

The Congregation of the Daughters of the Cross of Liege

St Elizabeth's Domiciliary Care Agency

Inspection report

St Elizabeths Centre
South End
Much Hadham
Hertfordshire
SG10 6EW

Tel: 01279844422
Website: www.stelizabeths.org.uk

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Ratings

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

Summary of findings

Overall summary

The inspection took place on 10 and 15 February 2016 and was announced to make sure that the people we needed to speak with were available. We gave the provider 48 hours' notice of our inspection. At our last inspection on 01 July 2014, the service was found to be meeting the required standards in the areas we looked at. At this inspection we found they continued to meet the standards. St Elizabeth Domiciliary Care Agency provides care for young adults, both on-site and in nearby Bishop's Stortford. It is a part of St Elizabeth's Centre who supports adults with severe epilepsy and other neurological conditions. People have their own tenancy agreements and are supported by staff who are available 24 hours. People attend college to enable them to go through the educational process as part of integration into the community. They are supported to develop life skills and academic skills. After three years they are supported with transition and will leave the tenancy.

There was a registered manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like 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 were supported by St Elizabeth's to live in their own homes. People felt safe, happy and were looked after in their homes. Staff had received training on how to safeguard people from the risk of abuse and knew how to report concerns both internally and externally. Safe and effective recruitment practices were followed to help ensure that all staff were suitably qualified and experienced.

Staff completed regular health and safety checks that included security and fire safety.

Relatives and healthcare professionals were positive about the skills, experience and abilities of staff who worked in people's homes. Staff received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

People were supported to maintain good health and had access to health and social care professionals when necessary. People were supported to eat a healthy and varied diet. Staff made considerable efforts to ascertain people's wishes and obtain their consent before providing personal care and support, which they did in a kind and compassionate way. Information about local advocacy services was available to help people access independent advice if required.

Staff had developed positive and caring relationships with the people they supported and clearly knew them well. People were involved in the planning, delivery and reviews of the care and support provided. The confidentiality of information held about their medical and personal histories was securely maintained in the office.

Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs and took account of their preferences. Staff were knowledgeable about people's background histories, preferences, routines and personal circumstances.

People were supported to pursue social interests and take part in meaningful activities relevant to their needs, both at their home and in the wider community. They felt that staff listened to them and responded to any concerns they had in a positive way. Complaints were recorded and investigated thoroughly with learning outcomes used to make improvements where necessary.

Relatives and staff were complimentary about the registered manager and how the service was run and operated. Appropriate steps were taken to monitor the quality of services provided, reduce potential risks and drive improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People were kept safe by staff 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.

People were supported to take their medicines safely by trained staff.

Potential risks to people's health and well-being were identified and managed effectively in a way that promoted their independence.

Is the service effective?

Good 

The service was effective.

Consent was obtained by staff before care and support was provided.

People were supported by staff that were well trained and received the appropriate support.

People were assisted with a healthy balanced diet which met their needs.

People had their day to day health needs met with access to health and social care professionals when necessary.

Is the service caring?

Good 

The service was caring.

People were cared for in a kind and compassionate way by staff that knew them well and were familiar with their needs.

People were involved in the planning, delivery and reviews of the care and support provided.

People's privacy and dignity was promoted.

People had access to independent advocacy services and the confidentiality of personal information had been maintained.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care 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 and support.

People were given extensive opportunities to help them pursue social interests and take part in meaningful activities relevant to their needs.

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

Is the service well-led?

Good ●

The service was well led.

People, staff and healthcare professionals were all very positive about the managers and how the home operated.

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

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

St Elizabeth's Domiciliary Care 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 took place on 10 and 15 February 2016. The inspection was carried out by one inspector. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us.

During the inspection we spoke with three people at their homes, two relatives, three staff members, registered manager and the manager from one of the homes. We looked at care plans relating to three people and two staff files. We looked at policies and procedures the service used and reviewed records related to the management and quality assurance of the service.

Is the service safe?

Our findings

People who lived at the shared accommodation told us they felt safe. Staff we spoke with knew people well. One person told us, "I enjoy living here." Another person told us, that they felt safe because there were staff they could always turn to when they needed support. One relative told us, they are safe and happy, we never worry because they are looked after very well."

All staff demonstrated verbally they could recognise signs of abuse and knew who to report concerns to. Staff knew how to escalate concerns and how to report to outside agencies such as the Care Quality Commission. 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 accommodations. Information was also made available in an 'easy read' format that used appropriate words and pictures. One staff member told us, "I would always report my concerns to the manager."

Robust recruitment practices were followed to make sure that all staff were of good character, and physically and mentally fit for the roles they performed. The Human resources department carried out relevant pre-employment checks. Staff were required to provide a full employment history, proof of identity and checks were completed before staff commenced work at the home. These checks helped to make sure that staff were suitable to support people living in their own homes. One staff member told us, "We are very thorough with our checks before we give the clearance for people to be employed."

There was enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively in a calm and patient way. People felt there were enough staff to meet their needs safely. One staff member said, "We have enough staff here." A relative commented, "The support they receive is excellent."

There were suitable arrangements for the safe storage, management and disposal of medicines that were held centrally in the shared accommodation. People were helped take their medicines by staff that were properly trained and had their competencies checked and assessed in the workplace. Two staff dispensed medicines to ensure safety, the role of the second person was to double check the first person to make sure the correct medicine was given and documented accurately. There were also safe arrangements for the transfer and recording of medicines that travelled with the person when they left the complex and attended the college.

Staff had access to detailed guidance about how to support people with their medicines in a safe and person centred way. A staff member told us, "The system we have is safe and our training is good." We observed when staff were administering medicines to people this was done in an unhurried manner with good communication and support from staff. One person we observed understood what they were taking and why. We observed the person take their own medicine with the support of staff. Other people confirmed that they were supported to take their medicine.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and

reviewed regularly to take account of people's changing needs and circumstances. This included in areas such as epilepsy, mobility, nutrition, medicines, health and welfare. Information from accidents, injuries and incident reports were used to monitor and review risk. For example, one person had experienced complications with their epilepsy that required a further risk assessment this led to protocols being changed for this individual. The change had been made to keep the person safe. The Registered manager told us that they review all accidents and incidents on a daily basis and will look for patterns and any changes to people's needs. One relative said, "They have adapted to [Name] needs, they monitor them through the night to keep them safe."

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training, for example in first aid and fire safety. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe. For example, there were regular checks of the fire alarm system and people had personal evacuation plans to support their safety.

Policies and procedures were in place at each person's home to protect people from avoidable harm. People and staff had good working relationships that enabled them to communicate honestly and without fear of repercussions. All people had access to their key worker who supported people's needs and reviewed care plans with them. Staff were knowledgeable about protecting people from avoidable harm and felt confident to report concerns to managers or to the local authority. People from the college were involved with putting together a leaflet that gave advice on how to stay safe on line, on your mobile and when out and about. This meant that people were aware of potential dangers and had discussed these issues.

People were supported to be independent. People told us they felt supported to do what they wanted and staff were extremely positive and encouraging for people to be as independent as possible. One person said, "I go horse riding and I go shopping." Risk assessments were in place to identify areas where people needed additional support to keep them safe. For example people were supported with road safety and accompanied by staff where required.

Is the service effective?

Our findings

People received support from staff that had the appropriate knowledge, experience and skills to carry out their roles and responsibilities. There were support plans in place that gave appropriate guidance to staff. One person told us, "I enjoy living here, the staff are nice."

Staff completed an induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed. Staff received the provider's mandatory training and regular updates in a range of subjects designed to help them perform their roles effectively. This included areas such as epilepsy, medicines, first aid and infection control. Staff told us that the training they received was appropriate. One staff member said, "I had an induction, it was really good. I did training and then had shadowing. (Shadowing means they work with other trained staff until they are competent to work on their own). I felt confident after to do my job, the support is there from staff. There are many people I can turn to should I have any concerns."

Staff felt supported by the registered manager and the managers on site, they were actively encouraged to have their say about any concerns they had. The managers confirmed that their doors were always open. There were regular supervisions where staff performance and development were reviewed. Staff confirmed that they had regular team meetings. One staff member said, "I have had supervisions and am supported to develop, the manager is approachable and I can see them at any time." One relative commented, "The communication from St Elizabeth's is great and we can contact them any time if we need to."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and found that they were.

Staff understood the importance of ensuring people gave their consent to the care and support they received. One staff member said, "People are given choices with every aspect of their life." Throughout our inspection we saw that, staff sought to establish people's wishes and obtain their consent before providing care and support. One person told us, "I don't allow females to do my personal care and they [Staff] respect that." The manager told us when showing us around the bungalow that they would be unable to show us people's rooms as they were out and they made it clear that it was their rooms and we would require the persons permission to gain access.

People were supported to have sufficient food and drink and to maintain a balanced diet. People went shopping weekly to get their groceries and people had their individual food cupboards and fridge and freezer space. People had their cultural and health requirements supported. One staff member told us, "We talk about healthy options, moderation, fruit and vegetables we support people with their meal planners."

People can change their minds and have a different meal at any time but they need to be mindful of use by dates and taking food out of the freezer and defrosting safely. It's all about forward planning and life skills." We saw that people's dietary needs were supported. We observed people enjoying their lunch break from the college. One relative told us that their relative was supported to go to church and that they take them to the church that is also attended by one of their relatives. They went on to explain that the church was not local but St Elizabeth's were very thoughtful when meeting people's needs.

People's healthcare needs were met by healthcare professionals. We saw that people were supported to attend appointments with dentists, opticians and GP's. There was support also from the multidisciplinary teams available at St Elizabeth's to support people's health. There were individual folders that could be taken with the person in the event of an emergency that contained all relevant medical and personal details.

Is the service caring?

Our findings

People were cared for and supported in a kind and compassionate way by staff that knew them well and were familiar with their needs. One person told us, "I like the staff they are good to me." A relative said, "[Name] is really happy there and is looked after." Another Relative said, "They are really happy and expressing themselves."

Staff understood the importance of respecting people's dignity and privacy at all times. One person told us, "They respect me." Staff had developed positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. One staff member said, "People have their own rooms and doors are always closed when we are given support." Staff we talked with were able to demonstrate that they were mindful of people's privacy and knew how to promote their dignity and independence. We observed interaction that demonstrated staff knowledge about the person and all interactions we observed was friendly, caring and respectful.

People were supported to maintain positive relationships with friends and family. One person told us, "I go home to visit my mum for the weekend." People could visit at any time and staff knew the people they cared for. One relative said, "[Name] feels close to the staff they know him really well. They are known at St Elizabeth's, when we walk around the complex lots of people would just say hello to them. They all seem to know [Name] well. They don't want to come home anymore they love it there so much."

People were encouraged to have their say. There were regular house meetings for people to discuss any issues or ideas people had. One relative said, "I turned up to visit [Relative] and found that they were chairing the house meeting." There were also meetings with the housing association to discuss any issues people may have. People were also involved with the 'Learner Council meetings' through the college this gave people more opportunities to have their say. One relative confirmed that their relative was on the student council they said, "They talk about absolutely everything."

People were also supported by their key worker to discuss anything the person wanted to talk about. One staff member said, "We sit down to have tutorials, this is to discuss everything and anything. We encourage people to be independent through choice. We encourage people to make decisions and be involved." The manager said, "My door is always open and people can come and talk with me whenever they need." One person said, "I have staff here to support me and I have my personal space when I want it." We saw that people were involved in planning all aspects of their lives.

People had been fully involved in the planning and reviews of the care and support provided. One person said, "I am involved in my care." One staff member told us, "When people come here we always help them complete their support plan. We always ask what they want and find out who they are." One relative told us, "We spoke about their goals and their support. It was all about them, their preferences and cultural needs." Another relative said when they attend the end of year review; the reviews are led by their relative. The manager told us that the person will discuss their requirements with their keyworker and will lead on the reviews where possible.

Confidentiality was well maintained by staff and information held about people's health, support needs and medical histories were held securely. Information about local advocacy services was available to people if required.

Is the service responsive?

Our findings

People received personalised care and support that met their individual needs. Staff had access to detailed information and guidance about how to look after people in a person centred way, based on their individual preferences, health and welfare needs. This included detailed information about people's routines and how they liked to be supported. One person commented, "I feel it's my home and I have my private space. I like living here, Staff are good to me." One relative said, "They have matured so much in the last couple of years; they have become a person in their own right. They have learnt life skills and socially it is brilliant. They have grown in confidence and are better at expressing what they like and don't like. We are so proud of them."

People were supported to develop their skills and independence through the skills they were taught at the college they attended and through developing their skills and independence whilst living at their home. We saw examples of where people were learning to cook, people had goals set to help them achieve their targets. For example, one person wanted to travel to London independently. The person was supported with travel training and received tutor sessions to help with their learning. They had received the support to achieve their goal and now they travelled independently and safely with the new skills they had learnt. One relative told us, "[relatives] ultimate goal was to live in their own flat with friends and they are close to achieving this now."

People we spoke with enjoyed being involved with activities in the community. One person told us, how they liked going swimming and they had been to football. They also told us that they were off to the local town to have their bike repaired. People who required support to access the community had this provided. People attended the college. We saw that people were involved with sports; swimming, horse riding, arts and crafts and gardening. People had opportunities to take part in meaningful activities and social interests relevant to their individual needs and requirements. People also had the opportunity to work in the shop on the St Elizabeth's site. This gave them skills in ordering stock and serving people behind the counter. One staff member said, "We ask people what they want to achieve and support people to do this. We don't want to de-skill people." One relative told us, "[Relative] has complex needs and we didn't ever think they would be independent. They love the college and loves helping in the shop. They like to learn and are adding to their life skills. They are like a different person, they have grown a lot. We sent in a boy and they came back a man."

Opportunities such as: a range of vocational, educational and social opportunities were available. For example, some people were engaged in therapeutic opportunities making jewellery and ceramic items. Other people worked with the horticulture. There was also the orchard project which offered opportunities to learn about maintenance of apple trees and harvesting the apples.

We saw that information and guidance about how to make a complaint was displayed in an 'easy read' format appropriate to people who lived in their home. People confirmed that they had regular meetings to establish what people wanted and to discuss any issues. One staff member said, "During meetings we always talked about any grumbles or complaints people have and what to do." We saw a complaints policy in place and complaints we saw were responded to and actions taken to resolve issues. For example we saw

where one person had become unhappy with living in their bungalow this was resolved by the person moving to another bungalow. The person was now much happier and their issue had been resolved. We also saw the compliments folder. People we spoke with felt comfortable to talk with staff if they had any concerns.

Is the service well-led?

Our findings

People who used the service, and staff they were complimentary about all managers who they described as being approachable and supportive. One person said, "I can come and see the manager." The manager confirmed that the person liked to come and discuss things in the office.

Staff told us and our observations confirmed, that the registered manager led by example and demonstrated strong and visible leadership. They were clear about their vision regarding the support provided and level of care. They said, "We support people to achieve their goals and to become as independent as they can. The college supports people's learning and development." People were supported with all aspects of their development from exercises to improve mobility and life skills to promote confidence and independence. One relative said, "It's been absolutely brilliant, they are in their third year and it has been the best decision they have made to go there. It has been a good stepping stone to prepare them for life."

People were supported by the management team to establish and maintain strong links with the local community to good effect in supporting people to achieve their personal goals and aspirations. For example, people were supported to learn new skills and were supported to become as independent as they could. People learnt how to manage their weekly shopping and were supported to follow their interests. One person told us about a trip they had to a famous football ground and they were given a tour. They said, "I had an excellent day." One manager told me about an organisation they were looking at that offered lots of activities and told us they were always looking for ways to help people achieve their goals."

People's views and experiences had been actively sought and responded to. We saw satisfaction surveys and people had good relationships with staff and were supported by meetings and one to ones to share their views. All staff we spoke with understood that it was important for people to have a voice. One staff member said, "Staff are proactive and we review their support plans every six months but they can be reviewed at people's request. The person with the support of the key worker will decide their care and take ownership."

There were processes to monitor the service. These included regular audits carried out in areas such as medicines, infection control and health and safety. The registered manager was required to gather and record information about the individual homes and audited on a monthly basis. The registered manager told us, "I carry out regular spot checks, I am visible and I ensure staff and people feel supported. I have an open door policy."

The manager told us, "I receive regular supervisions. I am supported to develop and we are currently looking at developing all our managers." They had regular quality assurance meetings where they looked at changes in legislation and discussed what they could do to improve the service. The registered manager said, "it is my responsibility to keep up with changes in law and policies. I go to provider associations and keep abreast of updates. I attend workshops and network with other providers in Hertfordshire. I feel supported there is always someone I can call or email to discuss any issues." We saw where audits had been completed there

were action plans in place to address any issues found. There was good support in place for all managers.