

St Elizabeth's Centre

St Elizabeth's Domiciliary Care Agency

Inspection report

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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

About the service

St Elizabeth's Domiciliary Care Agency is a supported living service for people with learning disability and autism. The service was provided to young adults in shared accommodation on their college site and also in individual flats in the community.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. 12 people were supported with the regulated activity at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's support needs were well documented and staff had guidance in place to be able to effectively support people. People achieved positive outcomes due to the structured support they received.

People were encouraged to take positive risks and live fulfilling lives. The registered manager empowered staff to act as advocates for people so that people's choices and wishes could be shared with other professionals involved in their care.

Staff received training to understand national best practice guidance and legislation around supporting people with learning disability and autism to be included in society and be active part of their community.

Staff told us they felt supported and valued by the organisation they worked for.

Staff were knowledgeable about people`s needs and how to manage any risk involved. Staff were well trained and skilled to support people safely and effectively.

People`s care plans were developed in partnership with them and evidenced their voice in terms of their likes and dislikes and what they wanted to achieve in their lives. People were given information in the format suitable for them to understand and feel involved in the care and support they received.

People lived an active life and were supported by staff to seek employment, attend college, socialise and develop new skills.

There was an effective management system in place with clear roles and responsibilities for managers and staff. This meant that systems and processes were effectively used across all the supported living sites and there were no differences in the quality of the care people received.

The registered managers were closely involved in the monitoring of the quality of the services provided to ensure these were effective and met people`s needs safely. There was effective partnership working with health and social care professionals involved in people`s care to ensure this was seamless and promoted people`s health and well-being.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The last rating for this service was good (published 17 March 2016). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

St Elizabeth's Domiciliary Care Agency

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector

This service provides care and support to people living in six bungalows and one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection visit to ensure that the registered managers, staff and people were available to talk to us.

Inspection site visit activity started on 24 June 2019 and ended on and ended on 19 July 2019. We visited the office location on 24 June 2019 to see the registered manager and office staff; and to review care records and policies and procedures. We also visited a supported living location on 03 July 2019. Between 03 July and 19 July 2019, we received feedback from relatives and health and social care professionals about the service.

What we did before the inspection

Before the inspection we reviewed information, we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We received feedback from the local authority about their most recent inspection. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with four members of staff, the registered manager and the Chief Executive Officer (CEO). We also spoke with a social and two health care professionals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person said, "I'm safe because I can go out on my own." Two other people indicated they felt safe and happy by responding `yes` to our questions.
- There continued to be systems and processes in place to safeguard people from abuse. Staff told us they knew how to recognise and respond to abuse and the registered manager had reported any potential safeguarding concerns to the local authority safeguarding team. Any concerns had been investigated and dealt with appropriately, and any learning shared with staff to reduce the risk of reoccurrence.

Assessing risk, safety monitoring and management

- People had risk assessments in place for the activities they were doing as well as for their health conditions. For example, having an epileptic seizure whilst doing activities.
- Risk assessments and activity guidelines enabled people to take positive risks. Risks were evaluated to allow maximum control to people by discussing this with them and with the staff supporting them. People were encouraged to take up activities which involved positive risk taking when going swimming, trampolining and using public transport. One relative told us, "We are confident that our [relative] is kept safe and is well cared for and supported by a well-trained and well managed staff team and is being encouraged to develop and maximise their independence skills for the future."
- People`s risk assessments were reviewed every time it was needed or in their yearly reviews.

Staffing and recruitment

- There were enough staff to meet people`s needs safely.
- Recruitment processes were robust and ensured that staff employed were suitable to work in this type of service.
- Each person supported had a team of staff to support them 24/7. Staff covered for each other's absences or annual leave, which meant that reduced number of agency staff were used, and people had their regular staff team meeting their needs. One relative told us, "The bungalow is always well staffed and our [relative] has got to know the staff team very well and we always find them professional and friendly during our regular visits."

Using medicines safely

- Staff were trained to administered people`s medicines. Staff had their competencies checked and observed by their line manager how they administered people`s medicines. Senior staff members and the registered manager regularly checked medicines and where issues were found actions were taken

immediately.

Preventing and controlling infection

- Staff were knowledgeable about how to encourage people to wash their hands and keep people`s house clean. Staff told us they had personal protective clothing to use when they provided personal care.

Learning lessons when things go wrong

- When things went wrong the registered manager discussed this in staff meetings to ensure lessons were learned and the service improved.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before moving into the service. Care plans were developed for each area people needed support with. Care plans were reflective of people's holistic needs and support was in place where people needed staff's help. For example, care plans detailed people's life history, current needs and what people could do independently and where they needed support.
- Care plans were reflective of best practice guidelines when supporting people with a learning disability. We observed staff supporting people to be independent and exercise their rights. There was clear person-centred information and guidance for staff to gain a good understanding of people's emotional and health needs. We saw that because staff knew people well, they knew the things that were important to them.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed that they received proper training and support to carry out their roles effectively.
- New staff members were required to complete an induction programme during which they received training relevant to their role and achieved a nationally recognised 'Care Certificate'. They worked alongside other experienced colleagues until they were competent in their duties.
- Staff received regular supervision and support to carry out their roles effectively.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to understand what healthy eating meant so that they could take informed decisions about what they wanted to eat. One relative told us, "[Person] enjoys planning their own food for the week, helping to make a shopping list and to put a food order through online, and is supported to make their own drinks and help with food preparation."
- People were referred to dieticians when needed and healthy eating plans were in place for people to understand what was healthy for them to eat.
- People's ability to prepare food varied and staff adapted their support to people's abilities. Adaptations were made, and utensils were provided to people when needed to help their independence. For example, for a person to participate in their meal's preparation staff provided them with adapted chopping board, special cutting and clamp board, auto can opener, one cup kettle, adapted peeler and box grater.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People were supported to attend appointments with health care professionals to maintain good health, including GP, opticians, chiropodist, community nurses and psychiatrists.
- People had regular reviews of their care and support needs by their social worker and also health professionals involved in their care.
- Health action plans were developed to maximise people`s physical health and staff ensured people attended their health appointments when needed. Relatives were happy how staff supported people to stay healthy. One relative told us, "They [staff] manage [person`s] epilepsy well and are not at all phased by their frequent seizures."
- We found staff able to identify people`s changing health needs and they communicated effectively with appropriate health care professionals to ensure people were getting the right support when they needed it. One relative told us, "We were pleased that the therapy team risk assessed [person] and then successfully trained care staff in the bungalow to use a specialist piece of equipment which has meant that our [relative] no longer needs to be hoisted from their wheelchair to the toilet or in and out of bed. This is much more dignified and less time consuming and has helped to minimise episodes of incontinence."

Adapting service, design, decoration to meet people's needs

- People were involved in decorating their flats or bedrooms the way they wanted. The environment was adapted for the use of wheelchairs, hoists and other special equipment people needed.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care plans evidenced if people had capacity to decide about their care or treatment and what was done in case people lacked capacity to make certain decisions.
- Decisions for people who lacked capacity were taken following a best interest process. This involved relatives, health and social care professionals to ensure the care people received was in their best interest.
- The Registering the Right support national best practice guidance for supporting people with a learning disability and autism was fully adhered to by the provider and staff.
- People were included in their care, their opinion mattered and they were supported to live their life being actively part of their community.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they liked the staff who supported them. One person told us their favourite staff member`s name and knew their shift pattern.
- People were supported and helped to develop and maintain relationships important to them and their family.
- Relatives told us people were very happy with the care they received and developed trusting relationships with staff which pleased them. One relative said, "[Person] settled in very quickly and clearly enjoys living there, so much so that they often opt to stay there rather than come home at weekends/holidays. We have been very pleased with the care they receive there."
- Staff were able to tell us about people`s needs, likes and dislikes without referring to care plans. They spoke about people with passion and enthusiasm and told us how proud they were for being part of people`s lives.

Supporting people to express their views and be involved in making decisions about their care

- People told us they discussed their needs, wishes and preferences with staff and these were respected. One person told us, "I can decide what I want to do."
- Staff told us they supported people to make decisions about their care. They explained and discussed with people what needs they had and people made the decisions which were respected by staff.

Respecting and promoting people's privacy, dignity and independence

- The registered manager and the staff were committed to promoting people's independence. People were encouraged to do their own laundry, make their beds, prepare their food and go shopping.
- People were treated with dignity and respect by the staff who supported them. Their privacy was maintained as each person had their own room to promote their privacy. We saw people were well presented and were wearing clothes that reflected their age, gender, weather conditions and individual style.
- Records were stored securely, and staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences. Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans were accurate and contained detailed information about how they liked to be supported. These were updated regularly by staff and ensured that everyone knew how people liked to be supported.
- People's care plans were developed with personalised information about how people communicated and what their likes, dislikes and preferences were in terms of their routines, hobbies and favourite meals.
- People were supported to develop their activity schedule depending on their interest. One relative told us, "Our [relative] enjoys trips out to local towns or other areas of interest for shopping trips, cinema, bowling and to visit other local attractions." Another relative said, "The staff are good at planning outings or activities for [person] at weekends or holidays which they enjoy, like trip to the pantomime, princess tea party or wildlife park."
- People living in the bungalows could live there until they attended the college on the same site. Plans were made for people to transition to other supported living services in the community when they finished college.
- Staff knew what people liked to do and support was planned in a way it enabled people to go to cinema, theatre, day trips and holidays.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Each person had a communication profile in their care plan describing the way they communicated. Staff used a variety of methods people preferred to ensure they could effectively communicate and get people involved in their care. For example, they used pictures, internet, gestures, now and next board, real objects, social stories, key words and sign language to communicate with people.

Improving care quality in response to complaints or concerns

- People told us they would talk to staff if they had any complaints.
- The provider's complaints procedure was appropriately shared with people and relatives to ensure they knew how to raise their concerns.

- Relatives told us they were confident to discuss any concerns they had and was no need for them to complain. One relative said, "We have hardly had any problems to speak of, but any minor niggles we have had have been taken on board and addressed effectively. Staff have also notified us of any minor incidents involving our [relative] and we have been reassured that these have been managed effectively."

End of life care and support

- The service had not provided end of life care at the time of the inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us the service was well led and provided personalised care and support to people. Staff worked closely with each individual to deliver outcome-focussed support, using person centred approaches to set goals, deliver learning, support and review, and record achievements. This led to people becoming more independent, seeking employment, developing new relationships. A professional from the college told us, "I could not function without the staff team. Their support is crucial for the learning to take place. Staff are deployed into the classrooms to ensure we have the right trained staff working with particular learners. We work very close together sharing resources and strategies are in place to make sure everything works well. We would not be able to deliver the learning and education without the staff. It is a sharing relationship and it is a both way communication."
- Relatives told us people received personalised care and support which met their needs. One relative said, "The managers seem to lead the team effectively and to direct care staff well to provide the care each person needs from hour to hour. Staff seem to have been well trained, are very attentive and seem to genuinely care about our [relative`s] wellbeing. They have helped them develop in terms of maturity and independence skills."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was knowledgeable about the service and the needs of the people using it. They spoke about their roles with passion and it was evident that they were striving to provide a good service.
- Written records demonstrated the registered manager had acted in an honest and transparent way when something had gone wrong and constantly communicated with people, relatives and professionals.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff told us they worked in a supportive team, which enabled them to share learning and develop in their roles.
- Staff knew what was expected of them to ensure good standards of care were always maintained.
- Staff said the managers were approachable, supportive and always provided good practice guidance.
- Managers were clear about their responsibilities to ensure the service consistently met regulatory

requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had opportunities to regularly give feedback about their care and support, particularly during meetings with their keyworkers. Staff worked closely with people's relatives too.
- Relatives told us their opinion mattered and staff listened to them. One relative said, "A few months ago, I asked for more information about what meals [person] was being given, to ensure eating healthily. The staff were very happy to provide information about this, and to adopt my suggestions for healthier breakfasts, for example."
- People, relatives and staff had their say and contributed to the running of the home through regular meetings and yearly surveys.

Continuous learning and improving care

- Processes to assess and check the quality and safety of the service were completed. The registered manager and team leader carried out audits and quality monitoring visits. These showed they identified areas of the service that required improvement and made those improvements in a timely way.
- Information obtained from audits and analysis of incidents and complaints was used to drive improvement. The registered manager was committed to ensuring that a high-quality service was provided and sought information from people using the service, their relatives and staff to bring about improvements. One professional said, "Staff are always motivated and they are able to follow the best practice guidelines in learning and support. They follow the lecturers` guidance and also apply guidelines in challenging the learners to achieve better outcomes."

Working in partnership with others

- The service worked well with health and social care professionals who were involved in people's care.
- Local authorities that commissioned the service also inspected it regularly. This ensured everyone could check that people consistently received the support they required and expected.
- One professional told us, "The aim is to support people to develop appropriate behaviours within the society not just on site. We had people who moved out to the community and they come back for the college and then go back. I do feel I have all their [staff`s] support to maximise people`s independence and life skills."