

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

## St Elizabeth's Health Agency

St Elizabeth's Centre, Perry Green, Much Hadham  
, SG10 6EW

Tel: 01279843451

Date of Inspection: 18 February 2013

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2013

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

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

**Care and welfare of people who use services** ✓ Met this standard

**Safeguarding people who use services from abuse** ✓ Met this standard

**Requirements relating to workers** ✓ Met this standard

**Complaints** ✓ Met this standard

## Details about this location

Registered Provider	The Congregation of the Daughters of the Cross of Liege
Registered Manager	Miss Alexandra Law
Overview of the service	St Elizabeth's Health Agency is a part of the St Elizabeth Centre, where there is a day centre, college, domiciliary care agency, school and nursing home. The Health Agency provides nursing and therapy services, providing 24 hour nursing support to the homes on site and any nursing support needed at the school and college. Clinics are also run for adults and younger persons who use the school, college and homes on site.
Type of service	Community based services for people with a learning disability
Regulated activities	Diagnostic and screening procedures Treatment of disease, disorder or injury

## 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'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	8
Requirements relating to workers	9
Complaints	10
<b>About CQC Inspections</b>	11
<b>How we define our judgements</b>	12
<b>Glossary of terms we use in this report</b>	14
<b>Contact us</b>	16

## 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 announced 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 18 February 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

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### What people told us and what we found

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When we visited St Elizabeth's Health Agency on 18 February 2013 we spoke with six people using the service and three parents of children attending the school.

People told us that they were happy with the care and support they received. They told us they felt safe and staff were friendly and supportive. One person said "The staff are very nice and I especially enjoy my visit to see my therapist. We always have a cup of tea and talk honestly to each other."

We reviewed the health care records for five adults and three younger people currently using the service. We saw they were offered support which ensured their specific medical needs were met. People said that they felt able to approach the medical staff if they had any issues or concerns.

Staff were able to demonstrate a good understanding of safeguarding processes and told us what incidents or concerns they would report.

We reviewed staff files for five permanent staff and one volunteer to verify what pre-employment checks had taken place. The pre employment checks corresponded with those specified within the recruitment procedures outlined by the provider.

We saw that there was a comprehensive complaints policy available to people, which described a robust procedure. People were made aware of the complaints system, which was provided in a format that met their needs.

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

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People's privacy, dignity and independence were respected.

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### Reasons for our judgement

We spoke with six people and three parents of children attending the school and receiving care from the Health Agency. We found that people were treated with dignity and respect and were encouraged to make choices about the care and support that they received.

Parents we spoke with told us that communication with the service was "...excellent." One parent said, "They always take you seriously no matter what your concerns are and they listen to everyone's point of view. It's a relief that they understand my child and value them for who they are." Another parent told us, "I know that if there is a change in my child's condition or circumstances they will contact me. When we attend the clinic everything is explained to all of us. They never talk over us."

We spoke to the specialist epilepsy nurse who told us that people were encouraged to maintain their independence as much as possible. For example, people were supported to administer their own medicines if they were able to do so and we saw confirmation of this in care files. This meant that people were supported in promoting their independence. The specialist epilepsy nurse also told us she provided training for staff in relation to managing people's seizures in public places. This included how to maintain people's privacy and dignity in this situation.

People we spoke with said that staff treated them with respect and encouraged them to express their views. We were told by people using the service that staff helped them to understand their care options and support available. For example, we spoke to one person who had recently been diagnosed with diabetes and they showed us a booklet which had been put together in a picture format. This assisted the person to make appropriate decisions about their care options in relation to their diabetes. We spoke to another person using the service who told us they had not been satisfied with the advice of the doctor so the staff arranged for them to gain a second opinion from an independent health care provider.

**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 on 18 February 2013, we reviewed eight care files (five adult and three younger people). These showed that people's needs were assessed and care and support were planned and delivered in line with their individual support plans.

We saw comprehensive care plans and risk assessments in place for both adult and younger persons, including medication, diabetes management and seizure management. Each file contained clearly written guidance relevant to the level of care and support that people required. This meant that care and treatment was given in a consistent manner. Risk assessments were reviewed and updated on a regular basis.

The younger persons' health care plans included a health passport which contained personal information, useful contacts (GP, community nurse), health history and medications taken including possible side effects and why the person took it. We noted care plans had a clear aim for each medical need with a breakdown of the plan to meet this aim. This provided staff with a robust understanding of each person's individual needs.

We spoke with six people and three parents of children currently attending the school and using the services provided by the Health Agency. Parents told us there was consistent staff who understood their needs and "...they don't just care for the children they care for the families as well." People confirmed that any changes in their medical needs were dealt with appropriately and this was done in collaboration with health professionals and family members. This meant that care was delivered with continuity and that if appropriate, timely intervention from relevant professionals could be sought.

**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 use 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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We saw that the provider had appropriate safeguarding policies in place for adults and younger persons. We noted that staff had to read the provider's safeguarding policies and sign to say they were in receipt of the policies and would adhere to them. We saw copies of these statements in staff files. The policies included information on local authority procedures.

We spoke with six people using the service who told us that staff who supported them were always kind and helpful and they felt safe visiting the medical centre. One person said, "I look forward to visiting." We observed two people undertaking an exercise programme and one told us "I love coming here. Its fun and I feel safe."

Staff we spoke with demonstrated a good understanding of safeguarding processes and told us what incidents or concerns they would report. They were aware that they could raise concerns directly with the local authority safeguarding team, the police or by using the whistle blowing process. We were told that if a person did not have the capacity to agree with their seizure management plan then a best interests meeting would be held. This was confirmed in the records we looked at.

We looked at staff training records for safeguarding and noted that all staff had received the appropriate training and were receiving refresher training in line with the provider's policies. This meant that people were safeguarded against the risk of abuse.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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We saw that appropriate checks were undertaken before staff began work and there were effective recruitment and selection processes in place.

We reviewed staff files for five permanent staff and one volunteer. We found that all required documents such as health clearances, enhanced Criminal Records Bureau (CRB) checks and appropriate references were in place. Pre-employment checks relating to volunteers were the same as those for paid positions. The provider had also taken steps to ensure people working at the service had relevant skills and experience.

The pre-employment checks corresponded with those specified within the provider's recruitment procedures. We also saw evidence of continuous professional registration checks and CRB checks on a three yearly basis.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available and comments and complaints people made were responded to appropriately.

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### Reasons for our judgement

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During our inspection on 18 February 2013, we saw that there was a comprehensive complaints policy available to people, which described a robust procedure. We spoke to three parents of children attending the school and using services provided by the Health Agency, who told us they were aware of how to make a complaint if this was necessary.

The provider had received one complaint since registering with the CQC. The complaint had been dealt with in accordance with the complaints policy and resolved. Any complaints, comments and compliments were used to develop the service and were discussed at staff meetings so that learning could be shared.

People were made aware of the complaints system. This was provided in a format that met their needs.

## 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.

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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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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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