

***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: 22 October 2013

Date of Publication:  
November 2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ 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

## Contents

*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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 22 October 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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There were eight people staying at the service for a short break at the time of our visit. Due to the complex needs of the people staying at the service they were not all able to give their views about the service provided. We were able to speak with two people in some depth and briefly to another three. We also spoke with the manager, deputy manager, the staff development officer and three staff.

People we spoke with told us they liked staying at the service and looked forward to going there. One person told us "I get really excited about coming here (to the service)."

People's privacy and dignity was respected. Staff spoke with people in a respectful way using their preferred names. People were relaxed in the presence of staff.

People were supported to take part in a variety of activities in the home and the local community which meant that they led fulfilled lives.

Staff were aware of people's needs and plans were in place to deliver care in a personalised way. There were systems in place to identify and manage risks to keep people safe.

Staff were supported through training, staff meetings and supervision with senior staff to ensure that they could meet people's identified needs.

There were systems in place to monitor the quality of the service provided and for improvements to be made when needed.

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

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy and independence were respected and they were involved in making decisions about their care.

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### Reasons for our judgement

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We saw that staff spoke with people in a respectful manner, used people's preferred names and picked up on non verbal cues, such as gestures, of the people who had limited verbal language to determine how they felt. We saw that people were supported discreetly with their personal care. One person told us, "(that during personal care), Staff go out of the room if I want them to." One person's care file stated they only wanted assistance with personal care from female staff. The person concerned confirmed this request was always respected. This meant that people's dignity and privacy were respected.

People had the opportunity to spend time at the service prior to staying there. People were able to go to the service for 'tea visits' to meet the staff and the other people staying at the service. This gave people the opportunity to see if the service was what they wanted and for staff to establish if people seemed settled and content.

Due to the complex support needs of the people staying at Emscote House it was not always possible for them to communicate verbally their choices and preferences. Staff had, with the help of family members, developed a variety of methods to ensure that people were involved in their every day care. Information of how staff were to involve people in their care was detailed in their care plans. Staff spoken with were able to tell us how they involved people. For example, one person was able to point to what they wanted and would push food away if they did not want it. Other people were able to indicate what they wanted by the use of pictures. Staff used these methods on a daily basis to help people make choices. This meant that people were involved in making decisions and choices about their care.

We saw that people were encouraged to be as independent as possible. For example, people were encouraged with support from staff to prepare some of their own meals, to keep their own rooms tidy and help with their laundry. This showed that people were supported to maintain as much control over their lives as they were able.

When people were not able to make decisions about their care or treatment we saw that the provider acted in line with legal requirements. Records showed that people's relatives or representatives were consulted about their relative's care on an ongoing basis. This meant that people and their relatives were listened to.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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During our inspection we asked two of the people staying at the service if they liked staying there. Both people were very happy with the service they received at the home. One of them told us "I absolutely love it here. It is really, really good. The staff help me to go out."

We saw that the interactions between people who were staying at the service and the staff were friendly and relaxed. We saw people smiling and speaking to staff in a relaxed way. We saw that staff made time to sit and interact with people.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We looked at the care records for three people. These included, support plans which described in great detail people's preferred daily routines, what they needed support with and what they were able to do on their own. Behaviour management plans were in place to support staff in managing difficult behaviours. Individual risk assessments were in place which included the action that staff were to take in order to minimise any risks to people, for example, if people were at risk of choking when eating. This meant staff had access to information to best support the people staying at the service.

We spoke with three staff working in the home about the people living there. They were able to tell us about the care and support people needed and received. They were knowledgeable about what made people anxious and may trigger any behaviour that was challenging and how this was to be managed. Staff knowledge helped ensure that people received individual and safe care.

We saw that people were supported to spend time doing activities that they enjoyed. One person was getting ready to go to college when we arrived at the service. One of the people told us that they liked spending a lot of time on face book and we saw them doing this during our inspection visit. This person also told us they liked going out and staff had taken them to the shops the day before. We saw another person taking part in a craft activity and spending time on the computer. We saw that there was sensory equipment, books, table activities, I pads and laptops for people to use. There was a well equipped garden which included some equipment designed for people with a physical disability. This

meant that people had access to meaningful activities to keep them occupied so that they led fulfilled lives.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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People living at the home were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We asked two of the people staying at the service if they felt safe and they all told us they did. They told us if they were worried about anything they would tell the manager and they felt the manager would help them.

Staff we spoke with were aware of the safeguarding policy. Staff knew the signs and types of abuse and that any concerns needed to be reported to the management. Training records showed and the staff that we spoke with confirmed that they had received adult safeguarding training. We saw records that showed that updated training was planned for. This meant that there were appropriate systems in place to ensure staff could safeguard people, as far as possible, from the risk of abuse.

We looked at the personnel files of two staff members who were currently working at the home. From the records given to us during the inspection we identified that the necessary checks had been completed before they had started working there. This included satisfactory references, criminal records checks and confirmation that they were eligible to work in the United Kingdom. This meant that steps had been taken to protect people from the risks of harm or abuse.

Arrangements were in place to keep people's money safe. We looked at records relating to this and found that systems were in place to ensure that all money spent was accounted for.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff that were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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People were cared for by staff that were supported to deliver care and treatment safely and to an appropriate standard.

People staying at the service told us that they liked the staff that supported them. One person said, "The staff are really supportive." We saw that staff interacted well with the people staying at the service.

During our inspection we found that the manager had ensured that staff had relevant information available about people's care that they could refer to. For example people's care files included information about any relevant health conditions and how any risks were to be minimised. We spoke with the manager and deputy manager who were on duty on the day of our visit and both were knowledgeable about the needs of the people that stayed at the service. We observed how people were spoken with and found people were encouraged and supported throughout the day.

We saw that the provider had a comprehensive induction programme in place for new staff. This period of training included working alongside more experienced staff members and training in a number of health and safety matters. Staff we spoke with confirmed that they had completed the programme when they started work at the service. This ensured that staff had the knowledge and skills to meet the needs of people safely.

Staff told us and records confirmed that they received ongoing training in a variety of topics. This included training in the specific needs of the people staying at the service. Staff we spoke with were knowledgeable about people's needs and could tell us what they liked and did not like. This meant that people's needs were met by staff that were knowledgeable about their needs.

Staff told us and records confirmed that they received guidance and support through regular supervision and staff meetings. This meant the managers and staff had an opportunity to discuss any concerns they had and take any actions that they needed to take.

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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The people staying at the service, their representatives and staff were asked their views about their care and they were acted upon. People staying 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. We saw that any comments on the surveys that needed a response had been addressed. For example, one person had asked for some information about the costs of private care and we saw that this had been addressed.

We saw that there were 'Have your say' documents included in people's care files. These asked people what their views were about their stays at the service. One of these indicated that the person liked staying there but that found it too hot at times. This had been responded to and the person had been provided with a fan. This showed people were listened to and their views acted on.

The manager carried out several internal audits to ensure the quality of the service was monitored. These included audits of, infection control systems in place, checks on the general environment to ensure it was safe, medicines and policies and procedures. Records of the audits showed that any shortfalls found were addressed. For example, a damaged chair had been noted on the environment check and this had been replaced. Also it had been noted that the missing person's procedure needed to be amended to include more information to ensure it was robust. This had been addressed. This showed us there were systems in place to address any shortfalls in the service in a timely manner and ensured action was taken to continually improve the service.

A number of health and safety checks on equipment used at the service had been undertaken. This included fire equipment, the emergency lighting and fire alarm systems. Arrangements were in place to ensure every day maintenance issues were addressed promptly. This meant that people were provided with a safe place to stay.

## 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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