

TLS Property Developments Ltd

Eltham House

Inspection report

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West Midlands
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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?	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 for younger people with learning disabilities or autism. The service was a domestic style property registered to support up to six people. Six people were using the service during our visit.

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

The service has been developed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

Some outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People had opportunities to become more independent. People were supported to maintain relationships that were important to them and had opportunities to develop friendships and meet new people in their local community. People had access local facilities in line with their cultural preferences.

People were supported to have 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.

Risk management required improvement. Some known risks had not been assessed, and guidance was not always in place for staff to help them provide safe care. Quality audits and checks were not consistently effective and had failed to identify the issues we found. The provider had failed to meet their regulatory responsibility to inform us when Deprivation of Liberty Safeguards (DoLS) had been authorised by the supervisory body.

The management team took responsive action during and following our inspection visit in response to our inspection findings.

People received their medicines when they needed them, but the storage of medicines was not consistently safe. Staff were trained in administering medicines and their competence to do this safely was assessed regularly by their managers.

People felt safe living at Eltham House and safeguarding procedures were in place to protect people. Staff were recruited safely, and enough staff were on duty during our visit to maintain people's safety. However, staff felt if more of them were on duty during the day time they could be more responsive to people's needs. The registered manager was aware of this and was taking action to improve outcomes for people.

Staff were kind and caring. They enjoyed their jobs and spoke fondly about the people they cared for. The atmosphere was relaxed and interactions between people and staff were positive. Staff received training to help them understand the principles of the Equality Act and the management team demonstrated commitment to achieving equality.

People had access to health professionals when needed. The staff team worked with other organisations including the local authority to support care provision and service development. People were encouraged to eat a nutritionally balanced diet to maintain their health. Staff knew what people liked to eat and drink and people's dietary requirements were catered for.

People were happy with the care and support they received. People and their relatives were involved in planning and reviewing care. Staff knew people well, but care records did not always contain accurate and up to date information to help staff provide responsive care.

People's right to privacy was respected. People's communication needs had been assessed and staff communicated with people well. Staff understood their responsibility to support people to share any concerns and the provider's complaints procedure was on display within the home.

The environment continued to meet people's needs and was clean and tidy during our visit. Staff felt supported and told us the service was well led. Feedback from people and their relatives was welcomed and listened to.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (Published 12 December 2017)

Why we inspected

The inspection was prompted in part due to concerns received about the quality of care people received. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern.

Enforcement

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well-led sections of this full report. We identified breaches in relation to the safety and governance of the service at this inspection. You can see what action we have asked the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 effective?

The service was effective

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good 

Is the service responsive?

The service was not always responsive

Details are in our responsive 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector and one assistant inspector.

Service and service type

Eltham House is a care home. People in care homes receive accommodation and nursing or personal care. 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. That 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

The inspection was unannounced.

What we did before the inspection

We sought feedback from local authority commissioners, and we reviewed the information we had received about the service since our last inspection. We used this information to plan our 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.

During the inspection

We spoke with five people who used the service. However, some of those people 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 spoke with the registered manager, the deputy manager, two care workers and one senior care worker.

We reviewed a range of records. These included four people's care records and medication records. We looked at three staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including staff training data and quality audits were looked at.

After the inspection

We gathered feedback from one person's relative about the service provided. We received further information from the deputy manager to demonstrate compliance with regulation.

Is the service safe?

Our findings

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

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

- The management of risk relating to the health, safety and welfare of people required improvement and some previously demonstrated standards had not been sustained.
- Risks associated with the use of prescribed creams were not always managed well. Staff applied emollient cream daily to one person's skin which contained highly flammable ingredients. The fire risk posed by using this cream was increased because the person smoked. This risk had not been assessed. Following our visit an alternative cream containing non-flammable ingredients was prescribed by the person's GP.
- Known risks were not always assessed. One person had diabetes and guidance was not in place for staff to help them recognise the symptoms of the condition and the actions they needed to take if the person's blood sugar levels were too high or too low. This posed a risk the person's diabetes would not be well managed and could therefore, have a negative impact on the person's health.
- Another person had fluctuating mobility which meant on occasions they could not stand up. To ensure staff could move them safely at those times a hoist and sling had been provided two weeks prior to our visit. Whilst staff had not yet used the equipment associated risks had not been assessed.
- Other risk assessments lacked information. One person's risk assessment stated, 'has a tendency to self-harm towards head and chin when unhappy or routine is broken.' Guidance was not available for staff to follow to support the person and keep them safe at those times.
- The management team were not aware of these shortfalls until we brought them to their attention. In response the registered manager said, "All of the information is in our heads. We will get everything written down."

We found no evidence that people had been harmed however risks associated with people's care and safety were not assessed and well managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team assured us they would take action to improve risk management.
- Despite our findings staff knew the people they supported well and provided examples of how they ensured their safety.
- Emergency and contingency plans were in place. Staff understood the provider's emergency procedures and the actions they needed to take to keep people and themselves safe. The detail contained within people's personal evacuation plans had improved since our last inspection.
- A variety of checks took place to minimise risks related to the premises such as safety checks of gas, fire and electrical equipment in line with safety guidance.

Using medicines safely

- People received their medicines when they needed them. The provider followed safe protocols for the ordering, administration and disposal of medicines. However, medicines were not always stored safely. One person's prescribed eye drops were located in the communal fridge in the kitchen. This meant other people who lived in the home had access to the medicine. We brought this to the attention of the deputy manager who addressed this issue.
- Medicine administration records (MARs) gave an accurate account of the medicines administered and the amount in stock.
- Protocols for medicines given 'when required,' detailed information as to how to determine when a person might need their 'when required' medicine.
- Staff were trained in administering medicines and confirmed their competence to do this safely was assessed regularly by managers.

Staffing and recruitment

- During our visit enough staff were on duty to maintain people's safety. However, staff felt more of them were needed during the daytime to ensure they could always respond to people's needs in a timely way. One staff member said, "It took all three of us to get (Person) ready today that meant only the deputy was available for the others. It's not enough." The registered manager was aware of this and had already requested more funding from the local authority to enable them to increase the number of staff on duty.
- The provider's recruitment procedures minimised, as far as possible, the risks to people's safety. Staff confirmed they had not started work until the required checks had been completed to ensure they were suitable to work with people who lived at the home.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Eltham House. One said, "Everything is okay here, I've no worries. It's nice." Another person indicated they felt safe when we asked them by giving us a 'thumbs up' sign.
- Safeguarding procedures were in place to protect people. Staff completed training to understand the different types of abuse people might experience.
- Staff understood the importance of reporting suspected or witnessed abuse to their managers. One staff member said, "We would tell the manager if we are worried about anyone. They would tell social services."

Preventing and controlling infection

- The environment was clean and tidy during our visit. Staff completed infection control training and understood their responsibilities in relation to this. However, some staff who provided care to people including preparing their meals had long artificial fingernails. We brought this infection control risk to the attention of the registered manager for them to address.

Learning lessons when things go wrong

- Some aspects of the service continued to require improvement and compliance with regulations had not been sustained. This showed lessons had not been learnt.
- Staff recorded accidents and incidents so these could be monitored by the management team and actions taken to reduce the risk of them happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed before they moved into the home to ensure their needs could be met.

Information gathered during assessments helped staff get to know people.

- Protected characteristics under the Equality Act were considered which included cultural and religious needs and preferences.

Ensuring consent to care and treatment in line with law and guidance

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

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights were protected because the provider was compliant with the MCA. Referrals had been made to the local authority where people were deprived of their liberty to ensure this was done lawfully.
- Authorised DoLS were in place for all people who lived at the home to keep them safe from harm and conditions were met.
- Staff completed training to help them understand the MCA. They applied the principles of the Act to protect people's rights. For example, they sought consent before providing any assistance.
- People's care plans identified if they had capacity to make specific decisions about different aspects of their care. Where people had been assessed as not having capacity, decisions had been made in their best interests.

Staff support: induction, training, skills and experience

- Staff developed and refreshed their knowledge through an initial induction, which included the Care Certificate followed by a programme of on-going training. The Care Certificate is the nationally recognised induction standard.

- Staff were competent in their practice. We saw two staff members safely used a piece of equipment to move a person from an arm chair to their wheel chair. The staff members explained to the person what was happening, and the person smiled and put their thumb up when staff asked them if they were okay. A relative commented, "Staff seemed trained, they know what they are doing."
- Staff had meetings with their managers which gave them opportunities to discuss and reflect on their practice.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they liked the food and were involved in menu planning. One person said, "I like it all, it's nice. I choose pie and chips."
- People were encouraged to eat a nutritionally balanced diet to maintain their health. Specialist advice was sought for people who were nutritionally at risk. People who were at risk of choking were provided with soft or pureed foods.
- Staff knew what people liked to eat and drink and people's individual dietary requirements were catered for. One person liked to eat fish and noodles and those foods were available to them.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to health professionals including doctors and dentists when needed. A relative commented, "Staff take (Person) to all appointments so I feel assured all needs are met."
- The management team worked in partnership with health and social care professionals such as, social workers to support people to remain healthy, safe and well.

Adapting service, design, decoration to meet people's needs

- The environment continued to meet people's needs. People had personalised their bedrooms and there was a choice of communal areas including a conservatory which offered people a choice of where to spend their time. There was also a rear garden for people to enjoy.
- The facilities were under constant review and the registered manager explained any repairs were carried out when needed. They added, "When anything needs replacing, we replace it."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us staff were kind and caring. One person said, "They are all kind to me, I like all the staff." A relative said, "We are delighted with the care. (Person) has lived there for about a year and the staff have worked wonders with them."
- Staff told us they enjoyed their jobs and spoke fondly about people. One staff member said, "I like coming to work, I enjoy spending time with the residents."
- The atmosphere in the home was relaxed and interactions including discussions held between people and staff were positive.
- Staff received training to help them understand the principles of the Equality Act and the management team demonstrated commitment to achieving equality. Discussions with staff confirmed they supported people in a caring way which respected their values and beliefs.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in planning their care and staff supported people to make daily choices including what they wanted to eat and drink.
- Regular reviews of people's care took place and relatives were included in making decisions when appropriate.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy was respected. A relative commented, "We can always meet in private when I visit." We saw staff knocked on people's bedroom doors and waited to be invited before entering.
- Staff encouraged people to remain as independent as possible and they understood the positive impact this had on people's wellbeing. A staff member said, "We encourage people to do what they can for themselves like, cleaning their own teeth and brushing their hair."
- People were encouraged to dine with dignity. For example, people were offered tabards to wear at lunchtime to protect their clothing when they ate their meals.
- People's personal information was managed in line with Data Protection Act.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff and the management team knew people well. They knew what was important to people including their favourite singers and TV programmes. However, important specific daily routines people followed were not always documented to ensure care and support was provided consistently in line with people's preferences.
- Some care records contained incorrect information. This meant staff did not always have the up to date information they needed to provide personalised and responsive care. One person's care record had not been updated to reflect an important person in their life had died in March 2019. This was of particular importance as staff told us the person's grief often caused them to 'feel low.'
- The management team acknowledged our findings and assured us they would address the shortfalls we had identified.
- Staff wanted to provide personalised care but they had had limited time to spend with people because some people's needs had increased. This meant their approach to their work sometimes had to be task focused. One staff member said, "(Person) would like us to sit and watch a film with them but we don't get time." Another told us, "People's needs have changed an extra pair of hands would be a real benefit." The registered manager was aware of this and they were taking action in an attempt improve outcomes for people.
- People confirmed they were happy with the care and support they received. A relative commented, "[Person] benefits from the company of the male staff. All staff know him well and that's a good thing."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships that were important to them and a relative confirmed they felt welcomed whenever they visited.
- One person volunteered at a local church and chose to go to the pub each week. This provided them with opportunities to develop friendships and meet new people in their local community.
- People were happy with the range of social activities available to occupy their time. During our visit some people attended a community art and craft session and another person chose to stay at home and listen to music. However, staff felt having an extra staff member on duty would give people more opportunities to experience new things which would benefit their lives.
- People were supported to access local facilities including places of worship and particular restaurants in line with their cultural preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and staff communicated effectively with people.
- People had communication 'passports'. These care records described the way they communicated and how staff should engage with them to ensure their wants and needs were met. For example, one person did not use speech and they indicated they did not like something by shaking their head.
- Staff understood what people were communicating through their gestures and behaviours. A staff member described the noises and gestures one person made when they needed assistance to maintain their personal hygiene.
- People were provided with information in a format they could understand to help them make decisions and choices.

Improving care quality in response to complaints or concerns

- Staff understood their responsibility to support people to share any concerns and the provider's complaints procedure was on display within the home. A relative commented, "I would complain to the manager if we ever needed to."
- When complaints had been received, they had been investigated and responded to in line with the provider's policy.

Is the service well-led?

Our findings

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service had not been consistently managed and well led. 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

- The provider had failed to meet their regulatory responsibility to inform us when Deprivation of Liberty Safeguards (DoLS) had been authorised. Deprivation of Liberty Safeguards (DoLS) had been authorised by the supervisory body in respect of all six people who lived at the home since our last inspection. We had not been notified as required by the regulations. The registered manager explained this had been an oversight and we have since been notified as required.

This was a breach of Regulation 18 of the Care Quality Commission Registration Regulations 2009. Notifications of other incidents.

- Known risks had not always been assessed by the management team. Risk management required improvement.
- Quality audits and checks took place, but they were not consistently effective as they had failed to identify the issues we found. For example, medicines checks had not identified the fire risk posed by the use of emollient cream.
- People's care records did not always contain accurate, up to date and detailed information to ensure people always received personalised and responsive care.

We found no evidence that people had been harmed. However, the provider 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.

- The management team consisted of the registered manager and a deputy manager. They took responsive action during and following out inspection visit in response to our inspection findings.
- The latest CQC inspection rating was on display in the home. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- Staff understood what was expected of them and received support from their managers through individual and team meetings to guide them with their work.

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

- People liked living at Eltham House. They were happy with the care they received, they had choice and

control over their lives and were involved in planning their care.

- Action was being taken by the management team to improve outcomes for people to ensure they always received personalised and responsive care.
- People knew the registered manager and a relative described them as 'approachable.'
- Staff felt supported by the registered manager and told us the service was well led. One staff member said, "I think the managers are good here. They care about us and the residents and they are always happy."
- The culture of the service was friendly and inclusive, and staff understood how to support people's rights.
- People had opportunities to develop friendships and meet new people in their local community.
- Feedback from people and their relatives was welcomed and listened to by the management team. People met monthly to discuss a variety of topics including the food provided. Feedback gathered had been used to make improvements including changes to the menu.
- In February 2020 a relative had commented '(Person) likes living at Eltham House especially when he goes out. They have a very good idea of his needs, likes and dislikes.'

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; Working in partnership with others

- The staff team worked with other organisations including the local authority to support care provision and service development.
- The registered manager understood their responsibility to be open and honest when things went wrong. They demonstrated commitment to learning lessons when things went wrong. However, we found some previously demonstrated standards to ensure compliance with regulations had not been sustained.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify CQC of all incidents that affect the health, safety and welfare of people who use services.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to the health, safety and welfare of service users were not always assessed to ensure care and treatment was always provided in safe way to mitigate and prevent avoidable harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to assess, monitor and mitigate risks and improve the quality of the service were not always operated effectively. Accurate, complete and contemporaneous records in respect of each service user were not maintained.