Care Quality Commission

The Congregation of the Daughters of the Cross of Liege

St Elizabeth's Care Home with Nursing

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

The inspection took place on 04 October 2017 and was unannounced. At our last inspection on 07 October 2015, the service was found to be meeting the required standards. St Elizabeth's Care Home with Nursing accommodates up to 110 people in 13 bungalows within a campus style community. St Elizabeth's Care Centre specialises in offering care and support to people with epilepsy, associated neurological disorders and other complex medical conditions. The centre is a registered charity, the only national epilepsy centre offering services to all age groups with learning disabilities, adults and for children within the autistic spectrum. At the time of the inspection there were 94 people living at St Elizabeth`s Care Home.

St Elizabeth Care Home is a part of the St Elizabeth's Centre, a 65 acre site, where there is a day centre, school, college, domiciliary care agency and a health agency that provides nursing and therapy services to adults and children. The service is set in its own extensive grounds in an outlying rural area. Whilst providing a good standard of care the size and location of the service is not in line with how CQC would register this type of service now.

At the last inspection on 07 October 2015 we rated the service Good. At this inspection we found the service remained Good.

We contacted local funding authorities to ask for feedback about the service and they told us that they were happy how people were supported in the home; however there were concerns that the location of the service presented challenges in supporting people to connect with the wider community. We have made a recommendation for the provider to consult relevant nationally recognised best practice guidance in relation to the location and scale of residential services for people with learning disabilities and people with autism.

There was a 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 told us and we observed that the care and support they received was bespoke. People had a voice; they were listened and fully involved in setting out their priorities for care. Staff were innovative in finding ways and using equipment to effectively communicate with people who were not able to communicate verbally. People`s choices were respected by staff and managers and where people lacked capacity or if they lacked confidence to speak out independent advocates were involved in their care to ensure their voice was heard and wishes acted on.

There was a tight partnership working between consultants, psychologists, dieticians, other health and social care professionals and staff to ensure that people received well-coordinated care and support which met their needs holistically and consistently. Staff were extremely knowledgeable about the principles of the

Mental Capacity Act 2005 and how this applied in their day to day work. Best interest decisions were taken following best interest meetings between a multidisciplinary team of health and social care professionals including the person and their rightful representatives when necessary.

The provider employed a wide range of nursing specialists through their health agency based on site. Specialist nurses offered around the clock support to people in addition to the nursing staff working in the home to meet people`s nursing needs. Specialist nursing staff and managers worked together to develop care staff`s knowledge to understand better people`s health and social needs and also to support care staff to develop further and progress in their career.

Each person who used the service had a social activity calendar which they planned from the beginning of each year choosing what activities they liked to try or continue throughout the year including holidays and days out. However people could choose ad hoc leisure activities available on the site or in neighbouring villages and towns including going to concerts or having fun on a go cart.

There were enough long standing staff employed safely and well trained to meet people`s needs at all times. Staff demonstrated their skills and abilities when supporting people with complex needs. Staff were well supported by managers and had regular supervisions, appraisals and had their competencies regularly checked to ensure they had up to date knowledge and followed best practice when caring for people.

Staff had received training in how to safeguard people from abuse and knew how to report concerns, both internally and externally. Relatives and healthcare professionals were positive about the skills, experience and abilities of staff to deliver care and support to people in a safe, effective and caring way.

People`s care plans were very descriptive of people`s health and social needs and these were personalised to each individual living at the home. These were easy to follow and understand how and when people wanted and needed support from staff. There were comprehensive plans and guidance in place to help staff deal with unforeseen events and emergencies.

Care plans had comprehensive risk assessments and protocols in place and in many cases these were completed in partnership with a medical practitioner, the GP and a specialist nurse. Risk assessments were enabling and not disabling. People were able to live the life they wanted and take risks as safely as possible.

People who required aids and adaptations in place to maintain or re-gain their independence were promptly assessed by both physiotherapists and occupational therapists employed by the provider and working in the home. People achieved positive outcomes due to the well-coordinated and prompt support they received from staff and other professionals involved in their care.

People received care and support from staff who explored all means to establish people`s likes, dislikes and preferences for all aspects of their life and shaped the care and support they delivered to promote privacy, dignity and met people`s individuality. Some people had lived on the site since early childhood.

There was visible and effective leadership within the service. The service was effectively organised and well run with an open and transparent culture. The registered manager was supported by a dynamic well developed management structure and the management team demonstrated a holistic approach and had clear oversight of how the service was meeting people's physical, emotional and social needs.

The strategic plan and statement of purpose for the service did not provide any detail of how the provider planned to develop the service to take account of nationally recognised good practice in relation to how

people with learning disabilities and people with autism are supported to live. We would recommend that future plans and documentation reflect this more explicitly.

The provider`s management structure showed clear lines of responsibility and authority for decision making and leadership in the operation and direction of the different services located on the same site. The registered manager was supported by the specialist therapists and nursing team employed by the provider and based on the site. This helped people accessing specialist care and support promptly which had positive impact on their health and well-being.

The service actively encouraged and provided a range of opportunities for people who used the service and their relatives to provide feedback and comment upon the service in order to continue to drive improvement.

There was a comprehensive auditing programme carried out by the management team and the provider. Action plans were comprehensive in detailing actions taken, time frames and the responsible person for the actions.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Care Quality Commission

St Elizabeth's Care Home with Nursing

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 04 October 2017 by three inspectors and two specialist advisors. The specialist advisors were qualified nurses who had experience in working with people with learning difficulties and epilepsy. This inspection was unannounced. Before the inspection, the provider to completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also 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 nine people who lived at the home, six relatives, 15 care staff members, five care managers, three nursing staff and the registered manager. We also received feedback from two health care professionals. We looked at care plans relating to 13 people and six staff files. We looked at a selection of medication records to check if people`s medicines were managed safely. We also looked at a range of policies and procedures, quality assurance and meeting minutes held at the home.

We carried out observations in communal lounges and dining rooms and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to their complex health needs.

Good

Is the service safe?

Our findings

People told us they felt safe and happy. One person told us, "I do feel safe here. I am happy here, staff look after you." Another person said, "I am safe here and staff talk to me about how to keep safe." Relatives told us they were happy with the care and support provided and felt that people were safe living at St Elizabeth's. One relative said, "[Person] is safe because she has staff who knows how to support her. They know her very well." Another relative said, "I think St Elizabeth`s is a wonderful place. I am very happy with the care and support [person] receives. [Person] is very safe and happy there."

There was an emphasis driven from the provider and the registered manager to keep people safe from harm. Staff had regular safeguarding training and they were knowledgeable about possible signs and symptoms of potential abuse. They were confident in reporting their concerns to managers. For example staff reported an incident they saw involving a person. The house manager immediately alerted the local authorities safeguarding team and an investigation took place. There were additional safeguarding measures introduced to ensure the person was protected from the risk of harm. People were also reminded in regular meetings and one to one conversations they had with their key workers to discuss and raise anything that concerned or worried them.

People were supported by staff to understand how to keep safe in any situation. For example people who were involved in personal relationships were educated about safe intimate relationships to ensure people were fully aware about consequences of their actions and how to keep safe from harm. This meant that there was a drive from staff and the registered manager to empower people with knowledge and confidence to take risks and live the life they wanted as safely as possible.

Staff told us, and we saw from meeting minutes that safeguarding matters were regularly discussed during house meetings and where measures were in place to safeguard people these were well known by staff. In addition there were safeguarding champions amongst the care staff working at the home who due to their experience and training were able to coach and guide care staff on a daily basis about any concerns they may have had.

Risks to people`s health and well-being were identified and assessed appropriately. Risk assessments provided detailed guidance to staff on how to support people safely. For example, risk management plans were in place for people at risk of falls, also for the use of walking aids and details about the type and monitoring levels needed to ensure people were safe. We found that each care plan we looked at had a comprehensive risk assessment and protocol for the management of epilepsy .These had been completed in collaboration with the consultant medical practitioner, the GP and the epilepsy specialist nurse. Although some people were having frequent epileptic seizures they were not stopped from taking risks and enjoying their life. People were supported to go swimming, horse riding and going on helicopter rides. For example a person who liked flying was supported to fly to Glasgow and back on the same day. They were anxious about spending the night in Glasgow. Trained staff accompanied them on their journey to ensure their safety.

People with swallowing difficulties had a well-planned risk assessment and feeding guidance in place and these had input from the dietician and speech therapist. Instructions were in place to guide staff regarding the support needed by people who were at risk of choking. For example the plan for a person indicated and highlighted that staff should supervise their meal times, help them sit in the right position, what type of food they needed and what equipment was needed. The plan also detailed the possible signs of choking. We found that staff were trained to give first aid in case of choking. This meant that although there were measures in place to prevent choking staff assisting the person were trained to promptly intervene in case the person showed signs of choking.

People who required aids and adaptations had been assessed by both a physiotherapist and an occupational health therapist. Many risk management plans we saw contained photographic evidence of how people had to be supported safely. For example there were pictures showing staff how to use correctly a sling when transferring people with a hoist. We also looked at the risk assessment for one person who used the hydrotherapy pool. We found the risk assessment contained clear guidance to staff from transferring the person from the wheelchair using the ceiling hoist, the use of flotation aids including a life jacket and two staff to be in the pool. Staff we spoke with clearly described the processes involved and how to keep the person safe. This included maintaining eye contact as the person could be distracted easily. One staff member said, "We are always there we never leave [person`s] side."

Positive behavioural management plans were in place for people who occasionally presented with behaviours which may have resulted in them or others being injured. For example a person we observed had very complex needs both physical and behaviour needs. This person had a well-planned care plan to support their needs and had a whole team of professionals supporting them including input from their family. They had to have a very rigid daily routine and all the care staff that worked with them had been trained in a technique to reduce aggressiveness and violence. The person had support only from staff who knew them well. We found that all incidents involving the person were recorded and shared with the nursing team and medics involved in their care and new strategies were implemented which led to very few incidents since the person moved and settled in St Elizabeth`s.

People told us that staff were always around when they needed support. Relatives told us they had no concerns regarding staffing and they were happy with the level of support people received. One relative told us, "There is no such thing as `no staff` there. The staff is marvellous and always present. I have no concerns about staffing." There was a high level of staff on duty on the day of the inspection. We observed staff spending as much time with people as needed as there were enough staff around to ensure every person received the support they needed and wanted. Staffing numbers varied across each bungalow dependent on the needs of the people who lived there. There was a system in place to identify staff skills and we saw that this was effectively used by the managers. For example, staff who appeared in red on the staff rota meant that they were trained to administer medicines. If staff had a P by their name they were PEG trained. Percutaneous endoscopic gastrostomy (PEG) is a tube inserted in the stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. This meant that at a glance managers were able to identify what skillset they needed to cover in case staff were on leave.

Managers were forward planning staff rota`s to ensure people`s needs were met and staffing were in place. There were processes in place to ensure staff shortages were covered. Staffing numbers also varied day to day depending on the activities that were taking place. For example, in one bungalow staff told us that the staffing levels varied from between three and six staff members to support eight people depending on who had arranged to go out. During the night staff used a video monitoring systems and other equipment which alerted them in case people had a seizure. This meant that there were arrangements in place to ensure

people were safe during the night as well as during the day.

Safe and effective recruitment practices were followed which ensured that all staff were of good character, physically and mentally fit for the roles they performed. All staff had been through recruitment procedures which involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service. We saw references had been verified as part of this process. Staff confirmed that 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.

People received their medicines safely by trained staff who had their competencies checked regularly. Some people living in St Elizabeth Care Home had complex health conditions which required them to take a multitude of medicines to manage their symptoms. We found that the medicine management systems developed by the team in the home were effective and ensured that people received their medicines as intended by the prescriber. Staff had access to detailed guidance about how to support people with their medicines in a safe and person centred way. Medicine Administration Records (MAR) were accurate and clearly written. MAR`s showed that people received their medicines at the right time and there were no gaps on the records. When we reconciled medicines we found that the numbers matched the records. Medication protocols were in place to support staff to prevent medicine administration errors and to ensure good practise. After each administration round a second staff member checked the MAR`s to ensure all medicines were administered as intended by the prescriber.

Epilepsy protocols were clearly visible in the medicines files detailing what intervention medicines were required for each person. The protocols were detailed, easy to understand and gave step by step instruction to staff on how to manage people's condition. They explained about the person's history, each type of seizure they may experience and what staff had to do to effectively manage these. There were regular medicines reviews organised by staff in partnership with health professionals to ensure people were taking the right medicines. One health care professional told us, "Over the years, I have worked with staff to reduce antipsychotic medication for challenging behaviour. Staff were willing to take this on board and give a good feedback whether this was working or not."

Some people who used the service were able to tell us what they would do in the event of a fire in the bungalow they lived in. They told us which exit they would use depending on where the fire was. This showed that staff supported people to be as safe as possible in the event of an emergency. We noted there was a personal emergency evacuation (PEEP) plan in place for each person and regular fire drills and fire alarm tests took place. Individual guidance was in place on how to assist each person out of the home in case of fire. This helped ensure that in case of an emergency people and staff were knowledgeable about how to keep safe.

Good

Is the service effective?

Our findings

People, relatives and professionals told us that staff were skilled and knowledgeable about how to meet people`s needs effectively. One person told us, "Staff help me if I need help. I can use one hand [to wheel the chair] and staff will do the other wheel. It makes my hand stronger." One relative told us, "[Person] is in the best place. Staff has so much knowledge and they are very good in looking after people." Health professionals told us they found staff knowledgeable about people`s condition and they could rely on staff`s observations and feedback about people when they discussed future treatment.

Staff told us they received the appropriate training and support for their role and this was one of the reasons why they were happy to work for the provider. One staff member said, "Training is very good here; I have some refresher training in two weeks' time." Another staff member told us, "I have worked here two years and hand on heart the training here is really good it's an excellent place to work."

Staff told us and we found that in addition to the training courses considered mandatory by the provider they had the opportunity to undertake more specialist training and national vocational training to gain nationally recognised qualifications. One staff member said, "I am doing my PEG training and have the opportunity to do my QCF 2 [national vocational training] training."

There was a strong drive from the provider and the registered manager to ensure that all the staff working in St Elizabeth were well trained and had the skills and abilities to care for people with complex care needs. People, relatives and professionals told us that they felt staff were well trained, knowledgeable and skilled and the care and support they delivered improved people`s health and well-being. For example a person had frequent episodes of aspiration and often required treatment in hospital and oxygen therapy. The physiotherapist recommended daily percussion treatment for the person. All the staff working with the person were trained in how apply this treatment and they carried this out daily. This led to the reduction in the use of oxygen therapy and suctioning previously often required. The number of incidents of aspirating and the need to be admitted to an acute hospital also reduced due to the early intervention and efficient treatment delivered by staff.

Care staff had in house training from a specialist medical nutrition team to support individuals with PEG feeding and were skilled and qualified to carry out feed set ups and other tasks relating to the care for the skin and the inserted tube. Staff were regularly observed by nurses when they carried out PEG relating tasks to ensure their competency levels were maintained. One health care professional told us, "I always found that staff are very knowledgeable about individuals and they are very good in looking after people with complex needs. We review people`s nutritional intake regularly and everything is fine all the time. Records are always completed well and staff know the answer to my questions."

The provider developed bespoke training courses like wheelchair clamping champions and manual handling champions and these were accredited by the Institution of Occupational Safety and Health (IOSH) level 4. They also received accreditation from Highfield Awarding Body of Compliance to deliver a regulated qualification framework (RQF) level 2 Moving People Safely course, an RQF level 3 Emergency First Aid at

work, a level 3 First Aid at Work and a level 3 Paediatric First Aid course. They also recently launched an accredited medication competency assessment framework and an autism awareness course accredited through the British Institute of Learning Disabilities which was delivered to over 100 staff recently. We found that the service had been awarded with the Makaton Friendly Scheme and Disability Confident Employer.

Staff told us that 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 where I can discuss how I feel, what my training or development needs are; we discuss how we can improve in everything we deliver for people in our care." Another staff member said, "I have regular supervisions throughout the year and an appraisal yearly. I can always ask for any support I need any time, my managers doors are always open." Several staff members we spoke with told us that initially they started working at St Elizabeth`s whilst they were students or they were training for a different profession, however they decided to pursue they career in care because they felt valued by the provider and the registered manager. One staff member said, "I have a degree [different from care] but when I finished [university] I didn't want to leave. A lot of the staff worked here for a long time and this is credit to the organisation. We [staff] feel listened to, supported and valued for what we do." Another staff member told us they worked at St Elizabeth for a period of time, then they left to study, however when they finished their studies they decided to return to St Elizabeth. They told us, "I think this is the best place. We have training and support to deliver the best possible care for people. I love it here."

Newly employed staff members had a comprehensive classroom based induction training followed by a period of working supernumery with more experienced staff members until they were confident that they knew people well enough to meet their needs. One newly employed staff member told us, "This is my first job where I felt really supported by everybody and not left to my own devices. Everyone is very helpful and I learned a lot in a few days working here." Another staff member said, "I worked in care previously but the opportunities I had here I never had anywhere else. I can attend training and I can ask for training in different subjects if I am interested to learn. I had Makaton (sign language) training, medication training, autism, epilepsy and I am working towards my diploma. The training gave me knowledge and skill in understanding people`s condition and prepared me for my role."

People were enabled to consent to the care and support they received and to make their own choices although at times staff were required to use innovative ways to aid people`s communication. We found staff extremely knowledgeable in interpreting people`s body language as well as eye movements and the sounds people were making to establish the choices people made. We observed staff during the day of the inspection offering people choices and asking for consent before they delivered any aspects of their care. For example we observed a staff member assisting a person to eat. They spent a considerable amount of time with the person and often they were checking if the person wanted more of the food they offered by holding the food at eye level so the person could see it and if they wanted more they reached out and took the food from the staff member.

Staff were using assisting technology to aid people`s communication. For example a person who was nonverbal was supported with their communication by using a communication book and electronic piece of technology `Eye Gaze` where they could communicate using the direction of their eyes to indicate what they wanted. We observed that there were stickers on their electric wheelchair to help staff identify what the person wanted to communicate. The signs included the need to use the toilet and wanting a drink. Staff and managers we spoke with were able to describe gestures the person used and what these gestures meant. We found these documented clearly in the person`s care plan to help all the staff working with them to understand their communication needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be

deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff worked hard to ensure people had all the information available to them to make informed decisions and actively participate in their care. Information was available to people in easy read format and pictorial format where people indicated, by pointing at the pictures their choices or decisions. Where people were found to lack capacity to understand and weigh up decisions they had to take regarding their care and treatment decisions were taken in their best interest. Best interest decisions were taken by a multi-disciplinary team involving health and social care professionals, staff, the person`s relative if appropriate and an independent advocate who acted as the voice of the person. This meant that the provider looked beyond people`s medical conditions and helped people overcome barriers and take decisions and be in control of their life. People were supported to attend polling stations and the staff ensured easy read manifestos for all parties were made available to people prior to the day of voting to help them make an informed choice.

We found that best interest decisions were regularly reviewed to ensure that they were still in the person`s best interest. For example a person had been observed by staff of having regular periods of time when they were refusing to take their medicines and their food and drinks. The person`s health was at risk as the numbers of epileptic seizures increased which affected their health and well-being. A best interest meeting had been organised by staff involving health care professionals and relatives which concluded that it was in the person`s best interest to have a PEG inserted, however this was to be used only when the person was going through a period or refusing medicines and food. We observed that the person was assisted to eat by staff on the day of the inspection. A health care professional told us that they were regularly reviewing this person`s care. They told us that staff were following the best interest decision and only used the PEG to give the person their medicines and when they could not get the person to eat for more than three days. This meant that staff understood the importance to encourage the person to maintain their natural way of eating for as long as possible so they could feel the taste of the foods they liked.

The majority of people who lived at St Elizabeth had constant supervision and support from staff which meant that on occasions there were restrictions applied to their freedom in order to keep them safe. We found that where these restrictions were in place the manager had submitted applications to the local authority deprivation of liberty team to ensure these were the least restrictive and applied lawfully.

People told us that there was plenty to eat and drink. One person said, "The food is nice here. I can have what I want." Another person said, "The food here is good. We like using the canteen." We saw that people were offered cups of coffee and tea throughout the day and snacks were available as well. People could also eat in the canteen on site or in their own bungalows if they wished.

We observed during lunch that where required people were supported to eat their lunch. Staff were knowledgeable about people and knew who needed assistance throughout meal times or just prompting time to time. We also observed staff using different techniques to keep people settled during meal times to ensure a good food and fluid intake. For example for a person staff put on the TV with their favourite character so they were interested to sit longer and finish their meal. For other people staff just sat and chatted throughout meal times so people were interested in sitting at the tables.

The manager and staff involved people in creating and choosing what they wanted to eat. Staff had pictorial menus and these were shown to people who were not able to communicate verbally and they were pointing to the meals they wanted. To ensure staff were all knowledgeable of what people`s likes, dislikes and

preferences were and also what type of diet they had there were pictorial prompts staff kept in the kitchens in each bungalow with people`s pictures and dietary requirements. People's independence was promoted by the service by providing people with adapted cutlery, plastic beakers and plate guards to aid independence.

The different bungalows had adapted meal times and menus to people`s preferences who lived there. For example, in one bungalow for older people the breakfast and lunch was prepared in the bungalow and then the main meal was delivered by the main kitchen. However, in a different bungalow for younger adults the meals were all cooked in the bungalow with everybody's involvement. Where people were able to do their own food shopping staff enabled them to do so. One relative told us, "[Persons`] diet is mainly governed by their own choices but on the whole we feel [person] has a fairly balanced diet. The staff mainly do [person`s] shopping and occasionally [name of the person] goes also and the staff advise them accordingly. As we visit twice a week we are in a position to see what they have in their fridge and freezer on a regular basis and are happy with this." People`s weight was monitored regularly and where people were identified as losing weight this was referred to health care professionals and nutritionists.

Dieticians were regularly visiting and reviewing people`s nutrition to ensure their needs were met. For example a person had swallowing difficulties and they were prescribed a pureed diet by the dietician and the speech and language therapist (SALT). Staff found that the diet the person had was limited in offering choices and deprived the person from some foods they really enjoyed. Staff worked with the person to develop a menu and it was clear that the person wanted more choices in their diet so the staff referred back to the SALT team and the dietician for a reassessment. The person`s nutrition and dietary guidelines were refreshed after this and more food choices were offered to them. This meant that staff were effectively working together with other professionals in order to meet people`s needs.

People`s health needs were met by a team of health professionals having a multidisciplinary approach facilitated by staff from St Elizabeth. The provider employed specialist nurses through their health agency based on site who actively supported the general nursing staff in the home. For example there was an Epilepsy Specialist Nurse, a Mental Health and Learning Disability Nurse, a Behaviour Specialist Nurse, a Physiotherapist and an Occupational Health Therapist daily supporting the general nurse practitioners to effectively meet people`s special needs. In addition the team of nurses involved Neurologists and Psychologists in people`s care. One health care professional told us, "Patients with severe epilepsy and challenging behaviour were jointly seen by ourselves and neurologist, facilitated by St Elizabeth. Patients were started on the right medication and discharged into community rather than to a specialist inpatient service."

Good

Is the service caring?

Our findings

Everyone we spoke with told us that the service was extremely caring and staff were kind and compassionate when supporting and caring for people. One person told us, "It is very caring here. Staff are really good and I know them all." Another person said, "Everyone [staff] are so good to me. They help me with everything I want." Relatives told us they were overwhelmed by the warmth and kindness shown to people. One relative said, "I have no words to describe how nice and kind staff are towards people." Another relative said, "The staff that support [person`s name] are very caring and kind and treat them with respect when dealing with their epilepsy and sometimes challenging behaviour."

Relatives told us that they were reassured every time they visited by the friendly atmosphere and the kind attitude of the staff that their relatives were well looked after and this gave them piece of mind. One relative said, "Staff are kind and caring, we can relax at home because [person] is in a good place." Another relative said, "Every time I visit staff is welcoming and very friendly. They know [Person`s name] inside out and I am so grateful they are so kind and caring. It just takes a weight off my shoulders." A third relative told us, "The impact on us as family [of the good compassionate care] is that we have some peace of mind because we know that [person] is safe and happy."

Professionals told us they observed staff when they visited being positive and kind towards people. One professional told us, "I find the nurses very helpful- they are professional and caring. There is a 'can do culture' and nurses would like to provide best possible care [to people]." Another professional told us, "Staff is always polite and very compassionate and kind towards people. I only see good care here every time I visit."

We saw interactions between staff and people that were cheerful, friendly and showed that staff were aware of people's interests and could have appropriate conversations with them. Staff made sure they could make eye contact with people when they were talking with them. It was clear that they had an in depth knowledge and understanding of people's individual needs. For example, we observed a staff member who bent down to the eye level of a person who was sitting finishing their breakfast. They asked them "How was your breakfast this morning, is there anything else you would like to eat or drink? Are you warm enough with that door open? Would you like me to take you for a short ride?" We observed them waiting patiently for the person to answer each of the questions before they carried on with their daily routine and regularly checking what people wanted.

We noted that staff respected people`s individuality and respected what was important to people. For example we observed a person who was holding a soft object in their hand which visibly provided them with comfort. Staff we spoke with told us there were two objects the person liked and wanted and they told us the name of the objects. They demonstrated that they understood that the objects provided comfort to the person, it made them happy and that they were important to them. We found that the person`s care plan was descriptive of this and detailed that the person liked to hold a familiar object in their right hand as this provided them comfort. We observed staff helping the person to hold their object with their right hand.

People were helped to maintain and form meaningful relationships. One person said, "I like being involved, I take my stuff to the laundry, give people directions. I enjoy meeting people." We observed this person going around in the home and outside chatting with their friends. They were very sociable and chatted to staff using their names. Staff all knew them well and had time to talk to them. One relative told us, "[Person] feels that St Elizabeth's is their home and that the staff are their friends." Another relative told us, "[Person] is happy here. Sometimes when we have taken her out, she looks relieved to be back, we see her smiling at the staff."

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. For example a younger adult expressed that they had more than friendly feelings for another person living in the home. Staff supported them through meetings and conversations to understand the nature of their feelings and what they both wanted from their relationships. This was done sensibly and by exploring all the risks involved and also educating both people about the consequences of their behaviours.

We found that staff were not just considerate towards people but their families as well often offering help and support to visiting family members to make the most of the time spent with people. For example we observed a person who had their birthday celebrated by staff. Staff decorated the communal areas with birthday banners and made the person feel special by wishing them happy birthday. The person`s relatives arrived to take the person out to a nearby pub. One staff member asked them if they wanted a staff member to attend with them to help support the person and also they offered a lift there and back. The relatives told us they felt the staff member has been very considerate to offer help as they did not like to ask but they happily accepted the offer.

We found that not just staff organised and celebrated people`s birthdays, people were involved in celebrating staff`s birthdays as well. A staff member's relative organised a surprise party for the staff member where they invited people from St Elizabeth's. People attended in great numbers and from the pictures we saw that they all had a good time with lots of laughter and fun. This meant that staff enjoyed spending time with people which made people feel valued.

We found that there was mutual respect and value based relationship between people and the staff supporting them. People had continuity of care provided by a regular staff team and regular key workers they could build a closer relationship with. People had two, sometimes three key workers who regularly worked with them. This had a positive impact on people as the key workers knew their needs, likes, dislikes, behaviour patterns, social and physical needs. Key workers were updating care plans and ensured they captured their knowledge about people so the information was available for all the staff. One staff member told us, "It is excellent care here, two of my [relatives] have died through disability, and I would have loved them to have come here." Another staff member said, "I love working here, I just love caring for people and here it is possible to give people the time they need and the care they need in the true sense."

Staff gave us numerous examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith. The care people received promoted their individuality and enabled them to feel free to live the life they wanted. One person told us, "I am free to come and go as I please. I lived here all my life and staff will help me when I need help. I feel good." One relative told us, "[Person] is able to live life as he wishes and we feel so happy for him that he has his own accommodation and his needs are being fully met." One professional said, "The care people receive here is very individualised to the person and staff knows everything about them [people]." We found that people were supported to practice their faith. For example people were helped to attend church if they wished.

People and relatives where appropriate were involved in planning and reviewing the care and support people received. One person told us, "I know I have a care plan and we sit down with my key worker and we discuss what is going well and what is not. I know I have risk assessments in there but I know how to keep safe." One relative said, "I am always kept informed of any re-assessing and notified of all reviews and medical appointments." Another relative said, "[Person] receives good care, we receive emails and phone calls. We are involved in [person`s] care."

We observed staff instinctively protecting people`s dignity and privacy when offering care and support. For example staff were attentive to wipe people`s hands and mouth after meals. They were gently prompting people to change their clothing in case they spilt anything over their clothes. Staff were mindful when they had to care for people`s PEG or administer medicines to people. We saw them respecting people`s privacy, knocking on bedroom door and closing bedroom doors when personal care was in progress. People's preferences in relation to same gender care were documented and people told us their wishes were respected.

All people who used the service had access to independent advocacy services if they wished or if they were not able to make their needs known. Information about advocacy support was available throughout the service and discussed during residents forum meetings. Information about people was kept confidential. Electronic systems used were password protected and offices were closed when staff were not present to ensure people`s information was kept confidential.

Good

Is the service responsive?

Our findings

People told us they had an active social life and they had opportunities to pursue their hobbies and interests. They told us there were opportunities for them to keep busy on site or in the community. One person told us, "I like to go to the pub. I go to the ARK to play and I enjoy the activities." Another person said, "I like my snow globes, I like to use the computer to print my pictures." A third person told us, "I mainly go out on the go carts with my friends."

Relatives told us they felt people had good level of stimulation within the site. One relative said, "There are a number of opportunities such as art, horticulture, discos and many social events that [person] could attend. Over the years the staff have made great efforts to get [person] involved."

The provider developed a wide range of lifestyle options accessible for people on campus site but also in the community. These included work, learning and leisure including day services. The provider also had 15 vehicles to take people to nearby towns, villages or other destinations, in addition people could attend clubs or local colleges to learn and develop and seek employment. Eight of these vehicles were wheelchair accessible.

There was also 'Bull & Bush', an on-site social club which was a venue for a wide range of in-house productions including dramas, films, discos, karaoke and bingo as well as used for hosting outside entertainers. The Bull & Bush was also used by people for birthday parties or fundraising events. The onsite day centre had a full time day centre manager who supported people to plan their individual holidays and trips and their activity schedule.

Each person had a choice of holiday destinations and outings which run throughout the year. People had a wide range of activities they could choose from depending on their interests and abilities. For example, bowling, trampoline, swimming, horse riding, indoor and outdoor sports, gym, music, drama, cooking and sensory activities. We found that people achieved certificates in trampolining and their efforts were recognised by awards and medals they received if they won the trampolining competition. People told us they had fun in participating in different activities throughout the year. One person told us, "Here things do happen on-site and off-site, bowling, pets corner, shopping and the hydrotherapy pool. We like to have a laugh."

We found that every person had a well-planned activity schedule. However people could do activities and attend social events even if they had not planned forward for them. For example we saw that some people decided to go to a concert and they were supported to do so. Other people decided on a daily basis what they wanted to do and staff accommodated their wishes. The provider had numerous vehicles on site which meant that people could access the community at short notice if they wanted to. We found that there was no such thing as impossible for people living in St Elizabeth's. The staff and management supported people to take risks in a positive way, they discussed what people wanted to achieve and made the necessary adjustment to ensure people achieved what they wanted. This gave people a sense of individuality and self-worth, increased their confidence and improved their quality of life.

People told us they were very proud of their achievements and they had pictures in their bedrooms to remind them of the things they achieved. For example people were helped to go on helicopter rides, fly in a plane and go on holidays. This meant that staff helped people overcome the barriers of their disabilities and live the life they wanted.

People were involved in creating jewellery products, arts, ceramics and horticulture. These activities were organised within the campus. In the `Drawing Room` people had the opportunity to work in ceramics, printmaking and painting. If people wished their artwork was sold for fundraising purposes giving them a sense of self-worth.

The provider developed the `Ashvale` project which provided sheltered employment to people with a "Therapy through Horticulture" approach to the whole project. This was done within the campus where people were growing and planting seedlings into indoor and bedding plants. Part of the extensive grounds in St Elizabeth were used to grow vegetables in raised beds so people could do as much work themselves as possible. Ashvale also facilitated St Elizabeth's Orchard Project and were holding its own "Apple Day" each year and produced apple juice for sale to the public.

The Jewellery Project was based on site and at the Cross Gallery in Bishop's Stortford. People were attending the gallery and selling their own jewellery and also prints, paintings and ceramics from the `Drawing Room`.

Some people who lived in St Elizabeth lived there their whole life. Inevitably across the 13 bungalow where people were accommodated over the years people`s needs changed. This meant that in some of the bungalows there were more able people together with people who were more elderly and less able. The provider went through and extensive nine month consultation period with people, relatives, health and social care professionals to discuss a proposal to relocate some people in different bungalows in order to match people with similar abilities.

Every person we spoke with were aware and told us how they participated in the consultation process. People were able to meet other people they were going to live with in the same bungalow and they were also asked to pick their rooms and decorations to ensure the new room they were going to have was exactly how they liked it. One person told us, "I picked green for the walls! I cannot wait to have everything done." Another person said, "I cannot wait to move. I met the other people who will live there and we all get well together. I already packed half of my things."

The registered manager and the provider had done extensive work to ensure that the move was not disruptive to people and it was in their best interest. Independent advocates were representing people`s voice if they were not able to do this themselves. For example we saw that a person with severe autism had their bedroom moved and re-decorated. The staff had worked extremely hard to ensure that the person`s new room 'mirrored' everything from their old room in order to help reduce the person`s anxiety about moving rooms and having their personal items touched and moved. In addition people`s key workers were to move with people in their new bungalows to ensure they had familiar faces around them and there were less anxious about the move. This meant that the provider together with the registered manager and staff were responsive to people`s needs and they promoted people`s well-being through their actions.

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, respected and listened to. A copy of people's care plans were kept in the staff office but 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. People`s needs were regularly reviewed and they signed their own care plans if they were able and in case they were not able their rightful representatives were involved.

Staff were very responsive to people`s changing needs and often challenged health and social care professionals in their decisions or assessments carried out to ensure people`s needs were fully met. For example a person had an assessment in place which detailed that staff should support them with alternating seating and positioning in bed. The person indicated to the staff that this was not what they wanted and staff felt that the person would benefit from a reassessment and asked the physiotherapist to reassess the person. A standing frame was recommended for the person to strengthen their muscle tone and the staff team underwent training in the use of this equipment to ensure they were able to safely support the person. As a result the person had more options for mobility. In addition we saw that they had a special chair which supported their posture when they were out of their bedrooms. We found that the provider ensured that one of these chairs was available in the dining area, in the lounge, and we were told that there was one at the activity centre to ensure the person`s posture was supported and they were able to socialise.

Relatives told us they were impressed by how responsive staff were towards people`s needs. One relative told us how a person had a fall and fractured their hip. Following a stay in hospital the person returned to the home, however they lost their mobility. Staff used a standing aid to help the person regain their strength in their arms and legs and then involved the physiotherapist to reassess the person because they expressed their wish to walk again. The relative told us the person regularly used their walking frame now and they had made significant progress with their mobility.

Although some people were nonverbal staff were very good in understanding and responding to people. For example one person indicated to staff that they did not want to get up early in the morning to have their PEG feed. Staff involved the specialist nutrition team to establish if the feed could be done safely whilst the person was still in bed. This proved safe and the person had their early morning feed in bed. Staff told us the person made it very clear that they were very happy with this. This meant that even though people could not verbalise their preferences and wishes staff were skilled in communicating effectively with people and as a result people were able to directly influence the care and support they received.

There was information available to people who used the service and visitors to the home about how to raise complaints and concerns. This information was displayed in the main reception area, in each of the bungalows and in communal spaces. We saw that people had regular opportunities to participate in house meetings held in the individual bungalows. The meeting minutes we reviewed showed that staff regularly discussed with people the various ways they could raise concerns. In addition to regular meetings held in each bungalow for people to share their views, there were also monthly 'resident forum' meetings held across the whole service. This enabled people from the various bungalows to get together to share their views and experiences and empower them to raise any concerns or suggestions. People also had complaints forms in an accessible format in their rooms with examples to follow to help them complete them. One person told us, "I know the staff and managers to talk to in case something is concerning me. I know [name of registered manager], she is very good and I can talk to her any time."

Relatives told us that they would be very confident to raise any concerns with the managers, however they had no complaints. One relative told us, "I don't have any complaints only praise. I am sure if I would raise anything this would be immediately resolved." Another relative said, "Any concerns that we have had have always been dealt with efficiently." A third relative said, "Yes we know who to contact if we had any concerns, but we have good communication with the home, they let us know if there are any problems. We

have never had any significant problems."

Good

Is the service well-led?

Our findings

People, relatives, staff and professionals we spoke with were positive about the management of the home. One person said, "I know the house manager and I know [Name of registered manager] they are very nice." One relative told us, "We are listened to; it's remarkably well run [the home]." One health professional said, "There is definitely good team work here and good leadership."

Staff told us they were proud working at St Elizabeth's because of the ethos and values shared by the registered manager and the provider. One staff member told us, "The care here is second to none. When you hear that everywhere in nursing homes there are staff`s shortages you realize what a privilege it is to work for St Elizabeth. The managers are very good and they really have people`s best interest at heart. This is why I like working here because we can give the best possible care to people."

Although people spoke highly of the staff and the care they received the provider had not taken steps to ensure that the service reflected current best practice or followed nationally recognised guidance in relation to services for people with learning disabilities. The service was set in its own extensive grounds in an outlying rural area therefore was not suitable to accommodate people who wished to live in ordinary houses on ordinary streets within the local community. The feedback we received from local funding authorities was positive about the care and support people received at the home, however there were concerns about the location of the service and the challenges this presented for people to connect with the wider community.

We have made a recommendation for the provider to consult relevant nationally recognised best practice guidance in relation to the location and scale of residential services for people with learning disabilities and people with autism.

Staff were empowered to contribute to the running of the home. They felt valued and listened by the registered manager and the provider. There were regular staff meetings held where information was shared with staff about future plans for the home, but also lessons were learned from accidents, incidents and safeguarding issues to help raise staff`s awareness and prevent reoccurrence. Staff also had the opportunity to share any issues they may have had. In addition there was a staff forum called the "Information and Consultation Group" (ICG). This group was chaired by the chief executive officer (CEO) and gave staff the opportunity to raise issues and worries directly with the provider in the absence of the registered manager. However the registered manager had been updated by the CEO about the outcomes of these meetings to ensure they were able to implement any actions if needed to solve these issues. For example following the consultation process with people, relatives and staff about people moving in different bungalows some staff were feeling anxious about this. They had shared their concerns with the CEO and as a result the registered manager held open surgeries for staff to individually have a discussion with them where their concerns were listened to in confidence. This meant that staff were supported to have a voice and the provider and the registered manager made staff feel valued and listened.

The provider had a well-developed management structure with clear lines of responsibilities for each

member of the management team. The effectiveness of the leadership and the quality of the care provided at St Elizabeth was governed by a board of trustees who had a visible presence on site and were actively involved in the day to day running of the establishment. A member of the trustees was living on site and met staff and people on a daily basis. People we spoke with knew them by name and trusted to raise any concerns they may have had with them. The member of the trustees knew people and their families very well and gave regular feedback to the other trustees on their observations. The registered manager also submitted monthly quality reports which were closely analysed by the board of trustees and actions to improve and develop the service were implemented.

The provider's strategic plan for 2016 –2019 outlined clear objectives to be achieved taking in consideration the known challenges in the current adult social care climate of securing a permanent staff group. We found that the registered manager had a systematic approach in building up a permanent staff team. By offering a competitive rate of pay and bespoke training to newly employed staff and also the opportunity to develop and progress in their career meant that staff retention was very high. One staff member said, "I feel well supported, I can have all the training I need and want and I can progress further if I want. I feel listened and supported. I am not planning to leave any time soon. St Elizabeth`s is a good place to work for." Having a permanent staff group meant that people had continuity of care and their needs were met by staff who were familiar with their needs.

Staff were trained through St Elizabeth's accredited Qualifications and Credit Framework centre, with assessors and internal verifiers, to support staff`s training. This meant that staff had on site opportunities to access accredited training and gained nationally recognised qualifications. The provider sought and achieved external accreditations such as Investors in People (IIP) award. IIP is a national and international standard for managing people in the areas of leading, supporting and improving staff. The accreditation is based on nine performance indicators which include leading and inspiring, empowering and involving, managing performance, and delivering continuous improvement.

The provider recognised that some of the people living in the home struggled to maintain relationships due to their age, condition and sometimes the distance from their family. They made the resources available for staff to help people maintain these relationships. Staff regularly supported people to visit their families even if people had to travel with a staff member to support them. For example staff worked with a person who had severe autism and epilepsy as well as learning disability, to plan and attend their relative`s wedding. Staff broke the day into very small sections when planning with the person like travel to the train station, travel to London, go to the venue, attend the ceremony, give their present, throw confetti. At each stage the staff supporting the person reassured them that he could leave at any time and offered the choice of the next part of the plan. This took several weeks of planning, reassessing, reassuring and rearranging. However the person was able to stay for the whole wedding, getting back to St Elizabeth's late in the evening. We saw a picture from the ceremony where the person was smiling and looked very happy and smart in their suit. The provider also offered free on site accommodation and free meals to people`s friends and families to assist and facilitate these relationships.

The registered manager and the provider developed excellent links with external mental health services. A neurologist specialist visited people quarterly to review their medicines and any seizures. The registered manager also developed close working relationships with a local hospital trust where they had a named liaison nurse to ensure collaborative working and information sharing when people were admitted to hospital. However they also worked closely with people`s GP`s to prevent admissions to hospital. They linked with a local hospice to ensure people nearing the end of their life received appropriate support and assistance. This meant that the provider and the registered manager understood how important it was for them to keep up to date with best practice and improved ways of working by developing a close network of

specialist care and support around people living in St Elizabeth's.

The provider had robust governance systems in place which ensured that the quality of the service provided to people was safe and met people`s needs. There was a quality improvement cycle which clearly identified the audits and quality assurance surveys the managers had to undertake each month. For example health and safety audits were done every month in every bungalow. Medicine audits were done daily and monthly. Other monthly audits included, review safeguarding incidents, accidents and incidents, weekly managers meetings and others. Findings were discussed in senior managers meetings and actions were listed on an action plan which was signed off by managers on completion and reviewed by the registered manager.

Regular surveys were sent to people and relatives to seek their feedback about the service, which we saw were very positive. One relative wrote, "There is no way I can express my gratitude for all you did for [Person]. You [staff] made her life as full as possible and compensated for the life [person] lost due to their illness."

Newsletters were sent to families each month from the manager of each bungalow and focuses on the events that their relatives had been involved in. Additionally the senior management team send four newsletters in a year giving an overview of the service delivery and the planned developments and improvements. The resident's forum delivered their own newsletter supported by staff and this was distributed to all the people within the home.

We found that the provider operated an honest and transparent service which had its roots well imbedded in staff`s practice. Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect their service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.