

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Emscote House Adult Residential Services

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

Tel: 01213821463

Date of Inspection: 26 November 2012

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Management of medicines	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Norman Laud Association
Registered Manager	Mrs. Lesley Somerfield
Overview of the service	Emscote House provides accommodation with personal care for up to eight people on a short stay basis.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 November 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

There were eight people staying at the service for a short break at the time of our visit. No one knew we would be visiting. We spoke with six people, two relatives, five staff and the manager.

We saw good interactions between people and the staff team. The atmosphere was friendly and relaxed. We saw people making choices about what they wanted to do.

People we spoke with told us positive things about the home and the care and support they received. One person said "I love it here".

Staff knew how to support people and how to meet their needs.

The home was clean and was free from offensive odours. There were systems in place for staff to follow to prevent the spread of infections and keep people safe.

Recruitment procedures in place ensured the risk of unsuitable staff working at the home was reduced.

There were systems in place to make sure the home was well run and people's views about the home were listened to.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care was planned and delivered in line with their individual care plan. We looked at the care records belonging to three people. They all contained an individual care plan that detailed how staff were to support the person to meet their individual needs. We saw that there was a system in place for keeping information up to date so that staff knew how to meet people's current needs. When we spoke with staff they had a good understanding of people's needs.

Care plans included identifying any risks for an individual and how these would be managed so risk's to people's safety were reduced. Care plans also included information about how to support people who may get agitated and how to avoid this happening when possible.

We were told by the staff team that the emphasis of the home is to provide young adults with an opportunity to spend time with other young people and have the opportunity to take part in activities. One person told us "I really love coming to stay at Emscote House, the staff are lovely and I enjoy having a banter with them. I like to get up early so I can make the most of the day".

We saw that people were supported to spend time doing activities that they enjoyed. Some people were getting ready to go out for a trip in the mini bus belonging to the home. One of the people told us that sometimes they go out places on the bus, train or they walk to the local shops. We saw that there was sensory equipment, books, table activities, computers and laptops for people to use. One person told us "I am on face book at the moment". We saw displayed on the lounge wall information about plans to greatly improve the garden facilities. Raise flower beds and garden equipment will be provided and will include some equipment specifically designed for people with a physical disability.

We saw good interactions between staff and people living there. We saw one person was asked and encouraged to join a group who were going out in the homes mini bus. However when the person indicated that they didn't want to go out this was acknowledged by staff and the person was supported to do activities at home. We saw staff

communicated well with the person and offered them different choices. One person told us "I absolutely love coming to stay here I see it as my second home. Staff encourage me to do as much as I can for myself". We saw that there was photographs and pictures available to assist with communication. Activity and menu charts were displayed in a pictorial format so they were easier for some of the people staying there to understand.

We saw records confirming staff had received training in a range of topics including training specific to some of the complex needs of the people who came to stay at the home. This included diabetes, safe management of behaviour (CPI) and epilepsy.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

At our last visit we told the provider that to maintain compliance systems to manage the risk of infection should be improved.

We looked around the communal areas of the home and saw that these areas were clean. Gloves, hand wash and towels were available so staff had the appropriate equipment to stop the spread of infection.

We saw that daily cleaning schedules were in place and staff had signed to say that task had been completed. Monthly deep cleaning was also taking place. This meant people were protected against the risks of infections.

The home had a staff member who was the lead for infection control. Staff had received training in safe food handling. Policy and procedures were in place to tell staff about their responsibilities to stop the risk of infection happening.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were kept safely. We saw that all medicines were locked and stored securely. We saw checks were being carried out to make sure that the fridge and room temperature were safe for the storing of medication.

Medicines were handled appropriately and arrangements were in place in relation to the recordings of medicine. We spoke with the deputy manager about the homes procedures for managing people's medicine safely when they came for a short stay. We saw that the home had systems in place for the recording and double checking of each medicine item. We looked at three people's medicines and found that balances were accurate and the records had been signed to say the medication had been given. Staff had received medication training and were also assessed to make sure they continued to have the skills and knowledge needed. This meant that people received their medication safely.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

All the people and relatives we spoke with were complimentary about the staff. One person told us "I get on really well with the staff they are easy to talk to".

Recruitment and selection processes were in place. We looked at the files for three of the most recently appointed staff. Records seen demonstrated that checks took place on the suitability of staff to work with vulnerable people. This meant that only staff that were suitable were employed.

We spoke to staff about the induction process and they told us it was comprehensive. We saw from records and talking to staff that a six week induction took place and this involved shadowing experienced staff. Individual staff assessments were completed which identified the staff members learning and training needs. This meant that staff get the learning and development they needed to meet people's needs.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The people living there, their representatives and staff were asked their views about their care and they were acted upon. People living there and their representatives were asked for their views about the home in lots of different ways. Guest meetings took place, care reviews were held and a survey was sent out to all the people and their representative each year. Comments received were entirely positive about the home.

The provider took account of complaints and comments to improve the service. We looked at the complaints procedure that stated had people could complain about the service provided. There had been no complaints made.

People we spoke with said they could speak to the staff or the manager if they had any concerns about the home. People told us that staff talk to them about their care. One person said "Staff ask me if everything is okay and they write it down". There was a 'wish list' board displayed in the lounge area and they were encouraged to write down things that they would like for the home. Staff told us that one person had requested an adapted kettle and this had been provided so the person could make their own drinks independently. This meant that people were listened to and their views were acted upon.

The provider produced an annual report and had a website which tells people about the organisation.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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