

The Norman Laud Association

Emscote House Adult Residential Services

Inspection report

Emscote House
Emscote Drive, Wylde Green
Sutton Coldfield
West Midlands
B73 5NE

Date of inspection visit:
11 April 2019

Date of publication:
07 May 2019

Tel: 01213821463

Website: www.normanlaud.org.uk

Ratings

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

Summary of findings

Overall summary

About the service

Emscote House provides care and accommodation for up to eight people with learning Disabilities and / or physical health needs, on a short stay basis. On the day of our visit there were eight people staying at the service and each had their own room.

People's experience of using the service

People using the service benefitted from caring, dedicated staff. Not all people living at Emscote House were able to verbally express their views to us but we observed they looked comfortable and at ease with staff. Their nonverbal language, facial expressions and laughter indicated they were happy.

People and their families were placed at the heart of the service and involved in decisions as far as possible. In relation to Registering the Right Support we found this service was doing all the right things, ensuring choice where possible and maximum control. Registering the Right Support (RRS) sets out CQC's policy registration, variations to registration and inspecting services supporting people with a learning disability and/or autism. These values include choice, promotion of independence and inclusion. The goal is to enable people with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's care was provided safely. The staff team were consistent, staff knew people well and supported them to move safely around the service if needed, and when they were out of the home. People's medicines were well managed.

People's risks were known and managed well, promoting independence as far as possible. Positive behavioural support plans were in place where required for staff to follow to support people's care.

People were protected from discrimination because staff knew how to safeguard people. Staff knowledge of people meant they were alert to signs of change which may indicate someone was not happy.

People lived in a service which had a positive culture and was led by a committed registered manager and staff team.

Emscote House had worked hard to develop good relationships with local professionals supporting people's care for example the local authority, commissioners and learning disability service.

Rating at last inspection:

At the last inspection the service was rated as Good (The last report was published 3 October 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remained Good.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned based on the rating. If we receive any concerns we may bring our inspection forward.

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

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 safe

Details are in our Safe findings below.

Good ●

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 responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Emscote House Adult Residential Services

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 carried out by one inspector.

Service and service type:

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

Emscote House provides short stay care and accommodation for up to eight people with learning disabilities. On the day of our visit eight people were using the service and each had their own room within the home.

The service had a manager registered with the Care Quality Commission. Registered managers 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.

The inspection took place on 11 April 2019.

What we did:

Before the inspection, we reviewed:

- The Provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- Notifications we had received. These are events within the service the provider is required to tell us about.
- The previous inspection report.

During the inspection we:

- Reviewed 4 people's care records.
- Reviewed records of accidents, incidents.
- Discussed the complaints process and complaints received within the past 12 months.
- Reviewed audits and quality assurance reports
- Observed the care of people where possible. □
- Observed staff interaction with people.
- Spoke with staff about their training, support and people's needs.
- Reviewed people's medicines.

We spoke with:

- 4 people
- 3 Staff members
- The deputy manager
- The registered manager
- The training and development manager

Following the inspection, we:

- Contacted two professionals but did not receive feedback during the inspection period.
- Received three comment cards we left for family to complete.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- There were effective systems in place to protect people from the risk of abuse. Staff were aware of when and how to report concerns and were confident they would be dealt with. Staff had received training in protecting people from harassment, discrimination and harm.
- Team meetings, handovers, reviews with external professionals and one to one meetings with staff were used as an opportunity to discuss safeguarding processes.
- Family members, professionals, advocates and staff supported people to make choices in their personal lives where they were unable to make these themselves.
- People we met and observed being cared for at Emscote House appeared comfortable with staff.
- One person told us, "Staff are always on hand to talk to if I'm worried about anything, but I am the happiest I have ever been here."

Assessing risk, safety monitoring and management

- People benefitted from a service that recorded incidents and learned lessons from mistakes quickly to enhance safety. Accidents and incidents were recorded, reviewed and investigated where necessary by the registered manager.
- People's risks were assessed and safely managed. Risks related to people's behaviour, communication, health, continence and nutrition were documented and known by staff. Professionals, family and advocates were involved in these discussions.
- Support plans contained clear protocols and staff guidance to help protect people at the service and in the community. For example, people at risk of epilepsy had clear guidelines in place for staff with possible triggers.
- Support plans and policies at the service minimised restrictions on people's freedom, choice and control as much as possible.
- Frequent in-house discussions and meetings with professionals were used as forums to share information about people, discuss any changes in behaviour and consider care and treatment plans.
- Environmental checks were undertaken to maintain people's safety for example fire tests. Evacuation plans were in place for people in the event of an emergency.
- The PIR shared, "Service users that have complex behaviours are supported with experienced staff and a high level support. We use proactive measures to promote positive behaviour and teach staff in MAPPA training. We ensure service users who trigger off behaviours of other service users do not stay at the same time. We concentrate on ensuring we provide a right environment, support, and tools for the service users to minimize the risk of unwanted behaviours."

Staffing and recruitment

- There were enough staff available to support people according to their needs. Some people required a high staffing ratio to support their needs, for example one to one staffing. We observed people were never left alone when they needed staff to keep them safe.
- The staff team was small, consistent and stable. This was because some staff had worked at the service for many years.
- Recruitment was values and skills based.
- Background checks continued to be completed before new staff started working at the service. This ensured staff were safe to work with people and of good character.

Using medicines safely

- Medicines continued to be stored, recorded and administered safely. Medicine Administration Records (MARs) were completed in line with best practice guidelines.
- Staff were able to describe the action they would take if they identified a medicines error.
- Staff were trained in medicine management and their competency checked.
- There were PRN protocols (as required medicine sheets) in place. These are instructions detailing when people may require these medicines and how people liked to take their medicine.
- No one at the service had their medicines given without their knowledge.
- There were frequent conversations with people's families to check medicines remained safely managed and there had been no changes.

Preventing and controlling infection

- Personal protective equipment such as aprons and gloves were available for use when supporting people with personal care tasks. Staff had training in infection control and food hygiene.
- People lived in a clean home during their short stay at Emscote House.

Learning lessons when things go wrong

- Any accidents and incidents were recorded and highlighted to the registered manager. These were audited for themes to identify any trends or patterns so preventative action could be taken to prevent a reoccurrence.
- The nominated individual had oversight of incidents within the service through a regular report.
- The provider and registered manager had learned from a previous complaint and taken steps to make sure there were systems in place to monitor the safety and quality of the service and improve record keeping.

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

Good: People's outcomes were consistently good, and people, relative and professional feedback confirmed this.

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

- Assessments had been undertaken prior to people staying at Emscote House. These took into account people's needs and abilities, the support they would require, and the other people who stayed at the service. People's physical, mental and social needs were considered.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when people's needs changed. Staff worked closely with professionals following their recommendations to improve people's outcomes.
- Handovers, staff meetings and meeting with families and professionals discussed people's care. These forums were used as opportunities to review people's goals and wishes and to monitor people's progress and achievements.
- Technology was used to improve people's experience and support independence where required. For example, funds had been raised for a "magic table" (sensory table) to support and stimulate people with physical and / or sensory needs. Many people brought their own computer technology with them so they were able to stay in touch with family during their stay or use the internet.

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

- The staff team worked across organisations to ensure people received effective care. Regular reviews with health and social care professionals were arranged. If people were unwell during their stay, the local district nursing team visited.
- The service was looking at opportunities to promote people to live healthier lives and increase their exercise. For example, people who were overweight were encouraged to eat healthy options during their visit. The garden had gym equipment which people could use and there was a trampoline to play on for exercise.
- The service were looking at "Champion" roles to enhance care in certain areas to benefit people for example health and well-being and nutrition champions.

Staff support: induction, training, skills and experience

- Before starting work at the service new employees completed an induction. Staff new to care were required to complete the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- All new staff shadowed more experienced staff before starting to work unsupervised. Staff competencies and confidence were observed by the registered manager, deputy manager and training manager to assure high standards were maintained.
- Staff training covered the provider's essential training for example safeguarding, equality and diversity, fire safety and moving and handling. Training specific to the people supported at Emscote House for example, epilepsy, learning disabilities, diabetes and communication skills. The training was updated as required and staff told us they could request extra training if necessary. For example, we saw dysphagia training was booked. The training manager checked staff's understanding in their supervision sessions.
- Regular supervision (one to one) sessions were embedded within the service. Staff were able to discuss any training needs as well as raising issues around working practices. Staff were well supported by informal and formal discussions about their performance and annual appraisals of staff performance occurred.

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

- People were encouraged to eat a varied diet. Staff supported people with breakfast and lunch and a cook was employed for the evening meal. People were given a choice of foods and alternatives were available if they did not like the main meal. Due to the size of the service, staff knew people's likes and dislikes well. Photos of meal ideas were shown to people to help them choose what they might like to eat.
- People's nutritional risk and weight was monitored. Some people were prone to weight gain due to their health needs and medication. Referrals to professionals were made promptly when people's needs changed for example if they had gained / lost weight or their health declined.
- Care plans and guidelines were in place for people at risk of choking. Allergies, cultural requirements and people's preferences were known for example we saw, "[X-person's name] doesn't like spices or lasagne.
- People were given choice and independence encouraged. The PIR told us, "The home has an open kitchen and service users are encouraged to prepare their meals and drinks with support from staff. We devise menus with service users' choices in mind and as a result we could make several meals. If the service users do not want what is on the menu they are encouraged to go into the kitchen to choose anything from the fridge/ cupboards."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised, and whether any conditions on such authorisations were being met.

At the previous inspection no DoLS applications had been submitted to the local authority. The registered manager explained to us some of the local authority supervisory bodies which funded people did not ask for this during short stay placements. Where they had been required this had been actioned.

- People were not always able to give their verbal consent to care, however staff explained how they would verbally ask people for their consent and offer pictorial choices if appropriate prior to supporting them, for example before assisting them with their personal care tasks or activity.
- Staff worked closely with professionals and family and best interest meetings were held when required, for example if people needed weight loss diets or equipment to keep them safe which might also restrict their movement. As part of the new care plans the registered manager was developing, these areas which required best interest decision making were being developed.
- The PIR told us, "Staff are trained and have an understanding about MCA 2005 and DoLS and we will quiz them on why they have made decisions so we can measure their understanding. Staff inform the service users about their care and treatment and look for response of consent, body language, verbal consent, gestures and vocal sounds. We follow best interest decisions and follow the service users lead."

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

- Since the previous inspection, staff and people told us the environment had been refurbished. The service had been painted, had new blinds and furnishings and was now a more welcoming, "homely" environment for people.
- We looked at people's bedroom areas which were all in the good condition.
- The garden was well kept with play equipment and a summerhouse / bar area had been developed.
- The service had raised funds for new equipment also. A sensory table, shower trolley and piece of turning equipment which helped one person at night had been purchased.

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.

Good: 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 we met and observed looked content and at ease with staff. People also looked happy in the photos we were shown of people undertaking activities. Staff knew people well and it was clear people staying at Emscote House mattered to staff.
- One person shared, "Amazingly kind and caring staff." Feedback from relatives included, "Care staff are amazing. They think about the individuals needs with lots of care, kindness and support" and, "[X – person's name] has used Emscote for 35 years and he has been treated with respect and cared for with dignity."
- Staff were positive and affirming when they spoke to us about individuals who used the service. Relatives shared, "The staff have always been 100 % caring and understanding."
- Staff recognised that people could sometimes find it difficult to express and manage their emotions and were empathetic and understanding in their approach.
- Some people who stayed at Emscote House had limited verbal communication skills. Staff knew people well including their non-verbal sounds, behaviours and facial expressions that indicated how they were feeling. Staff sought accessible ways to communicate with people. Pictures and posters were visible around the service to support communication and people's choice.
- Communication guidelines were in place. For example, staff guidance included staff to speak slowly and clearly, and the use of pictures, Makaton and giving people the time, they needed to process information.
- Visual picture cards were used to support people's choice of food and activities. For example, some people could pass their preference picture to staff to indicate their choice / liking.
- People looked comfortable, warm and cared for at the service. People looked clean and dressed appropriately.
- Staff knew what might cause anxiety for people, for example too much notice of an event / activity, noise or too many people and these guidelines were clearly recorded in people's care records. Other people liked to know what the next activity / event was in the day to reduce their anxiety. Staff knew these important things about people.

- People benefited from the care and attention of staff. People looked happy and were smiling as they engaged in activity with staff. For example, we saw one person helping with some household chores and another happily colouring Easter decorations.
- Care plans contained information about people's abilities, skills and backgrounds. Staff knew people's likes and dislikes for example favourite foods, activities and those who preferred male or female staff to support them.
- Seasonal special events like Halloween and Easter were celebrated. People's birthdays were known and celebrated with a cake and party if they wished.
- Staff had undertaken training on equality and diversity and staff demonstrated respect and understanding for the people living at Emscote House and their diverse needs. The front door had "Welcome" in a variety of languages and cultural dietary information was clearly displayed.
- The PIR shared, "Staff are trained in equality and discrimination and we always focus on how it would be if we were the service users using the home- what would we want. This principle helps staff understand that each service user is an individual and that they must be treated with respect, dignity, fairness and promote autonomy."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence as far as they were able, for example washing the areas they were able to reach, shampooing their hair and supporting with household tasks such as vacuuming. Where people required help due to spinal difficulties, for example bending to put socks on, staff knew this.
- One person told us, "I love the sense of independence, I'm able to direct staff."
- Staff were mindful of people's privacy and dignity and gave them space when it was appropriate and safe to do so.
- People were supported to make sure they were dressed appropriately for the weather if they were going out.
- If staff were entering people's rooms, they knocked on people's door before entering their room.
- Staff knew to close curtains when providing care and to cover people up to maintain their dignity when providing personal care. Windows had privacy film to prevent anyone seeing inside people's flats.
- People's religious needs were asked about as part of the assessment and staff respected people's beliefs. The registered manager told us, "We celebrate all faiths, we are a diverse team. All festivals are enjoyed and we are out in the community – divali, churches, prayers...Valentines Day, Chinese New Year."
- People's sexual needs were known and discussed as part of their care. Policies related to sexuality were evident and a LGBT poster in easy read. Local disability groups were displayed on the noticeboards.
- Staff, professionals, family and advocates were involved in supporting people to express their views and discussions decisions about people's care. Staff had people's best interests at heart.

- People's routines were known and recorded. Those with close family, friends or those with the legal authority to make decisions on behalf of people were consulted and involved appropriately. Relatives confirmed, "Any concerns during my son's stay and they will phone or wait until I arrive at the centre and we are always taken into the office to talk in private."
- Staff maintained links with people's family, invited them to review meetings and they were always available for informal discussions about people's care.
- The registered manager told us their next goal was to have all staff trained as Dignity champions.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The assessment process was thorough to support people's transition and time at Emscote House. People were assessed prior to their move to Emscote House. The assessment checked people's needs could be met by the service and their preferences for care were known. The assessment process enabled people to visit and try a stay overnight prior to coming for a longer break.

Staff told us, "We see people in their own environment for example school, home. That familiar staff face is then here when they visit. The care plan is circulated so staff can ask questions before they arrive."

- Care plans were detailed and contained information which was specific to people's individual needs, the routines they liked and those important to them. People's social needs, future goals and aspirations and how the service would support people to meet these goals were clear.

- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. For example, there was information around the service with pictures and symbols and large font. This supported people to know what was available at Emscote House and make choices about their care.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others as required. For example, one person was known to "pout" when they didn't want anymore, another could bite when angry. If people had hearing needs there was guidance in place for how staff were to communicate, for example card symbols, picture exchange and their own use of sign staff were familiar with.

- People enjoyed activities to their personal taste and individual needs. For example, many people went to local day services during their stay. Other's enjoyed activities to their personal liking for example, colouring, bug collecting, pub outings and cinema outings. One person told us, "It is a busy, busy unit. Definitely enough to do, we don't stop!"

Improving care quality in response to complaints or concerns

- There were known systems and procedures in place to manage complaints. This was visible to people who used the service in an easy read format and in visual faces.

- There had been one complaint since the previous inspection. We reviewed this, and the action taken by the service to reduce the likelihood of a re occurrence.
- People who were able to verbally share their views told us they would speak to staff if they had a complaint.
- Relatives confirmed, "Staff have always listened to any comments we have made" and, "Manager are approachable and willing to help sort out queries."

End of life care and support

- People living at Emscote House were young and only stayed at the service for short periods. However, due to their health needs this was an area the registered manager recognised required developing.

Is the service well-led?

Our findings

Well-Led

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

People and staff were positive about the leadership at the service, "It is a lot better with "X" here (the registered manager). It is more vibrant, always asked about any changes, what we want to improve, how we are getting on and if we have enjoyed our stay."

- Staff told us the registered manager was honest, approachable and always available for advice. One staff member said, "The culture here is caring and supportive, I feel I could raise any concerns." We found the registered manager was knowledgeable about all the people they supported, passionate and committed.
 - Feedback from relatives confirmed the service was well led, "The Norman Laud Association provide an excellent service at Emscote house. It is really well managed."
- The registered manager told us, "It's all about the guests (people using the service)."

• The PIR informed us, "We have a clear vision for high quality care. We have a strong management team who all promote the ethos of the home and its values. They monitor, and challenge staff practice and report this to myself (registered manager) and the staff development officer who then address this in a formal basis if required. The home is run as a family and the team have positive attitudes towards meeting our set goals."

• The registered manager told us the culture had improved significantly in recent years. We observed the atmosphere at the service was warm, welcoming, friendly and inclusive. All staff put people first. The people at the service had a voice through regular one to ones with staff and "guest" meetings.

• The nominated individual and registered manager were visible and known to people, professionals and staff at the service. The nominated individual visited frequently and was in frequent contact with the registered manager.

• Managers and staff were clear about their roles, and understanding quality performance, risks and regulatory requirements.

• Staff were respected and valued for their contribution. The PIR told us, "We put value on the staff team and we share their success and point out good practice in staff meetings. We promote staff for achieving goals and recognise those that want to move up the ladder. We share compliments, complaints, incidents and accidents with the team so we all learn together and celebrate the good work. We empower staff to challenge practice and raise concerns and have a whistle blowing policy."

- Systems had been developed to ensure performance remained good. For example, there was an auditing schedule and an overarching quality assurance tool. The governance system included regular checks on the environment, medicines, care plans and risk assessments and any incidents. Structures were in place to support staff through team meetings, supervisions and ongoing training. The organisation of the service had significantly improved.
- Staff told us people were listened to, "We raise ideas and try and make things better for people." For example, one person had suggested larger beds so now a few of the rooms had two double size beds. New towels and bedding were also purchased after feedback.
- The views of people where possible, families and professionals were sought. The PIR explained, "We conduct annual questionnaire for staff and get feedback about the service. We share the outcome of annual questionnaire sent to service users and families with the team and any action plan / feedback."
- The registered manager was aware of their regulatory responsibilities. For example, notifications were made appropriately, and the Provider Information Return had been submitted on time.

Continuous learning and improving care

- Links with the local community were established to provide the range of new and on-going opportunities for people and staff. The people staying at Emscote had helped at the primary school summer fete.
- The provider and registered manager attended local provider meetings and conferences when possible to stay abreast of changes. Care magazines, best practice websites and the Commission's website supported the provider and registered manager to stay up to date. Local authority forums were attended, and networks of support were being built.

Working in partnership with others

- The service had close working relationships with the local learning disability service and local authority.