

The Congregation of the Daughters of the Cross of Liege

St Elizabeth's Health Agency

Inspection report

St Elizabeth's Centre
Perry Green
Much Hadham
Hertfordshire
SG10 6EW
Tel: 01279 843451
Website: www.stelizabeths.org.uk

Date of inspection visit: 08 October 2015
Date of publication: 08/12/2015

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 

Overall summary

The inspection took place on 08 October 2015 and was unannounced. At our last inspection on 28 August 2013, the service was found to be meeting the required standards in the areas assessed.

St Elizabeth's Health Agency is part of the St Elizabeth Centre, which is made up of a day centre, college, domiciliary care agency, school and care home with nursing. The Health Agency provides nursing and therapy services and 24 hour nursing support to the people who

live at St Elizabeth's Care Home and any nursing support needed at the school or college. Clinics are also run for adults and younger persons who use the school, college and home on site.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us that they were well looked after by the health agency staff. Staff had received training in how to safeguard people from abuse and knew how to report concerns, both internally and externally. Safe and effective recruitment practices were followed to ensure all staff were suitably qualified and experienced. There were sufficient numbers of suitable staff available to meet people's individual needs.

Plans and guidance had been drawn up to help staff deal with unforeseen events and emergencies. The environment and equipment used were regularly checked and well maintained to keep people safe. Potential risks to people's health and well-being were reviewed and managed effectively.

People were positive about the skills, experience and abilities of staff who worked at the health agency. They received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

Staff made considerable efforts to ascertain people's wishes and obtain their consent before providing health support, which they did in a kind and compassionate way.

People received health support from staff that knew them well and understood their individual needs. The confidentiality of information held about people's medical and personal histories was securely maintained within the agency.

Health support was provided in a way that promoted people's dignity and respected their privacy. People received health support that met their needs and took account of their preferences. Staff were knowledgeable about people's specific needs and preferences.

Complaints were recorded and investigated thoroughly with learning outcomes used to make improvements where necessary.

Staff and professional stakeholders were complimentary about the manager, deputy manager and how the agency was run and operated. Appropriate steps were taken to monitor the quality of services provided, reduce potential risks and drive improvement

Summary of findings

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.

People's safety was promoted by staff that had been trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to help ensure that all staff were fit, able and qualified to do their jobs.

Sufficient numbers of staff were available to meet people's individual needs at all times.

Potential risks to people's health and well-being were identified and managed effectively.

Good



Is the service effective?

The service was effective.

Staff established people's wishes and obtained their consent before health support was provided.

Staff had been trained and supported to help them meet people's health support needs effectively.

People had their day to day health needs met.

Good



Is the service caring?

The service was caring.

People received their health support in a kind and compassionate way from a staff team that knew them well and were familiar with their needs.

Health support was provided in a way that promoted people's dignity and respected their privacy.

Confidentiality of people's personal information was maintained.

Good



Is the service responsive?

The service was responsive.

People received health support that met their needs and took account of their preferences and personal circumstances.

Detailed guidance made available to staff enabled them to provide person centred care.

People and their relatives were confident to raise concerns which were dealt with promptly.

Good



Is the service well-led?

The service was well led.

Effective systems were in place to quality assure the services provided, manage risks and drive improvement.

People, staff and external healthcare professionals were all positive about the managers and how the health agency operated.

Good



Summary of findings

Staff understood their roles and responsibilities and felt well supported by the management team.

St Elizabeth's Health Agency

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 08 October 2015 by one inspector. This inspection was unannounced. We reviewed

other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with four people who received support from the agency five staff members, the manager and deputy manager. We also telephoned four relatives to gather their feedback about the quality of the service provided. We reviewed the commissioner's recent inspection report. We looked at records and information relating to seven people who used the service and looked at four staff files.

Is the service safe?

Our findings

We saw that information and guidance about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers, was prominently displayed throughout the agency. Information was also made available in an 'easy read' format that used appropriate words and pictures.

All staff spoken with understood how to keep people safe and who to report concerns to when required. Staff told us, and we saw from meeting minutes, that safeguarding matters were regularly discussed during meetings. People were regularly reminded how to raise anything that concerned or worried them.

Systems had been developed to make the process of updating people's health records safer by the use of "Pathway trackers". These systems helped to ensure that nurses and therapists were working in the same way to establish consistency and good safe practice. We saw pathway trackers in place for areas including: training to provide staff with the skills to support people who took their food and fluids by means of percutaneous endoscopic gastrostomy (PEG), and where people had a change to their prescribed medicines. Staff followed processes that ensured the changes were also reflected in people's records kept in their homes. Records we viewed confirmed that recent changes to people's health needs were accurately reflected.

There were systems to ensure that people had continuity of care in the event of fluctuations in the staff team. For example, urgent needs such as blood pressure monitoring were identified in red on handover sheets to help ensure that people would receive the treatment they required to keep them safe. There were systems used to monitor and record a person's observations if they were unwell. The assessment provided guidance for staff on how frequently a person required monitoring throughout a 24 hour period. The guidance had been implemented to provide

consistency across the centre. We were told by the manager that this was just a guidance tool and nurses used their clinical judgement on each assessment to promote people's safety.

The health agency team had a number of skilled staff including, an occupational therapist, a physiotherapist, speech and language therapists, epilepsy nurses, learning disability nurses and a psychologist on site to ensure a multi-disciplinary approach was available to meet people's needs. Bank staff or agency staff were accessed to cover any staff shortages. All agency staff completed an induction and were required to have the right training to meet people's needs.

We reviewed recruitment records for staff members and found safe and effective recruitment practices were followed to ensure that staff did not start work until satisfactory employment checks had been completed. Staff confirmed they had to wait until the manager had received a copy of their criminal record check before they were able to start work at the home. This helped to ensure that staff members employed to support people were fit to do so.

The health agency team had daily responsibilities to ensure that that people received their routine medicines such as insulin. Staff had access to detailed guidance about how to support people with their medicines in a safe and person centred way.

There were suitable arrangements for the safe storage, management and disposal of medicines. People were supported to take their medicines by staff that were properly trained and had their competencies checked and assessed in the workplace. The Care Quality Commission use specialist advisors to support inspections. At this inspection we were supported by a qualified nurse who inspected how medicines were managed and they told us that the systems operated by the health agency were safe and appropriate. For example, two nurses complete the medicine charts using prescriptions from the doctor that are held in the nursing unit, these are then given to staff at the bungalows. The medicine charts are colour coordinated for different times of the day and these match the blister pack colour that contain people's medicines.

Is the service effective?

Our findings

People told us that they thought people received good health support from a skilled staff team. A relative told us, "The staff do look after people well. [Person] has recently experienced a bout of seizures and we have been very reassured by the prompt manner the staff dealt with it."

The health agency had a system to promote values and behaviours at the heart of the care they provide. They looked at: care, compassion, competence, communication, courage and commitment to people and used the national early warning score was also used. This assessment can determine if a person may need to be taken to hospital. However staff said it did not override clinical judgement and if the health teams had any concerns they would act. This showed there were practices in place that promoted effective care.

People were supported by nurses to meet their nutritional needs, for example. One person who had a percutaneous endoscopic gastrostomy (PEG). This is used where patients cannot maintain adequate nutrition with oral intake and are fed by way of a tube that is inserted in to their stomach. We observed a nurse seeking the persons consent to change the PEG feed and they involved the person in the process with good communication. Throughout our inspection we saw that, wherever possible, staff sought to establish people's wishes and obtain their consent before providing care and support. One staff member said, "I love working here everything is about the individual."

The provider had their own training department on site to support staff to access any training they needed to develop further knowledge for the roles "The managers offer us the opportunity to train and develop to progress to senior positions, we only need to ask and we will be supported to do our job well."

Staff told us they received the appropriate training and support for their role. They had regular one to one supervision to discuss their role and development needs. One staff member said, "I have regular supervisions with

my line manager." People were supported to gain further knowledge. For example, One member of the physiotherapy team has attended the "Basic Bobath course". This post graduate course and is designed to ensure that people presenting with a neurological dysfunction are assessed and treated by a practitioner with specialist expertise to promote best practice in care.

The health care team were supported to develop staff training, for example. Many people experience impaired swallowing. The speech and language therapists are able to carry out assessments when an issue arises and put in place guidelines to support people to eat and drink. They provide individualized training for care staff as required.

The occupational therapists had been supported to attend Sensory Integration Training. Staff told us that it was becoming increasingly common for students, learners and people who live at St Elizabeth's to present with complex sensory needs. We were told that such needs were not met simply by providing bubble tubes and fibre optic lights, rather specific assessments need to take place and specific programmes put in place to help clients modulate their arousal levels. This helps to improve their quality of life as they are better able to engage in social communication and also in learning. We saw the therapy rooms used to support people's needs, these were well equipped and maintained.

People were supported by the health care team. The health care team run GPs surgery's held twice a week at the health agency. And the multi-disciplinary team (MDT) supported people twenty four hours a day, meeting people's needs with qualified occupational therapist, physiotherapist, speech and language therapists, epilepsy nurses, learning disability nurses and psychologist on site to ensure a multi-disciplinary approach to people's needs. We saw that nurses responded to calls where people had become unwell and provided support. Staff at the bungalows said, the communication between staff and the MDT was excellent and people had the support of a well-trained team.

Is the service caring?

Our findings

Relatives told us that people were happy with the care they received. It was clear from our observations and the way that staff interacted with the people who used the service that they had an in depth knowledge and understanding of people's individual needs. For example, During the hand over staff from the health care agency demonstrated their knowledge about the people they discussed. One particular bit of information was met by complete joy by the team and they explained to us the significance of the information and what that meant for the persons health.

We observed one nurse who had been called to support a person who had become unwell. The nurse had explained exactly what they were doing. They took time to answer the person's questions and we saw they continually checked that it was ok to support the person. The person had refused to have their temperature checked and their choice was respected. We saw the care given was not rushed and the person was cared for in a respectful and caring manner.

The manager told us about a staff member who had been diagnosed with an incurable condition. This was a difficult time for everyone involved. When talking with the person

staff discovered that they would love a garden make over a place where they could relax and enjoy. The staff at the health agency started a collection and were able to raise the funds needed for the makeover. One Saturday whilst the person was out staff completed the garden and we were told by the manager that this had a big impact on the person life.

We saw staff from the health team provide people with care in a kind manner. We saw staff explaining to one person what they would be doing. This was done in an unhurried manner and the person had all their questions answered one by one. We saw people were asked their permission by staff before they provided care and in one example we observed where the person was unwell the nurse asked them if they would prefer to be examined in the privacy of their own room.

We saw people attend the health agency to have their blood pressures checked. Staff explained what they were about to do and sought the persons consent. The individual was made to feel at ease and given the time they needed. It was clear from the communication that staff knew the people they cared for.

Is the service responsive?

Our findings

There were pre-assessment processes completed by health agency staff for all new learners before the starting attending the college and the initial assessment for care home. This was to establish nursing needs and therapy requirements. People's were encouraged to visit, walk round and get a feel for St Elizabeth's. Following the assessments recommendations were sent to the relevant departments detailing how people health care needs would be met .

The health care team staff were involved with developing care plans and updating medical changes when required. For example, clinical psychologist supported people with developing plans and guidance for staff to support people with any behavioural issues.

Each person had a care plan that provided clear and detailed guidance for staff about their individual care and support needs. There was information about each person's specific health conditions that detailed the actions staff needed to take to ensure people were safe. A copy of people's care plans were kept at the health care agency and each person had their own copy in their rooms. This meant that people and their relatives could review the information held about them at any time.

The multi-disciplinary team (MDT) staff used a 'Day to day board' to record information on people who had become unwell or had an injury; this was to help with monitoring their condition. This was also supported by information shared during handovers between staff. If people had to be taken to hospital, nurses would complete an accident and emergency form that contained all relevant clinical information. This would be supported by care staff that would take the person's purple folder (This contains all relevant medical and personal information about the person) This meant that staff at the hospital would have all relevant details about the person's condition to support their treatment.

People's seizures were monitored and documented by staff. This information was given to the MDT, they then made a clinical decision on what type of seizure the person had and this was documented on a seizure chart. The manager explained that this was used by the GP's to

monitor and support with their medicines. The seizure chart was also used to demonstrate to people and where relevant their relatives how their seizures were being managed.

People were supported with story boards which helped them communicate. Staff understood the importance of promoting people dignity and respecting their choices. The manager told us that communication is important to every aspect of the Health Agency's role. This is to ensure people are listened to and have a voice, for example. Staff were supported to attend Makaton training (Makaton is a language designed to provide a means of communication to individuals who cannot communicate efficiently by speaking). Three members of the therapy team were booked to attend the Makaton Foundation course. St Elizabeth's had a Makaton trainer employed in the school. This enables them to deliver a consistent approach across the Centre. Makaton signs are emailed to staff to support the use of signing with people and ensure effective communication.

We saw that Elklan training, an externally accredited course developed to help staff understand the various ways people communicate, was also provided for staff by a speech and language therapist who was Elklan trainer. The therapy assistants were supported to complete this course to improve their communication strategies when working with people. This helped to ensure people have a voice.

The health care team had access to sensory rooms with equipment that supports people with their personal development. For example, some people need their senses stimulated to help them engage; however other people may require stimulation to be reduced to help them focus. People's development can be greatly improved. By the use of different sensory therapies that make it easier for the person to engage. Staff are trained to be able to support people and help people develop to achieve their potential.

Where required people had sensory programmes in place to support them. For example, We were told about one pupil in the school that had difficulties attending to their lessons and remaining seated. This had an impact on their learning; they found it difficult to participate in whole school activities and could become disruptive. Following an assessment completed by the health care team they were provided with a bear hug, ear defenders and sensory snacks. The sensory snacks consisted of them visiting the therapy room to use a hammock swing between lessons or

Is the service responsive?

when they felt overwhelmed by their environment. The bear hug is a vest that is worn to provide pressure therapy that helps ease anxiety and regulate the sensory system and ear defenders are used to reduce the amount of outside noise that can impact on how people are able to concentrate.

The outcome from this was they were now able to regulate their arousal levels through the use of suspension therapy. They are able to stay in class for longer periods and concentrate on their lesson. We were told their progress in the classroom has improved. In addition they were able to take part in the whole school nativity last Christmas.

There was information available to people who used the service and visitors to the home about how to raise

complaints and concerns. Staff told us that any concerns raised with them would be immediately escalated to management and they showed us that people had complaints forms in an accessible format in their rooms with examples to follow to help them complete them. A person who used the service told us they could tell staff, they could tell managers or they could write a letter if they wanted to raise a concern. This helped to ensure that people were supported to raise anything that concerned them or upset them. Relatives told us that they would be very confident to raise any concerns at all and had utmost confidence that the management would respond appropriately.

Is the service well-led?

Our findings

People and staff told us that the manager is very approachable. One nurse told us, “I love working here, I have good relations with all the staff and the manager is approachable”.

Staff told us there were regular meetings held for them to share their views and experiences and for the management team to cascade information about things happening in the service. People’s needs were discussed, for example. People’s needs were regularly discussed at change over meetings held by the health agency team. Staff had their own forum called the “Information and Consultation Group” (ICG). This group was chaired by the CEO and gave staff a vehicle to raise topics that were important to them. Topics discussed included: pensions, vending machines, speed control on site, employee opinion survey and a review of terms and conditions. We saw in the staff team bulletin, printed every two months covering relevant issues for staff. We saw feedback and actions from the staff (ICG) meetings. This showed that staff were supported to have a voice.

A member of the senior management team told us that they reviewed the CQC ratings characteristics frequently and worked with staff to ensure they were able to evidence the standard of care that they provided. Trustees regularly audit the service against the fundamental standards to ensure a well-run service.

A member of the senior management team told us about a recently developed system to gather stakeholder feedback. Tablet computers had been placed around the service such as in reception and in the short stay unit for people to be able to enter their feedback on the service provided. This feedback went directly to the senior management team for review. The system was still being ‘fine-tuned’ to ensure it was suitable.

of the manager told us about developments to improve the referral system. In the past referrals had been made verbally and were not effective. The manager showed us the system now in place required all referrals to be documented this has been adapted over three years to ensure capacity and best interest issues were included

within the process. It had also been developed to let the person say what they wish to achieve from their therapy as this may not always be something immediately apparent to the therapist.

Regular monthly monitoring visits were undertaken on behalf of the provider. These covered all areas of the health care provision and across all areas of the service. It was clear that this monitoring was undertaken rigorously to ensure that the service continued to effectively meet people’s needs.

To assist with the prevention of falls the health agency introduced a balance group, based on the Otego exercise programme. This was designed to prevent falls by improving balance, strength and confidence. Following on from individual therapy session’s people were given the opportunity to visit the group to see if they wished to join. We were told by the manager, that people’s relatives and staff were also able to attend if they wished to..

We were informed that record keeping was an area which the health care agency had worked on to improve their standards. Regular audits of records were carried out and the results discussed at team meetings and individual staff supervision sessions.

The manager told us that questionnaires had been introduced specifically for the Health Agency. We saw physiotherapy feedback forms and the health agency questionnaires. These were designed with pictures to help people understand the questions.

The manager explained that St Elizabeth’s was an accredited Qualifications and Credit Framework centre, with assessors and internal verifiers, to support the training of staff. The organisation also had an Investors in People award which recognises best practice in people management. This ensures staff receive training to promote best practice for people who use the service.

The management team told us that they recognise that their staff are the most valuable resource. Staff are provided with extensive training and development opportunities including agency staff who receive orientation and training to ensure they are integrated into staff teams and able to provide care to the standards expected. There were annual staff conferences to celebrate staff achievement and long service awards presented as an

Is the service well-led?

appreciation of individual loyalty and commitment. These events had guest speakers from care field, for example a guest speaker talked about their experience of living with autism.

All staff understood their roles, one staff member told us, and “I feel supported by my manager.” There was a policy for “team roles and responsibilities” this policy clearly described staff responsibility and staff spoken with told us they understood their role.