

St Elizabeth's Centre

# St Elizabeth's Health Agency

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

St Elizabeth's Health Agency provides intensive epilepsy, health and therapeutic support to children and young people with a learning disability using the centre's services. Nurse led clinics are also run for younger people who use the school, college and the children's care home on site. St Elizabeth's Health Agency provide nursing care to 22 children and young people at the time of the inspection.

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

#### Right support

Children and young people were safe and protected from potential abuse because the staff knew how to identify and report any concerns relating to the risk of abuse. Risks to their health, safety and well-being were assessed, and measures were put in place to remove or reduce the risks. Children and young people were supported by nurses who had been safely recruited.

Nurses supported children and young people to make decisions about their health and wellbeing by following the correct legislation. Nurses communicated with the children and young people in ways that met their needs. For example, using social stories. Nurses supported children and young people to play an active role in maintaining their own health and wellbeing.

#### Right care

Children and young people had a robust assessment to help ensure their needs and preferences could be met. Care plans were developed from these assessments for each identified need.

Nurses protected and respected children and young people's privacy and dignity. They understood and responded to their individual health needs.

The nurses knew the young people and children well and were able to promptly identify when their needs changed, supporting them to get the right medical help they needed.

#### Right culture

The provider needed to develop a robust governance system to ensure that the nurses were working in line with best practice and that there was enough skilled managerial oversight of the service. The registered manager did not have clinical direction from the provider and quality checks were not being made by the provider. This was something the registered manager was starting to develop with the provider.

External professionals and care workers said the nurses and the management team were always available and supportive.

The management team was committed to providing good quality nursing care to the children and young people they supported, (as well as the support to their care workers,) and understood their responsibilities

under the Duty of Candour to be open and honest with the everyone they supported.

Risk assessments were in place in most cases, which identified risks children and young people faced and how nurses should manage these. There were further developments required where not all health needs were identified in the risk assessment; however, nurses were aware of these health conditions.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 10 October 2020 and this is the first inspection. We conducted a targeted inspection published 03 August 2022, however, we did not rate the service at that inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Enforcement and Recommendations

We have identified a recommendation that the provider reviews the internal clinical oversight for the service.

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

#### Follow up

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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# St Elizabeth's Health 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

This inspection was completed by an inspector, two medicine inspectors and a specialist professional advisor.

#### Service and service type

St Elizabeth's Health Agency provides intensive epilepsy, health and therapeutic support to children using the centre's services with epilepsy. Nurse led clinics are also run for younger people who use the school, college and home on site.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before 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 spoke with 1 young person who used the service, 4 external care staff who support the children and young people, and we spoke with 4 health professionals. Where people were unable to communicate, we spent time in the clinical area to see how the young people were treated by staff. We spoke with 5 members of staff including the registered manager, senior nurses, human resources and nurses. We reviewed 4 people's care records and 6 medication records. We looked at 2 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.

This is the first rated inspection of this registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Nurses made sure they supported the children and young people in a way that would not bring any harm to them because the nurses knew them well and understood how to protect them from abuse. We were given examples of when the nurse worked with the children's care home as well as other health professionals to keep a young person safe.
- The provider had systems in place to ensure children and young people were supported safely. There was a consistent approach to safeguarding matters, which included completing a detailed investigation and sharing the lessons learnt with the nurses, following any incident.

Assessing risk, safety monitoring and management

- Risk assessments detailed how to manage identified risks, whilst providing the least restrictive level of support. This meant children and young people were able to remain as independent as possible.
- Care plans and risk assessments were in place and gave clear information about the best way to support them, however we found in one care plan there was not a risk assessment associated to a health need. The registered manager acknowledged this and was working with the children's home and other health professionals to review the care plans and risk assessments.

Staffing and recruitment

- Children, young people and their external support staff said they felt there was enough nurses to keep them safe. One young person said they did not have to wait to see a nurse when they required it. We observed the children and young people being supported when they required it and they did not need to wait for their needs to be met.
- The provider operated a robust recruitment process. Appropriate checks were undertaken to help ensure candidates were suitable to work at the service. Including ensuring all nurses had appropriate qualifications and were registered with the Nursing and Midwifery Council (NMC). A disclosure and barring service (DBS) check and satisfactory references had been obtained for all candidates before they worked with children and young people, along with references. 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.

Using medicines safely

- Children and young people were supported by nurses who were skilled to manage their medicines. At the last inspection we found issues with how the nurses were writing on the medicines administration records (MAR). Nurses had received bespoke training on how to transcribe safely.
- We saw evidence of effective monitoring by the nurses for a high dose of a medicine. This included liaising

with other health professionals to ensure that the side effects were being managed. Children and young people had regular medicine reviews.

- A new medicine administration record had been implemented by the nursing team. As a result, there were no medicine errors.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- Nurses were involved in sessions where information was shared with professionals and management to explore ways to support children and young people in a positive way.

# Is the service effective?

## Our findings

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

This is the first rated inspection of this registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments highlighted children and young people's needs and their desired outcomes. Where needed, referrals to external agencies were made.
- Nurses were knowledgeable about the child and young person they were supporting and were proactive in learning ways to offer support in a way that was best for them.

Staff support: induction, training, skills and experience

- Nurses had a detailed induction and training when starting their role. One nurse said, "It has been good, I have been working with experienced nurses daily."
- The registered manager had sourced additional training for the nurses to upskill them on specific health conditions or health procedures that they had to be aware of.
- The registered manager operated a system to help ensure all nurses received regular supervision and competency checks, this was through in house and external clinical supervisions. This helped ensure nurses worked in the required way and were provided with support in their roles. Nurses told us they felt supported.
- Nurses had been providing epilepsy training to external care staff in the children's home. There had been some positive response about the learning. One care staff member said, "I have more confidence and I will be more sensitive to the situation." Another care staff member said, "[Nurse] is so knowledgeable about epilepsy."

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- The registered manager had implemented new systems to monitor the weight of children and young people to ensure they were maintaining a healthy weight. Where someone required additional support, this was sourced. One professional said, "Whenever I request information e.g.: weights and food diaries for my patients St Elizabeth's always provide the requested information in a timely manner. If the staff at St Elizabeth's have concerns or queries relating to the patients, they email me to share these and we are then able to speak by phone/ video consultation to review these further and agree plans."
- Children and young people were encouraged to access health care services and where they were anxious in doing so the nurses looked at different ways to support the person. One professional said, "They have been proactive in contacting me about children who have not been seen for some time, or children that are displaying symptoms of possible dental pain. All the interactions I have witnessed have been positive and focused on the particular needs of the child. For example, one child would not come into the children's

centre, so the nurses facilitated me examining the child in the playground where they were more comfortable."

- The registered manager had started to form links with other specialist professionals to ensure all children and young people had their health needs reviewed. One nurse had regular meetings with outside epilepsy clinics and network meetings to develop their knowledge and share best practice.
- Nurses were involved in an assessment when children and young people entered the school. This made sure they could meet the health needs of the children and young people and get first-hand up to date medicines information from the GP.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 MCA.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where the nurses supported children and young people under the age of 18, the mental capacity act was not acted on, however the principle of having best interest discussion with health professionals, families and where possible the young person was imbedded into the service. The registered manager and the team were passionate about ensuring people received the care they needed and there were a number of examples where they had positively challenged health professionals to gain good outcomes for people.
- For children or young people that the service assessed as lacking mental capacity for certain decisions, professionals and people that knew the child or young person well made decisions in their best interest.
- Children and young people were asked for consent before any treatment. The nurses reflected on how they could ensure children and young people were fully informed of the treatment they were receiving and said they were going to start implementing social stories prior to any treatment to reduce any anxieties.

# Is the service caring?

## Our findings

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

This is the first rated inspection of this registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Nurses showed commitment when speaking about children and young people they supported. We found examples of the nurses demonstrating a great understanding of the children's and young people's support needs, likes and dislikes, but also showed passion about why they wanted to do their role.
- We observed nurses being mindful of individual's support needs and what made them feel upset.
- The provider had a system in place to seek feedback from children and young people to help ensure nurses delivered care in a kind and compassionate manner.

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

- Nurses respected individuals' choices and made sure they were able to make decisions about their health intervention. Nurses talked about what was important to people.

Respecting and promoting people's privacy, dignity and independence

- Young people and children were supported by nurses who wanted to encourage them to have choice and control and develop their independence. For example, one young person wanted to have some independence with taking their own tablets, the nurses supported them and their external care workers to develop their independence to enable them to do this.

# Is the service responsive?

## Our findings

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

This is the first rated inspection of this registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The registered manager had made changes to the clinical environment to make it more inviting for children and young people. Two rooms had been changed into sensory rooms to help them come into the clinic. The registered manager reflected on the change to the environment and said they had seen an increase in young people wanting to come into the clinic, which in turn helped maintain their health and well-being.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager advised information could be made available in different formats if this was required and we found example where social stories had been developed where children or young people required information in a specific format.

Improving care quality in response to complaints or concerns

- The provider had a system to record and monitor complaints to help ensure they could identify any action required or if there were re-occurring issues. However, no complaints had been received at the time of this inspection.

# Is the service well-led?

## Our findings

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

This is the first rated inspection of this registered service. This key question has been rated 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.

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

- The registered manager had some quality assurance checks in place, however further development was needed. For example, the provider did not have overall clinical oversight to demonstrate the registered manager and the team were working in line with best practice. This meant that the provider could not be assured they were supporting children and young people in the safest way. The registered manager had started to discuss with the provider about their governance systems.
- We found the nurses and management roles were not well defined. One professional said, "There was not much of a governance framing and oversight, the more I went into that the more I realised they need help to reform this. If I would say one thing that that would make a big difference to have a medical director that would look after the processes, the audits and training. Medical needs are complex, and they are not the right oversight for this."
- The registered manager had links with other health professionals including hospitals and GP's to review children's and young people's health needs particularly around epilepsy.
- At the time of the inspection the provider had not implemented clear clinical oversight and governance this could impact on support children and young people receive. The nominated individual confirmed this was something they were looking to implement.
- Despite this, other professionals said, "My colleague evaluated the impact of the onsite nursing team and was impressed by the oversight and support provided. This included, revising accountability, upskilling (external) residential staff and having improved oversight over children's health and well-being."

We recommend the provider reviews the internal clinical oversight for the service.

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

- The registered manager had a good understanding of people they supported and had a drive to continuously improve and to deliver person-centred care. The registered manager had a detailed service improvement plan which highlighted what needed to be done to drive these improvements.
- Nurses felt there was a positive ethos in the service and knew they could go to the management team for advice and support. The nurses had regular meetings together to discuss the achievements they had made and the actions and goals they needed to achieve.

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

- Feedback was sought from young people and children who use their service via satisfaction surveys and face to face meetings with the management team. Results show that they were happy with the outcomes and support they were receiving.
- Nurses encouraged young people and children to be involved in the development of the service. Nurses involved young people and children in discussions to talk about the service and what they needed support with each day.
- Nurses had the opportunity to share their views and discuss issues within the service.

Working in partnership with others

- The registered manager gave examples of how they had regular input from other professionals to achieve good outcomes for people.
- Professionals we spoke with told us that they worked well with the registered manager and team and felt there was good partnership working.