

St Elizabeth's Centre

St Elizabeth's Domiciliary Care Agency

Inspection report

South End
Much Hadham
Hertfordshire
SG10 6EW

Tel: 01279843451
Website: www.stelizabeths.org.uk

Date of inspection visit:
06 December 2022
13 December 2022

Date of publication:
10 January 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

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

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. At the time of the inspection 26 people were supported with the regulated activity.

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

Right Support

Staff did not always support people with their medicines to achieve the best possible health outcome. The provider did not ensure they had robust systems in place to manage medicines, however this was actioned immediately during the inspection.

People were supported to have choice and control of their lives and staff attempted to support people in the least restrictive way possible and in their best interests. However, there needed to be further development with documenting where decisions were made in people's best interest and where people may lack capacity.

Staff adhered to safe practices when wearing personal protective equipment (PPE).

Right Care

People had care plans and risk assessments; however, these were not always clear and coordinated. The management team were updating these during the inspection.

People had enough appropriately skilled staff to meet people's needs and to keep them safe. Further development was needed where staff needed to use different methods of communication to support people.

Staff were starting to understand, and responded to, people's individual needs. Staff understood how to protect people from poor care and abuse. The service worked with other agencies to help promote people's safety and wellbeing. Staff had training on how to recognise and report abuse and they knew how

to apply it.

Right Culture

People's quality of support was not always enhanced by the quality assurance system the provider had in place. Actions were not always documented, and it was unclear if actions were completed to improve the service

The management team had put systems and development plans in place to drive improvement and share lessons learnt from the previous inspections.

People did not always have risk assessments in place, to identify risks people faced and how staff should manage these.

People were supported by staff who understood best practice in relation to supporting people with a learning disability and autism.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 05 August 2022). At this inspection we found improvements had been made, however the provider remained in breach of regulations.

This service has been in Special Measures since 02 March 2022. During this inspection the provider demonstrated that improvements had been made. The service is no longer rated as inadequate overall. Therefore, this service is no longer in Special Measures.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support, right care, right culture.

We undertook this focused inspection to check they had followed their action plan and to follow up on intelligence we had received about the service. This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Elizabeth's Domiciliary Care Agency on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to medicine management, risk management and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards

of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 Health and Social Care Act 2008.

Inspection team

The inspection team was made up of two inspectors and two members of the CQC medicines team.

Service and service type

This service provides care and support to people living in eight 'supported living' settings, 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post, however there was a manager present who was going through the application process to become registered.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We communicated with 9 people who used the service and 13 relatives about their experience of the care provided. People who used the service who were unable to talk with us, so we used different ways of communicating including using Makaton (a type of sign language), pictures, photos, symbols, objects and their body language. We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. For this inspection, we used this communication tool with 1 person to tell us about their experience.

We spoke with 12 members of staff including the nominated individual, managers, human resources and support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included 6 people's care records and multiple medication records. We looked at 3 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 also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

Using medicines safely; Assessing risk, safety monitoring and management

- Records showed that people were usually being given their medicines as prescribed. However, where people were prescribed a medicine to aid with sleep if still awake past a certain time, records were unclear as to if these were being given at the correct time. Improvements were implemented immediately following the inspection.
- Medicines cabinets were secured when not in use. However, medicines were not always stored at the correct temperatures. Records of temperature monitoring was inconsistent and in one bungalow the intervention medicines were being stored in a room with a temperature reading of 30°C. The recommended maximum temperature was 25-28°C. Staff had failed to escalate this when recording daily temperature monitoring.
- There were no records of why certain 'when required' (PRN) medicines had been administered or if they had been effective. This means we could not be assured these were being used or reviewed appropriately.
- A review of recent medicines incidents and actions taken showed the provider was taking steps to reduce the likelihood of these reoccurring.
- Staff were not monitoring the physical health of one person with complex needs at the service in line with their risk assessments and care records. We raised this with the provider at the time of the inspection.
- People's risk assessments were not always clear or coordinated with the information stated in the care plans. There were examples where risks had been identified but risk management strategies were not clear or did not indicate how to support the person. For example, a care plan said a person was known to have a health condition, however this did not give any detail as to why and how staff would support this person in the event of the person becoming ill. This meant staff may misunderstand the support the person needed to manage these risks safely.

People were not supported to manage risk and medicines safely. This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2022 (Regulated Activities) Regulation 2014.

- People's care records and risk assessments were actively being reviewed and updated. The provider was

implementing new medicine folders into the bungalows that made accessing people's information easier.

- A review of a recent medicine's audits showed that these had identified areas for improvement that were picked up on the last inspection. The provider was taking steps to improve the areas identified.
- At the last inspection where accidents and incidents occurred these were not managed effectively. We found improvements in how incidents were managed. The Senior management team met to discuss any serious incidents, in addition staff felt comfortable raising concerns.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were supported by staff who were able to recognise signs of abuse. Staff gave examples where they had raised safeguarding concerns and felt there had been a change in the responsiveness from the management since the last inspection. One staff member said, "If there is something that could be a safeguarding, I raise it as a safeguarding. I will always contact my manager if I was not sure."
- People felt they were safe with the support they received. One person said, "The staff here are helpful and if I need help, they come quickly."
- Relatives reflected on the last few months and felt there had been a change in the support their family member has received. One relative said, "We feel confident that St Elizabeth's has acknowledged the weaknesses identified by the CQC and is doing everything in its power to improve things." Another relative said, "Our general view is that St Elizabeth's provides excellent support for [family member], and that they are happy, safe, and well supported. At no time have we had concerns about [family member's] wellbeing."
- Where incidents and accidents occurred the senior management team reviewed these and looked at how they could prevent these happening again, as well as lessons learnt. They were then shared amongst staff. One example, being the change in how they record when a person had a seizure and when staff were required to have the person's emergency medicines when away from the home.

Staffing and recruitment

At our last inspection the provider had failed to ensure that people had the opportunity to have a fulfilling life with dedicated time to develop their independence. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was not in breach of regulation 18.

- On the day of the inspection there were enough staff to meet people's needs. Staff said there had been more training and felt their skills and knowledge had improved, which meant they were not putting people at risk. For example, more staff were trained in administering emergency medicines and medicines. However, there was still training that had been booked for staff to complete. As well as further training around communication.
- At the last inspection the provider spoke about the challenge with recruitment. Since then the provider had a number of staff move from another service into St Elizabeth Domiciliary Agency. This meant there was going to be adequate staff to meet people's needs. This was in the process of being completed whilst we were inspecting.
- In addition, the provider had put more management personnel in the service to help drive change, but also to support staff and people. Staff said this was a positive change.
- Relatives felt their family members were being supported by staff who had the right skills. A relative spoke about how their family member used to get physically aggressive towards them. The staff supported the person with their emotional needs, which resulted in the relative and family member having a positive relationship.
- The provider operated a safe recruitment process; appropriate checks were undertaken to help ensure staff were suitable to work at the service. A disclosure and barring service (DBS) check and satisfactory

references had been obtained for all staff before they worked with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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 MCA 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 Mental Capacity Act (MCA).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were requested where a person's liberty was deprived.
- Where people lacked capacity to make a decision, we found not all decisions were documented in a way that assured us that the person's voice was heard or that they had the opportunity to digest the information.
- The management team acknowledged this and were able to show evidence of how they were working towards better written assessments to evidence the decision making.

Preventing and controlling infection

- People were supported by staff who wore personal protective equipment (PPE). We found staff to be wearing PPE correctly during our inspection.
- The service supported safe visits for people living in the service in line with current guidance.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to ensure they had governance systems that were robust which meant the service was not effectively managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although we found improvements had been made, there was still not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the last inspection the provider had shown an inability to effectively address concerns raised from the previous inspections.
- Since the last inspection the provider had implemented a new quality assurance system. We found that quality checks had improved and were identifying where improvements were required within the service. However, actions following the audits were not always captured in a service improvement plan, which meant the management team did not have clear oversight that these actions were being completed. For example, medicine management continued to be an area of improvement.
- The management team acknowledged this and had already started developing individual service improvement plan for each service to help drive improvements.

This meant governance systems were not robust enough to demonstrate the service was consistently managed well. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- There had been an increase in managers for the service to support the drive for improvement. In addition, the provider had employed a quality team who completed detailed audits as well as helped with the development of the service.
- Staff felt that relationships between them and the managers had improved which allowed more open and honest communication. One staff member said, "I have regular supervisions. There is more openness and atmosphere of approachability that has been created. If there is something not right, I can come to the manager now, whereas before there was fear. We have managers in the bungalow the door is always open, and they listen without complaint. It has been really good."
- The provider had oversight of the support people was receiving. Information collected in the services was presented to senior management. For example, incident and accidents, how people were spending their

days. One manager said, "We have a newly implemented tracker for off-site activities, and also track any activities completed on-site. Key performance indicators (KPI) we are measuring include significant incidents, medication errors and documentation errors, bungalow vacancy factor, staff vacancies, training (by subject), safeguarding incidents, compliments and complaints. These are updated on a monthly basis and feed into our Health Care and Quality Committee."

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

- At the last inspection we found the provider failed to ensure staff understood what good care looked like and promote choice and control when developing people's support network.
- The manager started to establish a culture that valued reflection, learning and improvement. This was through a culture workshop, outside professionals evaluating and observing the culture in the service and included, enrolling management team on a comprehensive leadership training course. However, we still found in parts where they needed to develop. Staff using language that was not always respectful or encouraged equality. For example, people being "Non-compliant" and "Staff toilets".
- The provider and manager acknowledged they had further development to instil a culture of care, in which they provided people with skilled staff who truly valued and enable them to develop and flourish.
- Relatives felt there was a change in the managements ethos to the support being provided, and the wish for good outcomes for their family member. A relative said, "I am very impressed with the changes and positivity that has happened and hope that this commitment will continue. We are committed to work constructively with St Elizabeth's Domiciliary Care Agency to ensure that the lessons learnt are maintained and that words are just not rhetoric - but solid commitment to the future of its residents."
- Staff spoke positively about the changes that had occurred since the last inspection. One staff member reflected on their own practice and how they had changed the way they were supporting people. "At the first inspection, I was a different person. The care that I was then to the carer that I am now is really different. The insight of everything has made me change for the positive."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 provider continued to be open and honest about the recent inspections. The provider had offered meetings to discuss this with staff, people using the service and family members.
- Relatives felt involved in the decisions about their family member's care. One relative said, "Over the last few months, we have been able to contribute to the improvement plan, meet with the Trustees to set out our vision and hopes for the future as a place that has epilepsy expertise, ambition for all the residents to access opportunities to enrich their lives, and wider community. Above all, to be heard and involved in what their lives look like."

Working in partnership with others

- The manager gave examples of how they had regular input from other professions to achieve outcomes for people and to continue to improve the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were not supported to manage risk and medicines safely. This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>This meant governance systems were not robust enough to demonstrate the service was consistently managed well. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.</p>