and asked if they were happy with their care, and whether anything had changed. A relative told us, "[Senior care worker] telephones me to discuss things and to keep me up to date, or staff come with [Name] to me so we can discuss things. I feel involved." Another relative said, "The home got social services and health care professionals involved because [Name] was having a lot of falls. Things have improved because [Name] has very few falls now. I'm invited to the next review meeting."

Each person had a care and support plan with detailed information and guidance personal to them. Care plans included information on maintaining the person's health, their daily routines and preferences. We reviewed the care records for two people. We found some care records were not up to date. For example, all of the care records for one person had not been updated to reflect changes in the person's care and support needs following a recent hospital stay. We asked two staff about the person care and support needs. Both staff described how they now supported the person which reflected their current needs. The manager told us, changes to person's needs had been shared with staff during handover, but staff had not had time to update the file. The manager made arrangement for the files to be updated straight away.

We saw other records were reviewed regularly to keep them up to date. These care records gave staff information about how people wanted their care and support to be provided. For example, one person's records read, 'You can help me by not using too many words. Keep your sentences short and precise.' Another person's records stated they did not mind whether they were cared for by female or male care workers. Staff told us people's preferences were always respected. One member of staff said, "We [Staff] read the care plans. But it's also really important to spend time chatting and getting to know them [People] personally. This way you can make sure you do things how they [People] want you too."

Staff told us, and we observed there were systems in place for staff to share information through a handover at the start of each shift and a communication book. This ensured staff had the information they needed to support people and respond to any changes in people's physical and emotional needs. One member of staff

told us, "Everything worth mentioning, if it has the slightest impact on an individual [Person] is written down. We record how people have been, their mood, appetite, what they have chosen to do, anything staff coming on duty need know." Another staff member told us the communication book was important because staff could refer back to it if they wanted to check something from the staff handover.

People were encouraged and supported to participate in a wide range of activities inside and outside the home according to their personal interests and choices. For example, shopping, visits to places of interest, outings to the cinema and activities in their local community. People made daily decisions about where they would like to go and what they would like to do. On the day of our inspection, one person was going to visit their relative, another person had an appointment with a holistic therapist and four people went out for lunch.

Staff told us, and records confirmed activities were arranged according to people's personal interests and preferences. For example, some people had visited the Coronation Street film set as this was their favourite television soap. Another person was planning a trip to the transport museum which reflected their interest in cars. The person told us they were really looking forward to going on a land speed record simulator at the museum.

A staff member told us, "We do lots of different activities. It's great, we have meetings where we talk about the things they [People] want to do. Not just run of the mill things, but things on their wish lists. Then we [Staff] work out how we are going to do it. One person wants to go on a barge on the canal. That one is easy to sort. [Name] wants to meet their hero again, which is going to be a little bit more difficult, but you can be sure we will try." This showed staff supported people to maintain their interests and hobbies.

People and their relatives told us they knew how to make a complaint. One person told us, "No worries there. I would speak to the manager. That's what they are there for." A relative said, "I would speak to the person in charge if I needed too, but I don't have any qualms. [Name] seems very settled." Information was available in an "easy read" format to reflect people's different communication needs. Easy read formatting is an alternative way of sharing information through the use of pictures and symbols.

Staff understood their responsibilities to support people to share concerns and make complaints. One staff member said, "Whatever the worry was, big or small we would sort it out, or we would tell the manager and they would deal with it. I wouldn't like to think someone was not happy and I can't think of anything we couldn't put right." The manager said there was an 'open door' policy at the home which meant there was always a senior member of the team available should anyone want to make a complaint or raise their concern which would be taken seriously.

We saw the home had received one complaint in the past 12 months. Records confirmed the complaint had been managed in line with the provider's complaint procedure. The manager told us they reviewed all complaints received to identify trends or patterns, or areas that might require improvement. Actions were taken to improve the service where required.

Is the service well-led?

Our findings

People told us they were satisfied with the quality of the service and spoke positively about the way Eltham House was managed. One person told us, "I always talk to the boss [Manager]. I see them nearly every day." Another person said, "[Manager] is nice." A relative told us, "I usually speak to the person in charge of the house [Senior care worker], but I know I could talk to the manager if I needed to." Another relative said, "I am more than satisfied with the service for [Name]. It is everything I want it to be, and more."

The service had a registered manager in post. The manager was also one of the providers of the home. All staff members spoke highly of the manager who they described as supportive and approachable. One staff member said, "I have a great relationship with the manager. I can talk to them about anything." Another staff member told us, "You can see the manager is always chatting with people, they know them [People] better than I do and I know them well. They [Manager] are always there if need some advice or just a chat."

During our inspection the manager was visible and available to people, and staff. We saw people and staff approached them comfortably. We heard one person tell the manager the fan in the toilet was making a noise. The manager thanked the person, and assured them they would arrange for it to be looked at. The person told us, "[Manager] will get it sorted." We observed the manager took time to chat with people and provided advice and support to staff when required. This showed us the manager was known to people living at the home.

There was a clear management structure within Eltham House to support staff. The manager was part of a management team which included a senior care worker. The manager was registered with us to manage one of the provider's other services, so was not present at Eltham House on a daily basis. However, the senior care worker told us the manager was always available if there were any concerns or issues they required support with. The senior care worker said, "I have only just been promoted, but I know I can call on the manager if I need anything at all." Records showed the management team operated an on call system. One staff member said, "Someone [Management] is always at the end of the phone day and night if we need advice." This showed leadership advice was present 24 hours a day to manage and address any concerns raised.

There were systems in place so people who lived in the home and their relatives could share their views about how the home was managed. People took part in regular meetings where they were able to discuss issues of interest to them such as food and what activities they would like to take part in. Relatives told us they were asked to share their thoughts and ideas about the service through quality assurance surveys. One relative said, "We get surveys, but you can talk to someone at the home at any time if you want to."

We asked the manager about their future vision for the home they told us their on-going priority was to, "Make sure people living at the home had the best quality of life possible, that they [People] had a voice and were listened to." The manager said this would be achieved by continual staff and systems development and responding to feedback about the service. The manager said, "There is always scope for improvement and we welcome and take on board any feedback we received so that our home can improve. You name it

and we will do it."

Staff told us they had regular team and individual meetings with the management team to discuss any issues of concern and areas for self and service-development. One staff member told us, "We are encouraged to share our ideas about how things could be improved. I can't give you an example right now, but I can assure you that we do." Another staff member said, "The great thing about our meetings is that you can freely express any concerns you may have. We discuss everything, current issues and anything that is happening in the home. It's very good."

All staff we spoke with told us Eltham House was a good place to work. One staff member said, "This is my first job working in care and I love it here." Another staff member told us they had applied to work at Eltham House because they had heard many positive things about the home. The staff member told us their experience since working at the home had lived up to their expectations.

The provider had sent notifications to us about important events and incidents that occurred at the home. The manager also shared information with local authorities and other regulators when required, and kept us informed of the progress and the outcomes of any investigations.

The manager told us the provider was supportive and offered regular feedback and assistance to support them in their role and their professional development. The manager said they had been supported to complete a level five qualification in management and were in the process of doing a level two qualification in behaviour that challenges. The manager told us they shared the learning they gained with staff to assist with staff's development.

The provider completed regular checks on the quality of the service they provided. The provider visited the home each month to speak to people and staff and conducted a 'walk around' as part of their quality checks. We saw the provider had made improvements when a need was highlighted, for example, a new extractor fan had been fitted and new carpets and furniture had been purchased.

The provider directed the manager and senior care worker to conduct regular quality checks, including health and safety, medicines management and checks on people's care records. However, we found that some quality checks had not identified where improvements needed to be made to manage the risks associated with people's care and safety. For example, recent medicines checks had not highlighted a discrepancy in the stock of a controlled drug, or that staff were not following the provider's procedure for the management and administration of controlled drugs. Care plan audits had not identified that some records were out of date. For example, we reviewed care plans and risk assessments which needed updating to reflect a person's current needs and to ensure they accurately reflected the advice of a specialist health care professional. This meant potential risks to people's health and wellbeing were not being consistently managed because records were not up to date. The manager told us they would ensure records were updated and they would review the effectiveness of the homes auditing procedures.

During our inspection we asked the manager what they were most proud of in relation to the service people received, they responded, "I am proud when I come into the home and see people are well cared for by staff who go that extra mile. People are happy, well looked after and protected. I have a wonderful team around me. We all work together and have fun together. I feel privileged that I can still spend one to one time going out with people. This gives me real job satisfaction."