TLS Property Developments Ltd

Eltham House

Inspection report

2 Eltham Road
Coventry
West Midlands
CV3 5LD

Tel: 02476504553

Date of inspection visit:
04 January 2017

Date of publication:
07 February 2017

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

This inspection took place on January 2017 and was unannounced. Eltham House provides care and accommodation to a maximum of six people. On the day of our inspection visit there were five people who lived at the home. The home provides care and support to people with physical disabilities, learning disabilities, or autism spectrum disorders. The home is located in Cheylesmore, Coventry in the West Midlands.

The home was last inspected on 7 March 2016, when we found the provider was compliant with the fundamental standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, the home was awarded an overall rating of 'requires improvement'. This was because care records and risks assessments had not been updated when people's needs changed, and risk management plans were not always followed by staff. Medicines were not consistently managed in line with the provider's medicines management policy. Systems to monitor and improve the quality and safety of the service had not identified where improvement was needed to mitigate the risk to people's health and safety.

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.

At this inspection on 4 January 2017, we checked to see if improvements had been made. We found some actions had been taken, but there were still areas where improvement was needed.

Risk assessments had not been updated when people's needs had changed and did not give staff the information they needed to minimise risks associated with people's care and support needs. Measures were not in place to enable staff to support people safely in the event of a fire, or other emergency at night.

Most care plans did not support staff to provide personalised care consistently as they had not been reviewed and information in them was not always accurate. However, where up to date information was lacking, staff demonstrated a good understanding of the needs and preferences of the people they supported.

The provider had not taken steps to ensure the systems used to monitor and check the quality and safety of service provided were consistently effective and supported the service to improve.

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 safety 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.

Staff respected people's privacy and dignity and supported people to maintain their independence. People who lived at the home were encouraged to maintain links with friends and family who could visit the home at any time.

Staff were available at the times people needed them and had received training so that people's care and support needs were met. Staffing levels enabled people to have the support they needed to take part in interests and hobbies that met their individual needs and wishes.

People were encouraged to eat a varied diet that took account of their preferences and specific dietary requirements. People were supported to attend health care appointments with health care professionals when they needed to, and received healthcare that supported them to maintain their wellbeing. Medicines were managed and administered safely.

People were encouraged to make choices about their daily lives and were involved in decisions about their care. People and relatives knew how to make a complaint and complaints were managed in line with the provider's procedure. People and others were given the opportunity to share their views about the service and how it was run.

The provider understood their responsibilities under the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure people were looked after in a way that did not inappropriately restrict their freedom. Staff understood the principles of the Mental Capacity Act (MCA), and care workers gained people's consent before they provided personal care. People told us they were encouraged to make choices about their daily lives.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full report.

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.

Arrangements to manage the risks associated with people's care and to keep people safe in the event of a fire, or other emergency required were not sufficient. People told us they felt safe living at Eltham House. People were safe from the risks of abuse, because staff understood their responsibilities to keep people safe from harm. People's medicines were managed and administered safely. Staff were available to support people at the times they preferred. However, staffing levels at night were not reflective of the level of support some people may need.

Is the service effective?

Good

The service was effective.

Staff completed induction and on-going training so they had the skills they needed to effectively meet people's care and support needs. The registered manager understood their responsibilities under the Mental capacity Act (2005). Staff obtained people's consent before care and support was provided. People had a choice of food and drink which met their preferences and supported them to maintain their health.

Is the service caring?

Good

The service was caring.

People were supported by care workers who people considered were caring. Staff ensured they respected people's privacy and dignity, and promoted their independence. People made decisions about their care and received support from care workers that understood their individual needs. People were supported to maintain relationships that were important to them.

Is the service responsive?

Requires Improvement

The service was responsive.

People were encouraged and supported to take part in activities

and follow their interests. Staff had a good understanding of the needs of people they supported and people were involved in the development of care plans. However, people's care records had not been completed or were not always reflective of their care and support needs. People and relatives knew how to make complaints if they needed to.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider had not ensured that effective quality assurance systems and checks were in place to assess and monitor the quality and safety of the service people received. Staff felt supported by the management team. The registered manager was approachable, and people who lived at the home, their relatives and staff felt able to speak to the manager at any time.

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 4 January 2017 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 statutory notifications the provider sent to us to inform us of events which affected the service. A statutory notification is information about important events which the provider is required to send to us by law. We also contacted commissioners of the service. They had no further information to tell us that we were not already aware of. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

During our inspection we spoke with two people who lived at the home, one relative of a person, and five staff members. These included a senior care worker, a team leader, and three care workers. We also spoke with the registered manager.

Three of the people who lived at the home, had limited verbal communication and 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 also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We reviewed four people's care records to see how their care and support was planned and delivered, and we looked at the medicine administration records of four people. 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 also looked at other records related to people's care and how the service operated; including checks management took to be assured that people received a good quality service.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection in March 2016 we found risk associated with people's care and support needs had been assessed and risk management plans were in place. However, these did not always reflect people's current needs and staff did not consistently follow the advice of health care professionals.

During this inspection visit we reviewed all the risk assessments for four people who lived at the home. We found some improvements had been made. For example, one risk assessment for a person recently discharged from hospital had been updated to reflect changes in the person's support needs. There was a plan for staff to follow in how the person should be assisted to move safely using equipment. We saw staff followed the guidance whilst assisting the person.

However, we also found other risk assessments which were not up to date and did not reflect people's current needs. For example, one person's 'pressure ulcer' risk assessment had not been updated since September 2014. Risk assessments for another person who had lived at the home had not been reviewed in August 2016. It was not clear if this person's needs had changed. Another person's risk assessment to support the use of a 'slide sheet' had not been evaluated since July 2014. Therefore we could not be sure that this equipment was still safe for the person to use.

Records showed the risk associated with eating and drinking for another person had changed. In December 2016 whilst the person was in hospital, a speech and language therapist (SALT) had recommended the person's food was pureed until SALT completed a full re-assessment. SALT provide advice where people have difficulty with eating, drinking and swallowing. The person's 'eating and drinking' risk assessment had not been updated to reflect this change. However, the information was recorded in the staff communication book, and staff were able to tell us about the level and type of support the person now needed.

Risk assessments did not provide staff with a detailed explanation about how to support people safely. For example, one person was at risk because they did not understand the potential dangers associated with crossing the road. The assessment did not provide care workers with clear instructions about the actions needed to reduce this risk. However, staff told us they had a good understanding of the person's needs.

Because risk assessments had not been updated, and lacked detail we were concerned staff, particularly new staff, did not have the information needed to mitigate and manage risk. We shared our concerns with the registered manager. The registered manager acknowledged risk assessments were not sufficiently detailed or accurately updated with new information. They told us they were planning to review and update people's risk assessments once the newly appointed deputy manager took up post.

The provider had minimised risks related to the premises by contracting with specialist suppliers to service and maintain essential supplies and equipment. Records showed, for example, checks of emergency lighting, the water and gas supply had been recently completed.

However, we found the measures in place to enable staff to support people safely in the event of a fire, or

other emergency were not reflective of the actual support which they would be able to provide. The provider's fire procedure was displayed around the home which informed people, visitors and staff of the actions to take in the event of a fire. All staff were able to tell us what arrangements were in place in the event of a fire during the day, and understood their responsibilities. One staff member said, "We would check where the fire was, ring the brigade and then get everyone out to the front car park."

When we asked staff how they would support people to evacuate the home if a fire, or other emergency, occurred at night they told us they were not sure. One staff member said, "We would probably have to get out and let the fire brigade deal with it as there is only one [Staff member] on duty. We could help those who can walk, but would have to leave [Person's name] because they need a hoist." We asked staff if they had any equipment to assist people who were unable to walk to evacuate the home. They told us they did not. The registered manager confirmed this. They told us they would 'look into' the need to purchase evacuation aids.

People's personal emergency evacuation plans (PEEPs) were not up to date and did not provide staff with accurate information to support people to evacuate the home safely. PEEPs inform staff and the emergency services of the level and type of support each person needs in the event of a fire or other emergency. One person's PEEP instructed staff to, '… [Person's name] support by leading them down the stairs'. This person was not independently mobile and required the use of a hoist to move around the home safely. The person's risk assessment stated two members of staff were required to use this equipment safely. Another person's PEEP instructed staff the person must not be left alone in the event of a fire because of a specific medical condition and reduced mobility. A third person's PEEP instructed staff the person could not be left alone in an emergency because they would not understand what was happening. When discussing how staff ensured they followed the instructions in PEEP's, at night, one staff member said, "We wouldn't be able to stay with [Person's name] but they would be safe outside in a wheelchair."

Other risks to people's safety was not always managed well at the home. At the start of our visit we observed two bedroom doors were propped open with door wedges and a bathroom door was held open by a set of weighing scales. We saw laundry had been draped over radiators, the top of the laundry door (preventing the door from closing), and was hanging from the roof poles in the conservatory, to dry. We asked staff why the doors were propped open, and why laundry was hung around the home. They told us people liked to look out of their bedrooms and the home's tumble dryer had broken. Staff had not identified these practices presented a risk to people's safety in the event of a fire and alternative ways to manage this risk had not been sought. We raised our concern about fire safety with the registered manager and we advised them to seek specialist advice from the fire service.

This collective lack of effective risk management had the potential to put people's safety and wellbeing at significant risk.

This was a breach of Regulation 12, (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection visit the provider informed us they had contacted the West Midlands fire service. Officers from the fire service had visited the home and had provided advice and guidance.

People told us staff were available to support them when they needed help. One person told us, "They [Staff] are always here to help me." They added, "There is even someone [Staff] at night." During our inspection visit we observed there were enough staff available to provide care and support to people when needed, and to spend time chatting with people. Staff confirmed there were enough staff on each shift to meet

people's needs and to enable staff to spend time socialising with people. One staff member said, "Our staffing levels are good. They are the same at the weekend and we cover for each other if someone [Staff] is not well.".

At our previous inspection visit we found people's medicines were not managed safely, because staff did not always follow the provider's medicine administration procedure, records to show medicines had been administered were not accurate and there were anomalies in the physical stock of one medicine which required stricter legal controls.

During this inspection visit we found medicines were administered, stored and disposed of safely.

People told us they received their prescribed medicines when they needed them. . One person said, "They [Staff] keep my tablets locked away safely. If I've got a headache I can have a tablet." We observed a staff member supporting people to take their prescribed medicine at the start of our inspection visit. The staff member discreetly asked each person if they were ready to take their medicines. We saw staff took their time with people and made sure medicines were swallowed. They checked if people needed 'as required medicines' for pain. For example, a person was asked if they were in pain and if they needed any medicine to help them. The person replied, "No thank you."

People received their medicine from staff who were trained to administer medicine safely. One staff member told us their competencies to administer medicines were regularly assessed by the senior care worker to ensure they continued to maintain their knowledge and skills.

We looked at three people's medication administration record (MAR). Known risks associated with particular medicines were recorded, along with clear directions for staff on how best to administer them. Some people required medicines to be administered on an 'as required' basis. There were detailed medicine plans for the administration of these types of medicines to make sure they were given safely and consistently. Medicines that required additional controls because of their potential for abuse (controlled drugs) were stored securely, and measures were taken to ensure they were properly recorded. We checked the physical stock of theses medicines which we found were correct. This meant the provider had made improvements to the way in which medicines were managed.

People told us they felt safe. When we asked people if they felt safe one person responded by smiling and gave us a thumbs up sign. Another person told us they felt safe because staff were available 24 hours a day. People and relatives knew who to speak to if they didn't feel safe. They told us they would share any concerns with the management team or staff.

People were protected by the provider's recruitment practices which minimised risks to people's safety. The provider ensured, as far as possible, only staff of suitable character were employed. Prior to staff working at the home, the provider checked their suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. A recently recruited care worker told us they were not able to start working at the home until all pre-employment checks had been received by the registered manager. Records confirmed this.
People were safe and protected from the risks of abuse because care workers understood their responsibilities and the actions they should take if they had any concerns about people's safety.

One care worker told us, "Keeping people safe here and out in the community is our responsibility. That's our job." Staff regularly attended safeguarding training which included information on how people may experience abuse. They had a good understanding of the different kinds of abuse, and what action they

would take if they suspected abuse had happened. One care worker told us, "On the training you learn to look out for changes in their [People's] behaviours. Like a person who is chatty is suddenly not. This could mean something is wrong."

Staff understood the importance of recording what they had heard or witnessed, making sure the person was safe and secure, and reporting their observations to management. Management were aware of their responsibility to refer concerns to the local authority safeguarding team and did so when required. One care worker told us the provider had a whistleblowing policy and knew their responsibilities in relation to this. They said, "I would start by telling the manager. I know they would sort it, but I would go to you [Care Quality Commission] if they didn't." Whistleblowing is when an employee raises a concern about a wrong doing in their workplace which harms, or creates a risk of harm, to people who use the service, colleagues or the wider public.

Good

Is the service effective?

Our findings

People were confident care workers had the skills and knowledge needed to support them effectively. One person said, "Staff are very good. They know what they are doing." The person explained staff understood what day to day tasks the person could do independently and those they needed assistance with. A relative told us as far as they knew staff had undertaken training. They added, "Staff know [Person's name] well."

Staff told us they had been inducted into the organisation when they first started work. A newly recruited care worker told us their induction had included being taken through the provider's policies and procedures, working alongside more experienced staff and completing training the provider considered essential to meet the needs of people using the service. The care worker told us they had also spent time meeting the people they were going to support, and learning about people's individual needs and preferences. They said, "This was an invaluable part of my induction."

The induction for new staff was linked to the 'Care Certificate'. The Care Certificate assesses care workers against a specific set of standards. As a result of this, care workers had to demonstrate they had the skills, knowledge, values and behaviours expected from care workers within a care environment to ensure they provided high quality care and support. Care workers told us in addition to completing the induction programme; they had a probationary period to check they had the right skills and attitudes to work with the people they supported.

On-going training was planned to support staffs' continued learning. Staff spoke positively about the training they received which they said had given them the skills and knowledge to do their job. One care worker told us, "I'm happy because the manager always supports us to do training." Another care worker explained this was the first time they had worked in a care environment. They said, "All the training I did really helped me. I learnt about my role and how I needed to do things." Staff said training was also linked to people's specific needs which enabled them to support people effectively. For example, staff had completed training in how to administer a specific medicine which was needed to manage a person's medical condition.

The registered maintained a training record for each staff member. Records showed training for staff was up to date and training which refreshed people's knowledge and skills was completed when required. Staff told us the provider also invested in their personal development because they were supported to achieve nationally recognised qualifications.

Staff told us their knowledge and learning was monitored through a system of individual meetings (supervision) and 'observation checks' on their practice. They said this was to ensure they continued to have the skills and knowledge needed to support people. One care worker said, "If I have an issue I feel very comfortable to discuss it in my supervision. Things always get sorted out." Records showed supervision sessions were regularly held.

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. Where people lack mental capacity to take particular decisions, any decisions made must be in their best interests and in the least restrictive way 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 are 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 were being met. The registered manager understood their obligations under the Act and had applied to the Supervisory body for the legal authority to deprive people of their liberty. This was because the home operated a 'locked door' policy and none of the people who lived at the home went out independently. At the time of our visit records showed, four applications had been approved by the supervisory body. The registered manager told us they were was waiting for the outcome of the fifth application which was being reviewed.

People told us care workers sought consent before providing care or support. One person said, "They [Staff] always ask me before we do anything." 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. One told us, "I know if someone [Person] says they are not ready for our help I respect that. Then I go back later and ask again." We heard one staff member asking a person if they were ready to be assisted to get out of bed. The person declined. The staff member said, "OK. I'll come back later. Shall I get you a cup of tea?" We observed the staff member returning to the person's room with a hot drink.

People's care records included an assessment of their capacity and understanding which had been completed by the local authority. However, where people had been assessed as not having capacity to make certain decisions care plans did not identify which decisions should be made in people's best interests, or who should make them. We discussed this with the registered manager who gave assurance that care records were being updated.

Despite the lack of information on decision making in people's care records, we observed staff supporting people to make decisions including when people wanted to get up, how people wished to spend their time and what they would like to eat. Staff knew what decisions each person could make for themselves so they remained as independent as possible.
People spoke positively about the quality of food served and the range of choices available. One person said, "I love black pudding. I always get it. It's my favourite." The person told us staff sat with them to agree the weekly menu. They added, "Then we go shopping. Sometimes I go shopping with the boss [Registered manager] I like that." Another person showed us a cupboard in the kitchen where they stored their favourite foods. We saw people had access to food and drink throughout the day.

People were supported to meet their nutritional needs to maintain their wellbeing. For example, we observed one person being assisted to eat their meal in their bedroom. The staff member was heard describing the food and checking if the person would like an alternative. The staff member encouraged the person to eat independently by giving verbal prompts. They told us, "[Person's name] hasn't been well and has gone off food, so we are giving lots of encouragement and making sure we've got all their favourite things."

We observed the breakfast meal service. We saw people were given a choice of where they would like to sit and were asked what they would like to eat. Staff were available to support people when needed and ensured people had enough to eat and drink .The atmosphere was relaxed and informal. People and staff

chatted in an open and friendly manner and planned how they were going to spend their day. This helped make the meal time a pleasant experience.

People received support to maintain their health and wellbeing. One person told us, "If I'm not well the staff call the Doctor." Staff told us if they had any concerns about people's health they would inform the registered manager or senior in charge who would then phone the relevant health care professional. Care records showed people were supported to see medical professionals such as GP, physiotherapists, opticians and district nurses on a regular basis.

Good

Is the service caring?

Our findings

The atmosphere at Eltham House was relaxed and homely. People told us they were happy living at the home. One person told us, "Of course I like it. It's my home." Another person told us staff 'really cared about them'. A relative described staff as "caring". They added, "Their [Staff] hearts are in the right place." The relative described how staff demonstrated a genuine concern for their family member.

We spent time in the communal areas of the home and saw the interaction between people and the staff who provided care and support. Staff were caring and kind towards people, engaged them in conversations and addressed people by their preferred names. Staff were friendly and respectful. People appeared relaxed with staff, and spoke to them with confidence.

Staff responded to people's needs and regularly checked people's wellbeing throughout the day. For example, one staff member saw a person rubbing their legs. The staff member asked, "Are you cold?" The person said they were, so the staff member fetched a blanket, and with the person's permission tucked it around the person's legs. The person responded by smiling. We saw the staff member returned after ten minutes and asked the person, "Are you warm enough now?" The person nodded. We observed another person asking a care worker, who was making drinks for assistance. The care worker stopped what they were doing and assisted the person. This demonstrated that staff cared about people's wellbeing and ensured people were comfortable and contented.

Staff took time to listen to people and supported them to express themselves. For example, staff crouched down to be at eye level when talking to people who were sitting down. One care worker was observed using hand signs when asking a person if they would like a drink. The person nodded. We saw the staff member, promptly, returned with a drink. The person smiled and nodded.

People were encouraged and supported to maintain their independence. One person told us, "Staff are very good they help me to do things for myself." We saw another person had difficulty putting food on to their spoon at breakfast. With the consent of the person, a staff member loaded food on the person's spoon which enabled the person to continue eating their meal independently. This showed staff recognised it was important to promote independence so people continued to do as much for themselves as possible.

People were able to make everyday choices which were respected by staff. One person told us, "I go to bed when I like and I get up when I like. It's up to me." We heard one staff member who was assisting a person to get ready for the day say, "What would you like to wear today. It's very cold outside, so perhaps a jumper would be good." We heard the staff member describing different items of clothing to enable the person to select what they would like to wear.

People who lived at Eltham House were supported to maintain links with friends and family and made choices about who visited them at the home. One person told us their relatives visited them regularly and staff supported the person to visit their family home. Another person told us they had stayed at the family home over Christmas which they had enjoyed.

People told us their dignity and privacy was respected by staff. We observed staff knocking on people's doors and announcing themselves before going into people's rooms. One member of staff said, "I wouldn't expect someone to walk in my front door without ringing the bell. It's no different here. That's why we knock bedroom doors and wait before we go in." Another explained they ensured people's privacy was respected by ensuring doors and curtains were closed when assisting people with personal care. We observed staff spoke discretely and quietly to people regarding personal care routines, to respect people's privacy.

Staff told us they thought people received good quality care at the home. One member of staff said, "I really believe they [People] are very well looked after. You can tell by the way everyone gets on together and how they [People] talk fondly about the staff." Another staff member said, "They [People] are our priority. Whatever they want or need we do. Not just because it's our job, it's more than that. You have to really want to do this type of work. You have to care."

Requires Improvement

Is the service responsive?

Our findings

At our previous inspection in March 2016 we found people's care records required improvement. This was because care records were not up to date and did not reflect people's current care and support needs.

At this inspection we selected four people's care plans to review. Care plans for two people were not available for us to review. We asked the registered manager why these records were not available. They told us the old care plans had been removed form people's files because new ones were being written. We were provided with examples of the new care plans which were in the process of being completed.

We found some of the care plans for another 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 were able to demonstrate they had a good knowledge of the person's current needs and how support should be provided. The senior care worker explained staff had been informed of changes to the person's needs during staff handover.

Care plans for the fourth person had been written in a more personalised way and included information about the person's life history, their likes and cultural and religious needs. Plans included the person's preference for how they wanted to be supported. For example, the person liked to eat particular types of food which they enjoyed preparing themselves. We observed staff supported the person through the use of verbal prompts and hand gestures to independently prepare their favourite meal.

When we asked staff if they had time to read care plans we received mixed responses. One staff member said, "The care plan is the guideline for me to follow. So I make time to read them and I check for updates." Another staff member told us they had not read people's care plans. They said, "I gained information about people from the other staff. They are very knowledgeable."

Despite some care records not being up to date, staff told us they had an opportunity to catch up with any changes to people's health or care needs because they had a verbal handover at the start of each shift. The handover provided staff with information about any changes since they were last on shift. A care worker told us, "We do a handover at the start of each shift. We get told about any changes and things we need to do." The team leader explained each handover was recorded, so staff could refer back to the record if they wanted to check something or to update themselves. This meant staff were able to respond to how people were feeling and their care and support needs on that day.

Staff had a good understanding of, and were responsive to, people's individual needs and personal preferences. We heard one staff member making arrangements to go shopping with a person who wanted to purchase items to enable them to celebrate a forthcoming festival. The staff member told us this was an important part of the person's cultural beliefs.

People told us they were involved in making decisions about how their care and support was provided. One person said, "I talk to them [Staff] about what I want to do." Another person explained the level of support

staff provided was dependent upon how the person was feeling. They said, "It all depends on my mood and what I decide I need help with." A relative told us they were kept informed about any changes to their family member's care and support needs.

People told us they were supported to participate in activities of their choice if they wanted to. One person told us staff supported them to make weekly visits to a local social club which they enjoyed. We observed people made daily decisions about where they would like to go and what they would like to do. On the day of our inspection visit, one person was heard telling staff they would like to go out for a walk and a cup of coffee. Another person told staff they wanted to go to the local shop. When people returned we asked if they had enjoyed their outing. They told us they had.

Staff told us, and records confirmed, activities were arranged according to people's personal interests and preferences. For example, people had said they would like to have a Halloween party at the home and this had been arranged. Other people had expressed interest in a day trip to London. The senior care worker told us this was being planned for later in the year when the weather 'picked up'.

People and their relatives told us they knew how to make a complaint. One person told us, "I would go straight to the manager." 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 told us, "I would always try to sort things if someone was not happy. If it was something I couldn't deal with I would tell the manager." The registered manager told us the home had an 'open door' policy 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 two complaints in the past 12 months. Records confirmed these had been managed in line with the provider's complaint procedure. The registered 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.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection visit in March 2016 we identified the provider's systems to monitor and improve the quality and safety of the service required improvement. This was because audits and checks which had been completed by the management team did not consistently identify areas where improvement was needed. This meant care records were not up to date and potential risks to people's health and wellbeing were not being consistently managed.

During this inspection visit we found improvements had not been made.

Most care plans and risk assessments were out of date and did not contain sufficient detail to support staff in delivering person centred care that was safe, appropriate and in accordance with people's preferences and wishes. Care plans for some people had not been completed. This meant staff did not have complete and accurate information about each person's needs, or about how potential risks associated with people's care and support should be minimised and managed.

Other audits, whilst regularly completed, were limited in detail. For example, medicine audits showed medicine stocks had been counted and MAR's checked, but did not show other elements of medicines management had been reviewed. A series of dates and signatures had been recorded on the front of an infection control audit, but the areas reviewed on each date and any actions required had not been documented. The lack of detail recorded on audits meant we could not be confident the provider was identifying all areas where improvement needed to be made to ensure the service continuously improved.

Checks completed by the management team to monitor and review the home's emergency procedure were not effective. Records showed the home's 'fire safety' log had been completed but checks had not identified the home's fire procedure and people's individual emergency plans required updating. This meant we could not be assured the service was safe because staff did not have the accurate information they need to support people safely in the event of a fire, or other emergency.

We asked the provider why improvements had not been made to the home's quality and safety monitoring systems. They told us this was because of 'competing demands' on their time. As well as being a provider of the service they were registered to manage Eltham House and one of the provider's other homes. The provider acknowledged the need for further improvement. They told us they would be working with the recently recruited deputy manager, when they took up post, to review the effectiveness of audits and to update records.

We were concerned the lack of effective systems to monitor the quality and safety of services provided to people had the potential to put people's safety and wellbeing at significant risk.

The was a breach of Regulation 17, (2) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us the quality of service provided was good and the service was well managed. One person said, "[Registered manager] makes sure I'm ok." When discussing the registered manager and how the service was managed with another person they gave us a thumbs up sign, smiled and nodded. A relative told us they were 'happy' with the service provided and felt able to speak with the registered manager if they had any concerns or questions about their family member.

The service had a registered manager in post. The registered manager was also one of the providers of the home. People and staff told us the registered manager was 'supportive and approachable'. One person said, "[Registered manager's name] is like my family." A staff member described the registered manager as 'lovely.' They added, "You can go to them about anything." We observed the registered manager took time to chat with people and was available to provide advice and support to staff when needed.

The registered manager understood their responsibilities and the requirements of their registration. For example, they had submitted notifications to us about important events and incidents that occurred at the home. The registered 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.

There was a clear management structure within the home to support staff. The registered manager was part of a management team which included a senior care worker and team leader. The senior care worker told us the registered manager was always available if there were any concerns or issues they required support with. The said, "If [Registered manager's name] is not here I can always get hold of them by telephone." They added, "It works well."

All staff we spoke with told us they enjoyed working at Eltham House. One staff member said, "I love working here." Another told us, "This is a good place to work. We are like a big family all working together." They added, "That includes the management."

Staff told us they were supported in their roles through regular team meetings with the management team. Staff said these meetings gave them the opportunity to discuss any changes, things that were working well and any ideas for developing the service. One care worker told us, "Meetings are very open. You can talk about anything, even a problem." They went on to describe how, at one staff meeting they had raised concerns about day to day tasks not always being completed. They said, "We talked about it and the manager explained what everyone must do and now it's working fine." Records of the latest staff meeting showed a range of issues had been discussed including recording fridge temperatures, labelling food items and training.

Records showed accident and incidents were reported and the action taken was recorded. The registered manager reviewed accidents and incidents to identify any patterns or trends. This meant action was taken, when needed, to respond to patterns of risk to reduce the risk of a reoccurrence.

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. Records showed relatives and professional visitors were asked to share their thoughts and ideas about the service through quality assurance surveys. Seven surveys had been recently completed. The registered manager told us they were in the process of reviewing the feedback received and would be developing an action plan to address any areas requiring improvement.

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 12 HSCA RA Regulations 2014 Safe care and treatment 12 (2) (a) Risk assessments relating to the health, safety and welfare of people using the service had not been completed and/or regularly reviewed and did not include plans for managing risks. 12 (2) (b) The provider had not taken all reasonable steps to mitigate risks. The provider had not used risk assessments about the health, safety and welfare of people using the service to make reasonable adjustments to procedures and practices.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 17 (2) (b) The provider had not taken appropriate action to minimise identified risks and to minimise the impact of risk on people who lived used the service. 17 (2) (c) The provider had not ensured records relating to the care and treatment for each person who used the service were complete, accurate and up to date.