The Congregation of the Daughters of the Cross of Liege

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?	Good

Summary of findings

Overall summary

The inspection took place on 04 October 2017 and 08 January 2018 and was unannounced. At our last inspection on 08 October 2015, the service was rated as Good. At this inspection we found that they were Outstanding.

St Elizabeth's Health Agency is part of the St Elizabeth Centre. St Elizabeth Centre is located on a 65 acre site and comprises of a school and children`s home, college, domiciliary care agency, adult residential and nursing services with accommodation and the health agency. The centre provides education, care and nursing support for people of all ages who have epilepsy and other complex needs. There were 154 people using the service at the time of the inspection out of which 46 were children under the age of 18.

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

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People, their relatives and health care professionals told us that the specialist care and support people received was exemplary. People told us they felt the service was safe.

The agency employed a significant number of nursing staff and health care professionals with different specialisms to ensure they were able to meet people`s complex care and support needs. There were specialist epilepsy nurses, behaviour support nurses, physiotherapists and occupational health therapists employed. In addition there was additional specialist support available by either employed professionals or other specialists visiting the service regularly.

There were sufficient numbers of nursing staff with a range of specialist skills sets on site at all times to ensure people`s nursing needs could be met in a timely way. Safe and effective recruitment practices were followed to ensure all staff were suitably qualified and experienced.

The specialist care and support people received from staff was very effective and we saw that due to the continuity of the support people received and the highly skilled nursing staff their health and well-being improved significantly.

People, relatives and professionals gave very positive feedback about staff`s knowledge and dedication to their roles. Health professionals told us they appreciated staff`s knowledge and feedback about people`s health needs which helped them ensure that the treatment they prescribed was effective and met people`s

needs.

The specialist nursing staff worked closely with neurologists and lead physicians in developing new treatment rolled out for children and adults with epilepsy. We found that staff closely monitored the effect of these treatments and had measurable outcomes for the people using these. Lead specialists valued feedback from staff and were closely analysing the positive results achieved to ensure these treatments could be then rolled out nationally and more people could benefit from these.

Systems and processes were in place to safeguard people. Staff received training in adults and children safeguarding procedures and they effectively used their knowledge to safeguard people using the service. Risks to people`s well-being were identified discussed in multi-disciplinary meetings and agreed risk management plans were developed which promoted people's independence.

People had support plans in place and they were involved in their care. The support plans outlined their needs, risk and plans to manage these risks. We saw that where people were able they actively participated and took decisions regarding the care they received and needed. The nurses ensured that where people lacked capacity to make decisions with regard to their health, decisions were made following the best interest process in a multi-disciplinary approach.

Nursing staff educated people, their families and care staff working in the home and college on the site about people`s condition, treatment plans and how to deliver care in a personalised way that met people`s needs. We saw many positive examples where people`s behaviour and well-being improved due to the specialist care and support they received which was led by the nursing staff from the agency.

There were nurse led clinics organised at the agency and these were for people who were not always able to attend appointments outside the site due to anxiety levels or their health. These clinics were run by nurses with input from GP and a neurologist regularly visiting the service.

People`s medicines were managed effectively and safely by staff and we saw that where people were able they were supported to administer their own treatment.

There was a constant learning culture promoted by the registered manager who ensured nursing staff had opportunities to keep up to date with the latest studies and best practice recommendations by attending conferences and study days to keep up with their professional registration and knowledge.

A team of physiotherapists and occupational therapists were working closely with staff from across the site and assessed regularly if people had the right equipment in place for maximising their abilities as well as supporting people to improve their mobility, posture and increase or maintain independence.

People received health support from staff that knew them well and understood their individual needs. The confidentiality of information held about people's medical and personal histories was securely maintained within the agency. Health support was provided in a way that promoted people's dignity and respected their privacy. People received health support that met their needs and took account of their preferences. Staff were knowledgeable about people's specific needs and preferences.

Staff were suitably recruited, inducted, trained, supervised and supported. This enabled them to have the right skills and training to support people effectively. People were supported by an established staff team who worked well together to benefit people.

People and their relatives were aware of the complaints procedure and knew how to raise concerns. They confirmed issues raised were addressed. People were asked for feedback on the service to improve practice. The registered manager and the provider audited the service to satisfy themselves the service was running effectively. Where issues were identified action was taken to make improvements.

The management team were accessible, approachable and supportive. People who used the service and relatives were very positive about the management team.

The registered manager ensured they were closely monitoring the quality and the safety of the service they offered to people. Statistics were run and thorough analysis of referrals, efficiency of the treatment people received and outcomes were done monthly. In addition a range of audits were done including medicine audits, infection control audits, equipment safety checks and record keeping.

The registered manager and the provider worked together with lead neurologists and epilepsy specialists and participated in innovative projects and new treatment trials with very positive results. Their work was appreciated by the physicians they were working with who were able to share nationally the positive results of these studies so more people could benefit from it.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were enough staff with the right skills employed to meet people`s needs safely.

People had well developed risk assessments in place which were regularly reviewed in order to keep them safe.

Staff were very knowledgeable about safeguarding children and adults from any form of abuse.

People were protected from the risk of infection by staff who followed universal precautions when delivering care and support to people.

Is the service effective?

Good

The service was effective.

Staff used innovative methods to ensure if people were able they were involved and consented to the treatment they received.

Staff were skilled and knowledgeable and provided effective care and support to people which improved their general well-being.

Staff were professionally trained and they had been supported to keep up to date with latest innovations in providing treatment for people with epilepsy.

Due to the variety of specialisms staff had, every person living on site and in the other services owned by the provider benefitted from specialist support when it was needed which meant people were enabled to keep in good health.

People`s health needs were regularly reviewed by external professionals in the nurse led clinics organised on site. People were also supported to attend appointments if necessary.

Is the service caring?

Good

The service was caring.

The provider and registered manager had a proactive approach and led by example to ensure the service had a very strong, person centred culture and the ethos was that people came first.

People`s dignity and privacy was maintained when they received treatment or had conversations about their care needs these were conducted in private behind closed doors.

People had regular meetings with staff and they felt involved in the care and support they received.

People`s confidential information was kept secure.

Is the service responsive?

Good

The service was responsive.

People received health support 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 people made positive progress and achieved their goals due to the effective care and support they received.

Staff were extremely skilled in using nationally recognised assessment tools to establish the best treatment and support people needed to achieve positive outcomes and live life to the full.

There were numerous activity groups organised and led by nursing staff to ensure people developed skills and abilities and become more independent.

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

Is the service well-led?

Good

The service was well-led.

The registered manager and the provider worked together with lead neurologists and epilepsy specialists and participated in innovative projects and new treatment trials with very positive results.

Visiting health care professionals were very positive about the service and praised the dedication which led to people`s condition improve.

There was a strong emphasis on staff development and several staff members become specialist in their areas of interest. The registered manager themselves were developing their leadership skills by undertaking leadership training.

Feedback on the service provided was regularly sought and actions to improve swiftly completed.

The registered manager and the provider had plans in place to develop a service for people living in the community.

Regular team meetings were held which were effective in evaluating the effectiveness of the support staff delivered to people and also gave staff an opportunity to keep up to date with developments in the service.

St Elizabeth's Health Agency

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 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

The inspection took place on 04 October 2017 and 08 January 2018. The first day of the inspection was unannounced and carried out by one inspector. We gave 48 hours' notice before we returned to the service for the second day of the inspection.

During the inspection we spoke with six people who used the service, two relatives, five nursing staff, two physiotherapists, occupational health therapist the registered manager and two nursing staff from children services. We received feedback from three health care professionals and two social care professionals.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us due to their complex health needs. We reviewed care records relating to six people who used the service and other documents central to people's health and well-being. These included staff training records, medication records, statistics, and information leaflets about the specialist treatments staff provided to people and quality audits.

Good

Is the service safe?

Our findings

People told us they felt safe and appreciated the support they got from the nursing staff. Relatives and health care professionals told us the specialist care and support people received was safe and met people`s needs. One relative told us, "The treatment received by my [relative] is excellent. I feel [person] is safe."

Staff were knowledgeable about how to safeguard adults and children from abuse. They told us they received regular training and were confident in how to report their concerns externally and internally. We saw evidence when staff reported their concerns to the local authorities safeguarding team and jointly developed protective plans to ensure people were safe from potential abuse.

Information and guidance about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers, was prominently displayed throughout the agency. Information was also made available in an 'easy read' format that used appropriate words and pictures. Staff told us, and we saw from meeting minutes, that safeguarding matters were regularly discussed during meetings and people were regularly reminded how to raise anything that concerned or worried them.

Where potential risks to people`s health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of their changing needs and circumstances. This included in areas such as falls, mobility and nutrition, epilepsy, use of equipment, behaviour and others. The specialist staff from the nursing agency were involved in developing care plans and risk assessments for people to ensure staff from the provider`s other services on site could safely meet people`s needs. For example where people were assessed by the physiotherapy team for specialist equipment to mobilise, bathe or to access the community the team assessed people for the correct equipment, updated their care plans and trained staff in the use of the equipment. The physiotherapy team ensured staff from the nursing home on the site were fully knowledgeable and competent in safely using any equipment people needed to aid their mobility or other needs.

There was enough staff employed and on duty at all times to ensure people`s needs were met in a timely way. Recruitment processes were robust and ensured staff with the right skills were working in the agency. Within the agency there were a number of skilled staff employed which included, occupational therapists, physiotherapists, speech and language therapists, epilepsy nurses, learning disability nurses, vaccination nurse, and other nursing staff. In addition there were external health professionals who visited the service regularly which ensured a multi-disciplinary approach was available to meet people's needs.

Staff from the health agency ensured that people who lived on site in the provider`s other services received their medicines safely. Medicine administration records (MAR) were accurate and clearly written likewise the storage of medicines was appropriate. Medicines were securely locked up in medicine trolleys and the keys were kept with the person in charge. Evidence showed that people received their medicines at the right time and no gaps were found on MAR sheets. Medication protocols were in place to support staff to prevent drug errors and to ensure good practise and part of this protocol was that a second staff member was cross checking the MAR`s and medicines after a medication round. Topical medicine protocol and administration

was in place. Topical medicines were stored separately from other medicines and well labelled. Staff from the health agency administered medicines to people which required nursing skills. For example insulin or other medicines administered by injection. We found that these were administered following best practice and safely. Staff ensured people had their medicines regularly reviewed by their GP or neurologist to ensure the medicines they received were appropriate and met their needs.

People were protected from the risk of infections by staff who were knowledgeable about infection control procedures. We saw staff using personal protective equipment when appropriate and frequently washing their hands which ensured the risks of infections were minimised. People who had equipment in place to aid their needs had these appropriately and regularly cleaned. People who required a hoist to transfer they had individual slings.

Good

Is the service effective?

Our findings

People their relatives and health care professionals praised staff`s knowledge and professionalism. They told nursing staff were extremely knowledgeable and skilled in looking after people with complex needs. Two health care professional told us they attributed the improvement in people`s health and well-being to the staff from the health agency who used their skills and abilities to provide people with effective care and support. One person told us, "I can ask anything from the nurses, they know the answer and they help me." A relative told us, "We have total confidence in the nurses. They are very supportive and knowledgeable."

We found that due to the coordinated and effective support of staff from the health agency people`s health and well-being improved. We found numerous examples where people who were unable to walk with the appropriate equipment in place and support from staff they started to walk again. People`s epileptic seizure numbers reduced and they were able to live the life they wanted. People were also able to move to less supported services because their condition improved as a result of support from the Health Agency.

For example a person had reduced mobility following a fracture of their spine and they were unable to sit or move independently in bed, unable to transfer or mobilise. The person received intensive rehabilitation from the therapy team who provided the right equipment for the person to build up their strength. The therapy team also provided bespoke training to the care staff working on site in the provider`s other services where the person lived. The therapy team reviewed the care plan and worked closely with the person`s family which ensured the person was enabled to go on home visits. We found that the coordinated efforts from the therapy team which involved care staff and family members resulted in the person being able to transfer with assistance of one care staff and could mobilise with the use of their walking frame. They no longer required hoisting, regained independence in mobilising in bed and maintaining their sitting balance. They were enabled to have regular overnight visits home again and were able to go on the annual family holiday with their family.

Another person lost their mobility following a brain haemorrhage. We found that the person made excellent progress with high level of therapy support provided on-site following their discharge from hospital. The occupational therapist (OT) provided a high-low bed, reviewed the use of their riser recliner chair, provided them with a solid backed chair and a handling belt. The person was later also assessed by the OT for vehicle transfers which enabled them to attend off-site activities. They attended physiotherapy treatment sessions in the onsite therapy room three times a week for 10 weeks, with therapy provided by a physiotherapist and therapy assistants. These sessions focused on balance, strength and to improve the person`s mobility. Care plans were provided by the OT and physiotherapist for the care staff and regularly updated to safely manage the person`s changing support needs. The effective support had a positive impact on the person who was now walking without help or with a walking frame indoors and outside. The person re-gained their independence and independently enjoyed activities off-site, regained the ability to wash and dress themselves as they done before they went to hospital. This meant that the person received effective care and support which helped them re-gain independence to live their life in the way they wished.

The provider and the registered manager were committed to ensure that the staff they employed to support

people were well trained and kept up to date with latest best practice guidance and had the knowledgeable with regard to the latest innovative treatments for people who lived with epilepsy and physical disabilities. Newly employed staff were given induction training and also time was allocated for them to read people`s care and treatment plans and work together with a long standing staff member until they were competent and got to know people well. One newly employed staff member told us, "I feel welcomed by everyone here. I had my induction and now I am reading the support plans. I have further training already booked and I will be working alongside a nurse until I am ready."

Staff attended conferences and study days where they broaden their knowledge about latest technology available to support people with complex needs and this also helped them maintain their professional registration. We saw that staff implemented and used their knowledge which ensured people in their care benefitted from this and their condition improved.

For example the physiotherapist referred a person to a consultant recommending a specialist treatment to help the person regain the use of their hand. This person had to wear a splint to prevent their arm to contract. Following the treatment the person no longer needed the splint and was able to enjoy and participate in activities of daily living, hobbies, dressing and toileting. The freedom they gained meant that their family found it easier to support them on their visits home. We saw several other examples where people`s mobility and physical health improved and this led to them living the life they wanted more independently.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff were trained in the Mental Capacity Act 2005 (MCA) and had a good understanding of the act. People's support plans outlined if they had capacity to consent on their care. People told us they were consulted on their care and their wishes were acted on. A person commented, "Staff listens to me and what I want."

Staff were dedicated to enable people to communicate their wishes, choices and opinions. Staff took time to discuss with people their care needs and wishes and these were clearly documented in people`s support plans. Where people were unable to communicate verbally and needed equipment in place to make their voice heard, staff ensured the specialist equipment was well used and care staff understood how people communicated through the use of their eyes or body language. For example a person was not able to communicate verbally. Staff understood this person`s increased need for communication and a 'Look to talk' book was implemented. The person was able to use their eye gaze to communicate. An eye gaze device was put in place and the therapy team worked with the person and the staff team which ensured the device was used to its optimum level and was as an effective form of communication for the person. The person was able to engage with other people, requests, comments, jokes, converse and improve their social skills through the device. This meant that the person was given the opportunity to have a voice which they had not had previously.

Due to the variety of specialisms staff had, every person who lived on site in the other services owned by the provider benefitted from specialist support when it was needed without having to wait for appointments or referrals. For example where people were observed having difficulties eating and swallowing their food, the speech and language therapist (SALT) could advise people promptly to avoid the risks of people aspirating or coughing when eating. We saw several examples where this prompt support improved people`s well-

being and contributed towards them maintaining good health. For example one person had frequent chest infections because they were aspirating when eating and drinking. Meetings were held with the person, SALT and care staff until the right consistency of foods were identified and the frequency of the chest infections the person had significantly reduced after the right diet has been introduced.

Staff employed by the health agency were all trained health professionals with a variety of specialisms including physiotherapists, occupational health therapist, speech and language therapists, epilepsy, positive behaviour support nurse and others. The registered manager built a team of specialists nursing staff for the care and support of both children and adults.

Staff told us they received the appropriate training and support for their role and regular opportunities were provided by the registered manager and the provider for them to attend conferences and study days to enhance their knowledge and skills. Within their teams different staff members specialised in delivering treatment for people with severe epilepsy and the service led by specialist physicians took part in trialling new treatments for people living with epilepsy.

For example for some people medicines were not effective in controlling and the reduction of the numbers of seizures. Staff told us that some of these people had a Vegus Nerve Stimulator (VNS) implanted to help control and reduce seizures. The VNS is a device that sends electrical impulses to the brain via the vegus nerve in aim to reduce numbers of seizures , decrease severity of seizures ,shorten the recovery time after seizures and to overall improve the quality of life for people with difficult to control epilepsy . We found that staff successfully managed this treatment for people and communicated effectively with people`s neurologists which ensured the treatment was effective. We saw that a person who had over 15 seizures every month however after they had the VNS implanted and staff managed the intensity of the impulses the seizures reduced to less than five per month.

The nursing staff and the therapy team regularly held training sessions for all the care staff working in the other services on site. These training sessions were often bespoke and referred to specific conditions people lived with, equipment used or medicines people needed to keep in good health. Staff appreciated this support. One staff member told us, "The nurses and the physiotherapists often train us how to use the equipment some people need. They also talk to us about some of the condition people have." One nurse specialist told us, "Running workshops and educational sessions with staff which I enjoy both in the adult home, college and in the children's end."

There were nurse led clinics organised at the Health Centre attended by people`s GP`s and neurologists where people`s health, medicines and overall condition was regularly reviewed. People and their relatives appreciated this support which meant that people were not always required to make a stressful journey to the hospital or to wait for appointments. There was a multi-disciplinary team (MDT) approach which ensured people had their complex needs met effectively. MDT meetings were well attended by internal and external professionals involved in people`s care which ensured nothing was missed and people had their needs met holistically. We found that appropriate referrals were made where needed to external professionals and people were supported to attend appointments.

People had their meals provided by the service on site however nursing staff ensured that people who received their meals through a percutaneous endoscopic gastrostomy (PEG). This is used where people cannot maintain adequate nutrition with oral intake and are fed by way of a tube that is inserted in to their stomach. Nursing staff worked closely with people`s dieticians and ensured that people maintained adequate nutrition and hydration and also ensured that the PEG sites were cleaned regularly and changed at regular intervals.

Good

Is the service caring?

Our findings

People, relatives and health and social care professionals we spoke with told us staff were caring and kind towards people. One person said, "Staff help me if I need it, staff are kind." A relative told us, "Staff are very caring and kind and treat [person] with respect." A health care professional told us, "I find the nurses very helpful. They are professional and caring."

We found that every staff member we spoke with was enthusiastic about their role and spoke about people with compassion in a dignified and respectful manner. Staff had an in depth knowledge and understanding of people's individual needs, likes, dislikes and wishes.

The provider and registered manager had a proactive approach and led by example which ensured the service had a very strong, person centred culture and the ethos was that people came first. Staff had developed exceptionally kind, positive and compassionate relationships with people. They demonstrated person centred values, which placed an emphasis on respect for the individual being supported. The registered manager ensured that there were enough staff with the right skills deployed effectively so that people`s complex needs were met in a timely manner.

We observed nurses answered calls from staff working on site to attend to people who were in need and they did so in a professional and caring way and gave their attention to the person who needed reassurance or treatment.

The provider made all the resources available for the registered manager to recruit appropriately skilled health professionals who were experienced in caring for people with epilepsy, learning difficulties and other complex needs. The provider`s systems and processes ensured people living on site received specialist support as and when they needed. This at times meant that the care was provided before it was funded which presented a risk for the provider that costs may not be always recovered. The registered manager told us, "It is a battle at times to get funding for different equipment or therapy, but if people need specialist input we will provide this and then deal with the funding."

For example a person used a standing frame for many years as they were unable to maintain an upright posture unsupported. At the last service the stand was declared unfit for use and could not be used anymore. The therapist team considered this equipment being important because it enhanced circulation and blood pressure, improved the person`s respiration, prevented and minimized the development of contractures, increased bone density and decreased the risk of fractures and improved skin integrity by relieving pressure after prolonged sitting. The use of this frame also facilitated better eye contact with the person and improved the person`s general well-being. A process was implemented to apply for funding for a replacement standing frame which took many months of correspondence and perseverance from the nursing staff. This could have been detrimental to the person therefore in the interim the physiotherapist put a programme in place whereby the therapy assistants took the person to the therapy room to use a tilt table several times a week until the standing frame was delivered. This meant that the team were prepared to go over and beyond to ensure the person`s health and general well-being was not affected until they

received a replacement standing frame.

We saw that nursing staff ensured people`s dignity and privacy was maintained when they received treatment or had conversations about their care needs these were conducted in private behind closed doors. People`s care records were locked to protect people`s dignity and privacy.

People told us they had regular meetings with staff and they felt involved in the care and support they received. We saw that where people were able they were taught how to administer their own medicines and use the VNS if they felt any signs of a possible epileptic seizure. Staff spent considerable amount of time with people and their families where appropriate to provide them with all the information they needed about the services provided by them. Information leaflets were available for the parents of the children attending the school and college on site and regular meetings were organised where parents were thought and shown techniques of how to effectively support their children. Relatives told us they felt involved in the care and support people received.

Good

Is the service responsive?

Our findings

People, relatives and health and social care professionals told us that the service was extremely responsive to people`s needs and personalised to each individual person. One person said, "Everything is exactly how I like it and want it."

Staff from the health agency led the pre-assessments for every person referred to St Elizabeth School, college or nursing home. These assessments were thorough and often took several days or weeks before it was decided if the centre was suitable for the individual. Staff from the agency visited people in their own homes or in other services and established communication avenues with the person their family and professionals involved in their care. They developed a comprehensive plan of care which was shared with care staff working on site to ensure people received appropriate care and support from the first day they arrived.

Staff used a range of nationally recognised assessment tools for people who were not able to communicate verbally but communicated through their behaviour or body language. We found that the team of physiotherapist, behaviour support specialist nurses and epilepsy specialist nurses all worked together to ensure their observations were correctly captured and the treatment and support plans were individualised to each person.

Care plans provided clear and detailed guidance for staff about people`s 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 and also details about the level and the nature of support people needed to live an active life. A copy of people's care plans were kept at the health care agency and 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.

Staff used innovative technology to monitor people`s seizure activity, frequency, type and length of the seizures and they accurately recorded their observations which ensured people`s neurologists could be informed. Staff used specialist equipment day and night to monitor people and to be able to promptly respond when people were in need. There was a sophisticated monitoring system in place which included bed monitors, audio and video monitoring. However due to the high number of seizure types staff suspected that some seizures could not be detected by this monitoring system. They therefore introduced the use of `Pulse Guard` monitoring system. Pulse-Guard is a heart rate monitor that detects a rise or fall in heart rate to not only detect seizure activity but any early onset cardiac difficulty that requires immediate medical intervention to help preserve life.

The use of the this monitoring system enabled staff to adequately monitor epilepsy presentation and respond swiftly to changes by adjusting existing epilepsy therapies. We saw that staff also used this system successfully when they needed to clarify, in one person`s case if the seizures this person had were directly related to outbursts of violent behaviours. Staff conducted a two week study and were able to establish that seizures and violent outbursts were not directly related. Staff reported this to the lead psychiatry consultant

and the person`s medicine therapy was significantly changed. As a result the person's behaviour improved dramatically which allowed them to make progress in their education and significantly improved their social interaction with their family, pears and staff involved in their care.

People`s needs were met holistically. Staff developed comprehensive support programs for people which provided physical support but also psychological and emotional support. A specialist mental health and behaviour support nurse role was introduced by the registered manager. This role involved supporting people, relatives and staff when concerns were raised or a referral made regarding any emotional, psychological and behavioural changes or difficulties people had.

The specialist nurse in this role told us, "After the initial referral is made we discuss the concerns during the weekly team meeting with epilepsy specialist nurse, behaviour support practitioner and learning disability nurse and allocate accordingly. We sometimes approach the referral jointly as it's recognized that behaviour and seizure activity are often closely linked. We do however; have many residents and college learners with autism, communication needs, increased anxiety levels and a range of psychiatric diagnosis. I complete a number of assessments and gather relevant information from staff, families, previous and current medical history, taking into account any changes in medication, environment, routine, staff, seizures which all combined enabled me to provide guidelines, strategies, care plans and recommendations to support the resident which are reviewed and evaluated accordingly. I attend MDT's, chair meetings, attend resident reviews and complete Mental Capacity Assessments. I also respond to any emergency situations, especially regarding a breakdown of the management of behaviour, increase of risk behaviours and assess and respond accordingly. I'm very enthusiastic that we are able to provide a person centred and holistic approach to care."

We found that staff were dedicated which enabled people who used the service to plan their future lives as adults, to live as independently as possible and enabled people to make choices and live their lives their way. The therapy team had a goal orientated approach where they discussed with people and their relatives if appropriate their needs and aspirations and then worked on the skills and interventions required to meet these goals.

In order to address the needs of the people, the therapy team introduced different group sessions to address in an innovative, fun and interactive way the needs of people. For example there was a `Sensory Circuit` group which provided a range of sensory activities for people and also developed their motor planning skills. `Explore and Create` group which gave people the opportunity to experience different sensory stimuli and at the same time develop fine motor skills. 'Upper Limb' group aimed to improve people`s movement and strength in their arms by using activities such as pegging, spreading, writing and cutting. `Functional Communication` group which helped people gain experience in vital communication tasks for independent living for example sending emails, making phone calls and making a complaint. Other groups included `Physio Skills` which was an exercise session working on core physical skills such as balance, flexibility, fitness and strength; `Snack Chat` where people developed functional communication skills such as following instructions, requesting items, making choices whilst completing cookery tasks with bilateral hand use and `Lego Therapy`, a group which focused on fine motor skills, developing functional communication skills, following instructions and asking questions and team working. There was also a `Sensory Journey` group which encouraged communication, language skills and social interaction, whilst exploring a range of sensory activities to different pieces of music.

People received support from staff that were skilled and knowledgeable in using nationally recognised assessment tools to develop individualised support to people. For example the occupational therapist completed a sensory integration inventory assessment for a person. This is a tool used for individuals with

developmental disabilities. Several sensory seeking behaviours including chewing, pacing and jumping and high levels of anxiety were identified. The person often chewed their helmet strap and needed this repaired regularly. A sensory activity plan was implemented where calming activities such as ball squash, chewy aid and weighted blanket were introduced. The use of this equipment has reduced sensory seeking behaviours and anxiety and the person stopped chewing their helmet strap and become more settled.

The therapy team organised club activities for people who lived on site where people developed skills and abilities appropriate to their age group. Where young people were encouraged to join a trike club or cheerleading club, elderly people had opportunities to improve and maintain their balance through a fun balance group session.

Staff also provided individualised training and support for people to achieve their goals and aspirations. For example a person was keen to travel from their family home to their flat in town and on their own. The occupational therapist provided them with weekly travel training for a period of several months, walking with them to the railway station, facilitating purchasing a ticket and travelling on the train with the person. The result was that the person was able to take themselves to the station, get on the train, get off at the correct stop and deal with the money issues. The person also managed to deal with the situation when a train was delayed. The person now lived in the community, in supported living service and was able to travel to their family home in the next village independently.

Another person was supported to continue to have baths after they were no longer able to safely access a standard bath. They were assessed using a specialist bath twice, to establish if this was a suitable alternative to enable the person to continue to bathe, which they really enjoyed and found very relaxing. The assessments went well and the occupational therapist worked with the care staff which ensured they were able to support the person safely. Whilst the person was putting themselves and also those assisting them at risk when using a standard bath, the new routine and bath have reduced the risk considerably and enabled the person to continue to enjoy and relax in a bath.

Staff told us they supported people to express their sexuality. Staff provided psychological and emotional support to people in a safe environment where people felt comfortable and safe to express emotions. One staff member told us, "I've had the opportunity to work with a [name of person], meeting once a week to offer emotional support and linking in with other internal teams and external community services. Also supporting with appointments and educating the staff teams, this work continued to the point of transition and I continue to have contact with the new service provider when necessary to ensure continuity of care and joined up working."

There was information available to people who used the service and visitors to the home about how to raise complaints and 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. People and relatives told us that they would be very confident to raise any concerns and had confidence that the management would respond appropriately.

Good

Is the service well-led?

Our findings

People and staff told us that the service was well managed and the registered manager was approachable and listened to them. One nurse told us, "I have confidence in [registered manager]. We all work as a team and decisions are taken after everyone is listened. Our opinion is taken seriously".

The registered manager and the provider worked together with lead neurologists and epilepsy specialists and participated in innovative projects and new treatment trials with very positive results. Their work was appreciated by the physicians they were working with who were able to share nationally the positive results of these studies so more people could benefit from it.

Staff worked together with neurologists from Great Ormond Street Children's Hospital in conducting a trial with new medication for children with a specific type of epilepsy. The neurologist involved in this trial told us they appreciated the data and the feedback they received form the nurses which helped them measure how effective the treatment was. We saw that the new treatment had a positive effect on the people participating in the trial. The frequency of their seizure activity reduced and they were able to enjoy life to the full. The results of this trial was planned to be published soon and the registered manager told us there were hopeful that the treatment could be rolled out nationally.

Another staff member took a special interest in running the Genomes Project. This project involved working in partnership with clinicians who were analysing genes from people who had epilepsy trying to identify the genetic cause of epilepsy. The aim of the project was to provide a diagnosis for people with a rare form of epilepsy and to support clinicians and researchers to develop new medicines and therapies and diagnostic tests. There were 22 people who took part in this research. This project involved assessing each person for suitability, discussion with the neurologist, undertaking mental capacity assessments and involving people and their families in all aspects of the project. This project was important for people with a rare form of epilepsy where some of the commonly used medicines to treat and control seizures were not recommended so in order to have the right treatment a correct diagnosis was needed.

The nursing team worked closely with three major Vegus Nerve Stimulator (VNS) implanting centre's in their area, Addenbrooks Hospital, Great Ormond Street Hospital and Kings College Hospital. A member of the nursing team had been trained and certified as competent in programming, monitoring and managing all aspects of the VNS therapy. This meant that all post implantation appointments were carried out on site, during the VNS clinics in a familiar and safe environment for people without the need for stressful visits to the hospitals . This also allowed staff to respond without delay to any changes in epilepsy presentation and to any side effects from the treatment should they occurred. The outcomes of the VNS therapy were fed back to the leading neurology consultants timely for the neurology reviews which were carried out during outreach onsite clinics led by them.

St Elizabeth Health Agency provided a service across all of St Elizabeth Centre which included a residential home with nursing, respite care, children's home and school and college. This meant that the registered manager ensured that there were at all time appropriate staffing in place with the right skill mix and ensured

they were able to provide bespoke treatment and support across the site. We found that they effectively organised their therapy and nursing teams which meant that people benefitted from specialist support at all times.

The registered manager was involved and worked alongside their team. They line managed nurses and therapists and ensured that they provided evidence based treatment appropriate to the individual's needs. To enhance their skills they were undertaking a Qualifications and Credit Framework level 5 in leadership and management nationally recognised training and a Diploma in Cognitive Behavioural Therapy. They also attended an eight day leadership programme within the NHS and this supported them to enhance their leadership and coaching skills.

There were daily, weekly and monthly meetings at the service where staff discussed people`s progress, treatment and reviewed the effectiveness of the support they provided to people. In the monthly staff meetings staff were able to discuss and receive information about the running of the service and plans for the future. For example the registered manager told us that they discussed with the local GP practice and nursing staff the possibility of running a specialist service for the local community where GP`s could refer members of the public to have treatment carried out at the centre and therefore not having to travel to a hospital. This meant that the provider and the registered manager recognised the need for this type of service within their local area and had worked creatively to benefit people living in the community.

Feedback about the service was regularly sought from people, relatives, staff and other professionals visiting the service and we saw that these were positive and praised the effectiveness and caring attitude everyone had towards people.

The registered manager ensured they were closely monitoring the quality and the safety of the service they offered to people. Statistics were run and thorough analysis of referrals, efficiency of the treatment people received and outcomes were done monthly. In addition a range of audits were done including medicine audits, infection control audits, equipment safety checks and record keeping. We found that where any areas required any actions to improve standards these were quickly addressed. For example where an error was discovered in the accuracy of recording people`s medicines, we saw evidence that this was discussed with staff who had made the error but also shared with the team so lessons could be learned and prevent reoccurrence.

Throughout the inspection we saw that staff understood their roles and responsibilities and they carried these out with passion and pride. Staff told us they were proud to work at St Elizabeth and they felt that the care and support they provided improved the quality of life people had. One staff member told us, "I am very proud to work here. I can provide the personalised care and support residents need and their quality of life improves. It is the best job I ever had."

We found that statutory notifications were submitted by the provider to CQC in a timely manner. This is information relating to events at the service that the provider is required to inform us about by law.