

Autonomy Healthcare Limited

# Autonomy: Victoria & Elizabeth

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

Autonomy: Victoria and Elizabeth is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service accommodates up to nine people across two adapted buildings, the buildings contain spacious apartments. At the time of our inspection there were nine people using the service. The service specialises in the care of people diagnosed with learning disabilities, autistic spectrum disorders, and mental health needs.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. We saw that people had choice and control and independence to make decisions about their lives. Care was person centred and staff encouraged people to live confident, inclusive and empowered lives.

People's experience of using this service:

People were kept safe by staff who had received training in how to safeguard people from abuse and the actions they needed to take to protect people from the risk of harm. People were supported by staff who had undergone a robust recruitment process and had the training to enable them to meet people's needs. Enough staffing numbers were in place to meet the individual needs of people, this enabled people to take part in activities of their choice. People's medicines were managed safely.

People were treated with dignity and respect and staff engaged well and understood the needs of people who they were supporting. Robust systems were in place to monitor the quality of the service and there was a focus on continuous development to improve quality outcomes for people.

Management maintained good oversight of the service, supported the staff and worked towards continuous improvement. Risk was managed and monitored effectively throughout.

Rating at last inspection:

The last report for Autonomy: Victoria & Elizabeth was published on 30 April 2020 and the service was rated good.

Why we inspected:

The inspection was prompted following anonymous information received about the service and concerns raised by commissioners.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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

## 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.

Details are in our Safe findings below.

### Is the service well-led?

Good ●

The service was Well-Led.

Details are in our Well-Led findings below.

# Autonomy: Victoria & Elizabeth

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 prompted in part due to anonymous information of concern received by CQC and concerns from commissioners from a local authority. Concerns related to the management of the service, overall staffing and the care and support of those using the service.

Inspection team:

The inspection was carried out by one inspector. Supporting the inspection was a Quality Monitoring Officer from the local authority and a Clinical Quality manager from the Clinical Commissioning Group.

Service and service type:

Autonomy: Victoria and Elizabeth is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection site visit activity took place on 6 October 2020 and was unannounced. The inspector returned on 7 October 2020 to obtain further information and speak to the registered manager and the provider.

What we did:

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority commissioners responsible for monitoring the service. We used all of this information to plan our inspection. The provider had not been sent a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We gave the provider the opportunity to share this information during the inspection visit.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We also spoke with the nominated individual, the registered manager, the deputy manager, three team leaders and four support staff. We looked at care and support records for five people including care plans. We reviewed recruitment files for five staff and staff training records. A variety of records relating to the management of the service, including medicines and policies and procedures were reviewed.

After the inspection:

We asked the registered person to provide us with a variety of additional information. We used all this information to help form our judgements detailed within this report.

# Is the service safe?

## Our findings

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

At the last comprehensive inspection this key question was rated as Good. At this inspection this key question has sustained a Good rating. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to report safeguarding concerns. These were reviewed and analysed by the registered manager.
- Staff understood their safeguarding responsibilities and were trained in keeping people safe and to identify signs of abuse.
- People using the service were vulnerable and staff knew to report any concerns through to the registered manager or directly through to safeguarding if they felt there was a significant risk to a person.
- People's care plans were detailed with regard to safeguarding to ensure all staff knew how to best support and protect people. The plans were also used to inform safeguarding protocols and to inform other professionals regarding risk.

Assessing risk, safety monitoring and management

- Personalised risk assessments were in place to support staff to protect people from harm. They balanced protecting people with supporting them to maintain their independence and positive risk taking.
- Staff demonstrated a good understanding of people's individual needs and what activities they wanted to be involved in. Staff also showed that they understood the actions they needed to take to keep people safe.
- There was information about any physical interventions staff may need to use to ensure people remained safe. Staff received ongoing training and one of the team leaders had taken on the role as trainer and gave staff additional support should they need it. We were told any intervention would be a last resort and they utilised other methods to support people using the service to deescalate a situation.
- Risks associated with the environment were monitored and managed. People using the service all had personal emergency evacuation plans and detailed protocols should they go missing from the service.

Staffing and recruitment

- Staff told us that they felt there were enough staff deployed to support people. At the time of our inspection one person's hours had been increased and additional staffing had been allocated.
- Staff were safely recruited we saw that criminal records checks and references had been carried out, to show they were suitable to work with vulnerable people.
- Most of the staff we spoke with had been employed at the service for several years. This maintained consistency for those using the service.

Using medicines safely

- Medicines were securely stored, and people were supported to take the medicines they had been prescribed.

- Medicines administration records had been fully completed. They gave details of the medicines people had taken and this was regularly monitored by an internal audit system.
- Staff with responsibility for administering medicines had received training in safe administration of medicines. Staff were assessed annually to ensure that they remained competent and safe to give people their medication.

#### Preventing and controlling infection

- During our inspection visit, people gave us permission to look at their rooms. We also looked in kitchens and communal areas. All of the areas were clean, and staff supported people to keep their apartments clean and tidy.
- Staff were aware of infection control and regular cleaning. When we entered the premises, we had our temperature taken, this was due to the ongoing pandemic. We had hand sanitiser to use and there were posters regarding the virus and encouraging regular handwashing and sanitising.
- Staff had received training to enable them to understand their responsibilities to protect people from the risk of infection. Staff had enough PPE when they required and they were trained how to use it effectively.

#### Learning lessons when things go wrong

- A system was in place to learn from any incidents and accidents. There was a regular meeting held with the staff to review incidents and accidents and they worked through each stage to plan for preventing reoccurrence in the future. All staff were engaged in this process which kept them informed and updated.
- Staff at the service worked together to discuss the support provided to people and what worked well. This was used to review care and support and enabled the staff to continually monitor how they worked with people.



# Is the service well-led?

## Our findings

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

At our previous inspection this key question was rated as Good, at this inspection the rating has remained the same. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Audits were in place to monitor the quality of the service. The systems and processes in place to monitor the service included key areas such as medicines management, care planning, risk assessments and accidents and incidents. Staff engaged in meetings regarding areas which they were responsible for to ensure that they were kept up to date and seniors had responsibility to oversee and take responsibility for one area of monitoring and management.
- The provider and the registered manager had a good oversight of the service and worked on continuous improvement. This included engaging with both staff and seniors to gain feedback at all levels of the service.
- Management encouraged staff to engage with them to develop the service and make improvements. The provider and the registered manager had visible roles and had an open door policy where they encouraged staff to engage with them.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- Staff told us that they had a good input into the development of the service and that they were encouraged to take areas of responsibility.
- The registered manager supported staff and staff told us that they had a good relationship. Staff were encouraged to have an input into care planning for people using the service. This also helped to shape care planning and update risk assessments.
- The registered manager understood and acted on the duty of candour, ensuring that notifications were reported through as required. Notifications are events which providers are required to notify us of by law.
- One person told us that they liked living at the service and got on well with staff and management.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open and honest when we discussed the service. There was good communication in place with people, relatives, and staff.
- We looked at the provider's systems to deal with complaints and incidents. These showed the provider was aware of their responsibilities under duty of candour. They had worked closely with stakeholders to improve care and support for people using the service.

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

- People were encouraged to share their views with staff and management. One person told us that they felt listened to and would be happy to talk to staff if they needed something.
- People and staff were happy to speak with the registered manager and the provider.
- People's equality characteristics had been considered and measures put in place to support cultural needs in all aspects of support.

Continuous learning and improving care; Working in partnership with others:

- Training for staff was accredited with the British Institute of Learning Disabilities (B.I.L.D.). Team Leaders had responsibility for different areas of the service. One team leader had been trained to deliver the course and go on to support staff with different techniques.
- The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.
- The provider and the registered manager had taken a multi-agency approach in engaging with professionals both to make improvements to the service and to improve support to people.