

The Congregation of the Daughters of the Cross of Liege

St Elizabeth's Care Home with Nursing

Inspection report

St Elizabeth's Centre
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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 

Overall summary

The inspection took place on 07 October 2015 and was unannounced. At our last inspection on 01 July 2014, the service was found to be meeting the required standards in the areas we looked at. St Elizabeth's Care Home with Nursing accommodates up to 110 people in 13 bungalows. Each bungalow houses between one and

nine people. It provides personal and nursing care for people with epilepsy and learning disabilities. People may also have other complex needs. At the St Elizabeth Centre there is also a Health Agency that provides nursing and therapy services, a day centre, college, domiciliary care agency and school.

Summary of findings

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.

The CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection we found that people's freedoms had not been restricted and so DoLS authorities were not required.

People told us that they felt safe, happy and well looked after at the home. Staff had received training in how to safeguard people from abuse and knew how to report concerns, both internally and externally. Safe and effective recruitment practices were followed to ensure that all staff were suitably qualified and experienced. Arrangements were in place to ensure there were sufficient numbers of suitable staff available at all times to meet people's individual needs.

Plans and guidance had been drawn up to help staff deal with unforeseen events and emergencies. The environment and equipment used were regularly checked and well maintained to keep people safe. Trained staff helped people to take their medicines safely and at the right time. Identified and potential risks to people's health and well-being were reviewed and managed effectively.

Relatives and healthcare professionals were positive about the skills, experience and abilities of staff who

worked at the home. They received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

People were supported to maintain good health and had access to health and social care professionals when necessary. They were provided with a healthy balanced diet that met their individual needs.

Staff made considerable efforts to ascertain people's wishes and obtain their consent before providing personal care and support, which they did in a kind and compassionate way. Information about local advocacy services was available to help people and their family's access independent advice or guidance.

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

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

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

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were kept safe by staff trained to recognise and respond effectively to the risks of abuse.

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

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

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

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

Good



Is the service effective?

The service was effective.

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

Capacity assessments and best interest decisions met the requirements of the MCA 2005.

Staff were well trained and supported to help them meet people's needs effectively.

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

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

Good



Is the service caring?

The service was caring.

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

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

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

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

Good



Is the service responsive?

The service was responsive.

People received personalised care that met their needs and took account of their preferences and personal circumstances.

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

Good



Summary of findings

Extensive opportunities were provided to help people pursue social interests and take part in meaningful activities relevant to their needs.

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

Is the service well-led?

The service was well led.

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

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

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

Good



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 07 October 2015 by three Inspectors and a specialist advisor, who was a qualified nurse to advise us about how medicines were managed. This inspection was unannounced. Before the inspection, the provider 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 11 people who lived at the home, four relatives, 19 staff members, the deputy manager and manager. We also reviewed the local authority commissioner's report of their most recent inspection. We looked at care plans relating to seven people and four staff files.

Is the service safe?

Our findings

People who used the service told us they felt safe and that there were enough staff available to meet their needs. One person told us, “I do feel safe here; they look after me and make sure I don’t get into too much trouble.”

Relatives told us they were happy with the care and support provided and felt that people were safe living at St Elizabeth’s. One person said, “I am absolutely happy. It took us a long time to find the home. To us it is important that they have waking night staff, it helps to keep [person] safe.”

Staff told us, and we saw from meeting minutes, that safeguarding matters were regularly discussed during house meetings. People were regularly reminded how to raise anything that concerned or worried them. One person told us that they wrote their own incident report with the support of staff if another housemate had upset them.

People had risks to their everyday life assessed in order to develop strategies to reduce or remove the level of risk. One staff member told us that the ethos of the service was that risk should not stop people from living their life. They said they used the ethos of, “Is it do-able? Is it safe? How can we make it happen?” Examples of positive risk taking included enabling people to go horse riding and rock climbing.

Staffing numbers varied across each bungalow dependent on the needs of the people who lived there. These 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.

There were robust recruitment processes in place. We reviewed recruitment records and found that safe and effective recruitment practices were followed to ensure that staff did not start work until satisfactory employment checks had been completed. 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.

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. There were other systems in place in case of emergencies. For example, when weather conditions were extreme, St Elizabeth’s provide overnight accommodation, food and transport to and from work to ensure they have adequate staff. There were numerous safety measures on site including speed bumps, electronic speed limit reminders, staff and visitor car parks with allocated permits, and staff ID badges. Staff were encouraged to approach unidentified persons on site. There was an emergency generator on site to provide electricity to the monitoring systems in the event of a power cut. The monitoring systems were used to monitor people throughout the night in case they had a seizure this ensured staff could respond to people’s needs.

St Elizabeth’s had a high volume of various drugs used to support people. They were constantly reviewing their medicine policy in consultation with both staff and families to make the service safe. There had been changes to the policy and practice to improve the way medicines were managed. Staff had access to detailed guidance about how to support people with their medicines in a safe and person centred way. A staff member told us, they recently had training regarding the changes to the medication policy and that they received updates on the staff intranet. The staff intranet was used to provide regular updates and information to the staff that worked at St Elizabeth’s epilepsy protocols were clearly visible in the medication files. We were able to view epilepsy protocols with intervention medications, these were very detailed, in depth, 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 to do. The manager told us that people have on-going reviews of their medication and if their epilepsy is unstable, then reviews would be more frequent. People also receive yearly health checks.

There were suitable arrangements for the safe storage, management and disposal of medicines. People were supported to take their medicines by staff that were properly trained and had their competencies checked and assessed in the workplace. Where people did not have capacity we saw capacity assessments and best interest decisions completed to support the person’s needs. The Care Quality Commission use specialists to support

Is the service safe?

inspections. On this inspection we were supported by a qualified nurse who inspected how medicines were managed and they told us they were impressed with the systems in place to manage medicines safely.

Is the service effective?

Our findings

People told us they felt staff had the knowledge and skills to meet their needs effectively. One person said, “Staff know me very well and they understand me and how I need things done.”

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

Staff told us they had achieved national vocational training relevant to their job roles or they were working towards with the assessors which were on site employed by the service. They also had regular training sessions and workshops for different topics to ensure they had or developed the necessary skills to look after the people with complex care needs. For example, we saw that there were workshops organised for the new medication policy which was implemented after staff had the opportunity to understand the policy and discuss it in the workshops. There were workshops for the Mental Capacity Act and its principles and the Deprivation of Liberty safeguards. Staff also had training in the key lines of enquiry used by CQC as part of the methodology to rate services. There was the use of champions to develop the understanding for staff in areas such as: Moving and handling, Managing actual and potential aggression (MAPA) and emergency first aid.

The provider had their own training department on site to support staff to access any training they felt they needed to develop further or gain more knowledge for the roles they were doing. One staff member told us, “When I started here I had an orientation training to learn everything about the site, and then I had all the mandatory training for, epilepsy, infection control, manual handling, and safeguarding training. Now I can access more specialized training like autism and have more in-depth training regarding manual handling or other.” Another staff member said, “The

managers offer us the opportunity to train and develop to progress to senior positions, we only need to ask and we will be supported to do our job well.” There were specialist epilepsy trained nurses to support people with their needs.

People were supported to make their own decisions and choices although sometimes this was very difficult due to the complex and severe learning disabilities they had. Staff were knowledgeable and understood their role in relation to the MCA and DoLS. One staff member said, “Although some people are not able to talk we will still offer them choices, show them pictures and they will clap their hands to communicate their choices.” One manager told us, “We have a person who is nonverbal and was very difficult for them to understand why they needed a blood test. Before we assumed they had no capacity we started showing them pictures of how the blood test is done and what equipment was used. When the time came they were anxious and walked around for one and a half hours whilst we were with them talking to them and finally they had the blood test.” 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 a choice.

People had their capacity assessed for specific decisions in line with the principles of the Mental Capacity Act and where it was established that they lacked capacity in a specific area the best interest procedure was followed to ensure that the decisions and the care the person received was in their best interest. People had access to an independent mental capacity advocate in case they had no close family members or relatives to represent their best interest. One staff member said, “We have everybody’s best interest at heart and we follow the best interest process for people who are not able to consent.” This meant that the provider had ensured the care people received was appropriate for them and in their best interest.

People told us that there was plenty to eat and drink. One person said, “I like the food here, it is good and more than enough.” We saw people were offered cups of coffee and tea throughout the day and snacks were available as well. People could also eat in the restaurant on site if they wished.

Is the service effective?

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. The manager told us, “One person will not eat vegetables if we serve it on a plate with their roast however we saw that if we present the food cut up to look like a ratatouille they will thoroughly enjoy it.”

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. People’s weight was monitored regularly and where people were identified as losing weight this was referred to health care professionals and nutritionists.

People told us that outside professionals visited the home to support their health needs. One person said, “I am

alright here. The doctor comes to see me when I need it.” We found that when it was needed the mental health team or speech and language therapists (SALT) was requested for people. We saw that people had regular visits from a hairdresser, a chiropodist, optician, neurologist, psychiatrist and other specialists such as continence and diabetic nurses to support people’s needs.

People were also supported by staff to attend to appointments outside the home. There was support from the onsite health team, there were a number of skilled staff including an occupational therapist, physiotherapist, speech and language therapists, epilepsy and learning disability nurses and psychologist on site to ensure a multi-disciplinary approach to people’s needs. The specialist epilepsy nurses at St Elizabeth’s supported people’s needs. For example, they developed an easy to follow flow chart that provided guidance to staff on what medicines to administer and what procedures to follow during a person’s seizure. All changes to people medical needs were reviewed by the health care team.

Is the service caring?

Our findings

Relatives told us that people were happy living at the home. One person said, "[Person] is very happy. They are just as happy to go back there [St Elizabeth's] as they are to come home. That says it all for us." Another person said, "They are a very happy bunch of residents. That paints the picture for you doesn't it?" A relative of a person who used the service occasionally for respite care told us, "[Person] is always happy to go there for respite care, [Person] enjoys their time there and staff say they are always happy and smiling."

It was clear from our observations and the way that staff interacted with the people who used the service that they had an in depth knowledge and understanding of people's individual needs. For example, one staff member when talking about a person was able to demonstrate how well they knew the person. We observed one staff member supporting a person and explaining exactly what they were doing. They took time to answer the person's questions and we saw they continually checked that it was ok to support them.

One staff member said, "I think [St Elizabeth's] is a really good place because everything is about the individual. We sit down with every person and discuss what they like and don't like." One person we spoke with told us that they were happier now because they have the freedom to go out by themselves. We learnt that the person had one to one support. A risk assessment was completed to see how to meet the person's request. There was now a system in

place where the person communicates to staff where they are going and they also carry a walkie talkie to communicate that they have arrived. The person told us, this works well and they are much happier.

People were happy and confident to approach staff members. For example, one person was happily chatting with staff about the outfit they were wearing and the accessories they had chosen to wear to complement it. People's preferences in relation to same gender care were documented and people told us their wishes were respected. People chose the colour of their rooms and were supported to order the furniture they liked. People were also able to attend concerts and shows that they wanted to attend

People were supported with story boards that help them with understanding issues and also enabled staff to discuss these issues with the person. Staff understood the importance of promoting people dignity and respecting their choices. For example, we saw one person did not get up until 10:30 am. One staff member told us, "People have choice about what they want to do and we support them with this."

All people who used the service had access to external advocacy. Information about advocacy support was available throughout the service and discussed during residents forum meetings. Relatives told us that an external speaker had attended a relative's forum meeting to provide them with advice and information about advocacy services.

Is the service responsive?

Our findings

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 was 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.

Some people who used the service told us that staff regularly reviewed their care and support needs with them to ensure that the support in place continued to meet their needs. Where appropriate people's family members were involved. A relative told us, "We are involved in the annual review of [Person's] care and if we have anything to update in the interim we speak with the bungalow manager." Where family members were not able to be involved the staff and management ensured that people had support from external advocates to speak on their behalf. This helped to ensure that all people who used the service were supported to 'have a voice'.

People had individualised 1:1 support packages that could be adjusted to suit their needs and preferences. For example, one person told us, "I have 27 hours per week 1:1 time. Today I used some time to sort all my drawers and cupboards out in my bedroom. Staff helped me clean and tidy everything. I am really happy it is all clean and tidy now."

Staff told us about a person who had surgery for their eyes and had to have eye drops several times in a day. The person had limited understanding and they were really reluctant to accept the eye drops. Staff had put in extra effort to ensure that the person had the drops because they were at risk of losing their eye sight. We saw that in the beginning staff had to use some form of restraint which was authorised by the local DoLs team however they had spent a lot of time reassuring the person and they ensured continuity of staff for the person to build up trust. We saw that after the first few initial doses of treatment they allowed staff to provide eye treatment with no restraint necessary.

We observed one person who was spending time with the staff allocated to them and colouring. We saw another

person who was laughing and clapping their hands whilst they just lay on the floor and staff ensured they were safe whilst on the floor. Another person was running out in the rain for a few seconds and running back, again staff kept the door open for them and ensured they were safe. People were smiling and they were very happy engaging with staff.

We saw that people had their rooms decorated and personalised to help them recognise their bedroom. Staff ensured people had their favourite teddy bear or other items which offered them comfort and helped them relax. For example we saw a person's bedroom which had a rainbow painted on their wall and when they laid in bed it seemed they were looking at the sky. Although people had very complex needs the staff ensured they helped them live a meaningful life and participate as much as possible in everyday life. Staff had occupation throughout the day and staff was encouraging them to feel free to try new challenges. For example the manager told us they were taking people to play centres and encouraged them to pursue any interest they had. People were provided with a range of vocational, educational and social opportunities in all the bungalows. For example, some people were engaged in therapeutic earning opportunities making jewellery and ceramic items to be sold through a local gallery. Other people worked with the horticulture project growing and selling produce such as fruit and vegetables and caring for chickens, collecting, boxing and stamping eggs ready to be sold. There was also the orchard project which offered opportunities to learn about maintenance of apple trees and harvesting and selling the apples. Staff told us about the annual Apple Day event where people who used the service, their relatives, staff and visitors joined together to harvest the apples.

We visited a bungalow for elderly people. The majority of the people who lived there moved in St Elizabeth when they were at school age. We saw that they had hobbies and interest which they learned and developed whilst living there. Staff enabled them to continue to pursue these although they needed full support. For example we saw a person who lost their mobility and needed staff to take them shopping which they told us was their favourite hobby. Every week staff were taking this person shopping in the nearby town and also ensured the person visited the shop which opened once a week on site. This made the

Is the service responsive?

person happy and they told us they were looking forward to this activity every week. They also told us they were enjoying other activities as well which were taken place in the day centre.

Relatives told us that they were impressed with the range engagement and stimulation that was provided for people. One person said, "[Person] has a regular timetable with many activities and outings in the minibuses and car. There is quite a lot going on, far more than we could hope to provide for them." Another relative said, "There is so much for [person] to do, they keep them well busy, they really enjoy it there."

People had access to an extensive selection of activities, both on-site at the service and out in the community. Each person had an activity plan that was flexible and kept under review. People told us they sometimes went on 'rambles' in a local adventure park and forest and then enjoyed a cup of tea and piece of cake in the restaurant. There was a daily bus service available to take people to local towns such as Stevenage, Bishops Stortford and Harlow for shopping trips and to attend personal appointments such as with hairdressers. On-site activities included art, ceramics, jewellery making, computer access, gardening, and singing. People told us that they were able to make ceramic or jewellery items as gifts for their relatives and friends or items could be sold at the various fetes held at St Elizabeth's. People also enjoyed the vegetable garden and plant nursery. Some of the vegetables were used on site and others were sold along with plants from the nursery.

Staff told us that people were supported to go to the pub, to visit a local pet corner, to go bowling, to go to the cinema and a person enjoyed going to a night club. A person who used the service told that they enjoyed visiting coffee shops when they went into town.

People were supported to take part in physical activities such as horse riding, swimming, trampolining and rock climbing. These activities were supported by a robust risk assessment process and people told us they enjoyed doing these to help them keep fit.

Managers told us that staffing hours were adjusted to meet people's social needs and that support was provided for

people to experience activities away from the service with their families. For example, support had been provided for a person to see a stage show in a local town and another person to see a band in London.

Staff told us of people going on holidays to various locations from theme parks, going abroad and the New Forest. Minutes from house meetings showed that people had enjoyed their holidays. One person had said they had enjoyed a hot tub and going to the beach. Another person said they had enjoyed going on theme park rides and enjoyed drinking beer. A further person said that they did not remember going to the theme park on holiday so staff printed off photographs to remind the person of the fun they had. People were eagerly planning for a holiday to Spain next year and reminded each other not to spend too much on shopping trips because they wanted to save money for their holiday.

We found that there was no such thing as impossible for people living in St Elizabeth. 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.

The service operated a key worker system where each person who used the service had an identified staff member allocated to them. A staff member told us that, as key worker their duties included such things as being involved with reviews of the person's care and support needs, making sure that the person had sufficient clothing and toiletries and being the person's specific point of liaison for families and professionals.

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. Minutes of house meetings held in the individual bungalows showed that staff regularly discussed with people the various ways they could raise concerns. Staff told us that any concerns raised with them would be immediately escalated to management and they showed us that people had complaints forms in an accessible format in their rooms with examples to follow to help them complete them. A person who used the service told us they

Is the service responsive?

could tell staff, they could tell managers or they could write a letter if they wanted to raise a concern. This helped to ensure that people were supported to raise anything that concerned them or upset them.

Relatives told us that they would be very confident to raise any concerns at all and had utmost confidence that the management would respond appropriately. One person said, "Basically I am very happy. I can always go to the manager and I know they will deal with any issues." Another relative told us, "I have had issues in the past but I brought them up with the management and they listened to me and sorted it out. Everything is fine now."

A member of the management team described to us an action that had been carried out as a result of a suggestion made by people at a house meeting. There had been long communal lounge area in one bungalow to accommodate the needs of eight people. People said that they needed a quiet space to watch television programmes and films in peace. So the home manager arranged for a room partition

to be installed to divide the communal space into two creating a quiet room for watching TV and another room for such pastimes as playing games, music and singing. This showed that people's views and wishes had been listened to and acted upon.

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. We saw that the meeting day for this forum had been changed to ensure that all people who wanted to attend could do so. Various topics were discussed including advocacy, what it was and how to access it and environmental issues. For example, one person had said that the pavements outside the bungalows were uneven. The person was reminded that this situation had been acknowledged and that repairs were taking place across the site.

Is the service well-led?

Our findings

Relatives told us they had confidence in the management of the service. One person said, "The place is extremely well run. The manager is very approachable. [Manager] is very much on the ball and very capable to run the place."

Another person said, "I think the management are very much on the ball, they are up to speed with changes in regulations and things like that."

Staff told us they really enjoyed working at St Elizabeth's because they had the opportunity to grow. For example, people started working at the home and through development process had developed and been promoted to more senior positions. Many of the staff we spoke with had worked at the service for considerable length of time which meant that people received care and support from staff who knew them well.

There were regular meetings held for staff to share their views and experiences and for the management team to cascade information about things happening in the service. Minutes showed that people's needs were discussed together with plans for a person to transition into the home and the fact that there would be a CQC inspection at some point. Staff have their own forum called the "Information and Consultation Group" (ICG). This group is chaired by the CEO and gives staff a vehicle to raise topics that are important to them. Topics discussed included: pensions, vending machines, speed control on site, employee opinion survey and a review of terms and conditions. We saw in the staff team bulletin, printed every two months covering relevant issues for staff. We saw feedback and actions from the staff (ICG) meetings. This showed that staff were supported to have a voice.

A member of the senior management team told us that they reviewed the CQC ratings characteristics frequently and worked with staff to ensure they were able to evidence the standard of care that they provided. The provider has a board of trustees and one of the trustees lives on site and manages the chief executive and has a visible presence around the site. Trustees regularly audit the service against the fundamental standards to ensure a well-run service. They also told us about a recently developed system to gather stakeholder feedback. Tablet computers had been placed around the service for people to be able to enter their feedback on the service provided. This feedback went directly to the senior management team for review. The

system was still being 'fine-tuned' to ensure it was suitable. Another improvement implemented was the referral system. In the past referrals were made verbally and were not effective. The manager showed us the system now in place that requires all referrals to be documented, this has been adapted over three years to ensure capacity and best interest issues are addressed. It has also developed to let the client express what they wish to achieve from their therapy as this may not always be something immediately apparent to the therapist.

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

Health and safety audits were undertaken for all bungalows each month. We saw that issues such as damaged wood work and bath tubs had been identified and actions had been planned or taken to address these. For example, it had been identified that one bungalow needed replacements blinds in May 2015. At the audits undertaken in August we saw that action had been taken.

We were informed that record keeping is an area which St Elizabeth's had worked on to improve their standards. In January 2014 the therapy services manager attended a day's training on record keeping. This highlighted areas in which improvements were needed to for record keeping in order facilitating good therapy and nursing care and treatment for people. An outcome of the review was to implement regular audits of records to improve and maintain standards. Audit results were discussed at team meetings and should a particular member of staff continue to fail to meet the desired standard, this would be addressed at an individual supervision. Another development was to introduce integrated nursing and therapy notes and a further development, as and was being trialed at the time of our inspection, was to fully integrate the adult therapy notes.

Relatives of people who used the service told us that they felt that the management kept them up to date with events in the home. One person said, "We are invited to relative forum meetings three or four times a year. They are held on a weekend so that more people can go. They usually coincide with a fete or some other event which is good because some people do have to travel a long way. We get

Is the service well-led?

to hear about developments in the home and there are also external speakers sometimes. For example, someone came to speak to us about Court of Protection matters and advocacy. Very informative."

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 per year giving an overview of service delivery and development. The resident's forum delivered their own newsletter supported by staff and this was distributed to all people within the home.

St Elizabeth's organisation are an accredited Qualifications and Credit Framework centre, with assessors and internal verifiers, to support the training of staff. They hold Investors in People award and this provides a best practice people management standard, offering accreditation to organisations that adhere to the Investors in People framework. The service is an Equal Opportunity Employer, and they display the disability symbol.

The management team told us that they recognised that their staff were the most valuable resource. Staff were

provided with extensive training and development opportunities which included agency staff who received orientation and training to ensure they were integrated into our staff teams and able to provide care to the standards the service expected. There were annual staff conferences to celebrate staff achievement and long service awards were presented as an appreciation of individual loyalty and commitment. These events were supported by guest speakers from care field and last year our theme was Autism and the guest speaker talked about their experience of living with autism.

All staff understood their roles. One staff member told us, "I feel supported by my manager." There was a policy for "team roles and responsibilities" this policy clearly described staff responsibility and staff told us they understood their role. For example, the policy describes the role of the key worker "The Key Worker has been identified to support individuals. They ensure that the individual has everything that is needed for their physical, emotional, mental and spiritual well-being". Key workers ensure that special events in the persons' life are known, acknowledged, respected and, where appropriate, celebrated".