

Autonomy Care Limited

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Inspection report

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Date of inspection visit:
18 September 2019
19 September 2019
24 September 2019
26 September 2019

Date of publication:
24 October 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Autonomy Care Limited is a domiciliary care agency providing personal care to 22 people in their own home, at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

At the last inspection the service was rated as outstanding for caring. At this inspection, we found examples of outstanding care had continued. People had been supported to engage with their family at important events and to make friendships. Staff understood the importance of supporting people to achieve positive outcomes. People spoke of staff as being kind, caring and respectful.

People told us they felt safe. They told us there was usually a regular team of care staff and they mostly knew who to expect. Staff were appointed subject to satisfactory background, employment and character reference checks.

Where there were potential risks to people's safety and wellbeing, these were assessed, and risk-reducing measures were put in place for staff to follow. Staff understood their responsibility to recognise and report any safeguarding concerns. Staff had received safeguarding training.

Medicines systems were well managed. There were clear protocols in place to guide staff in administering people's medicines safely. Medicine records reviewed were up to date and accurate.

People's care plans reflected their needs and choices. There were plans in place for specific healthcare needs such as epilepsy, with clear guidance for staff to follow. There were efficient processes in place to update staff and the person's care plan in the event of any changes in the person's support needs.

People told us staff talked through everything they were supporting them with and sought their consent. People told us they felt the care staff were caring and respectful.

Where complaints and concerns had been received, these had been investigated and responded to appropriately.

People were invited to share their feedback with the service through reviews and surveys. The most recent survey results were mostly very positive. Where there were less positive comments, the management team followed up on these to see what could be done to make things better.

Staff received a range of different training. This included mandatory training such as equality and diversity and safeguarding.

Where people lacked the mental capacity to consent to decisions about their care, this was assessed in accordance with the principles of the Mental Capacity Act. People were supported to have choice and control of their lives and staff supported them in their best interests; the policies and systems in the service supported this practice.

The registered manager had plans for the future development of the service. Staff felt supported by the registered manager.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement. As part of thematic review, we considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

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

Rating at last inspection

The last rating for this service was Good (published 18 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Autonomy Care Limited

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 Care Act 2014.

Inspection team

This inspection was completed by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats, and specialist housing.

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

We gave the service 24 hours' notice of the inspection. This was to ensure the registered manager would be available to speak with us.

Inspection activity started on 18 September and ended on 26 September. We visited the office location on 19, 24, and 26 September.

What we did before the inspection

We used the information the provider sent us in the 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. This information helps support our inspections.

During the inspection

We spoke with seven people or their relatives over the phone. At the office, we spoke with six members of staff including the registered manager, deputy manager, office and care staff. We reviewed care plans and records for four people, as well as other records relating to the care people receive. We looked at five staff recruitment files and other records about the management of the service.

After the inspection

We wrote to two social care professionals and they provided us with written feedback about the service.

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 inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People were protected from avoidable harm. People told us they felt safe receiving care. Their comments included, "I feel really very safe" and "we trust them completely."
- Potential risks to people's safety and wellbeing were identified and assessed. Individual risk assessments were in place and included for example, the risk of falls, risks associated with epilepsy, and when using a vehicle. There were risk-reducing measures recorded for staff to follow, such as protocols for one person when travelling in the car, which included where staff should sit.
- When accidents and incidents occurred, staff completed reports about what happened. The reports were reviewed by where appropriate by the behaviour nurse or a member of the management team.

Learning lessons when things go wrong

- For one person, the potential learning from incidents was not always being recorded. This was because incident reports were only completed when physical interventions were used. There were incidents of increased behaviours which were not recorded in detail. There may have been learning opportunities from analysing these incidents which was not being identified.
- Following feedback, the registered manager implemented a personalised monitoring tool for this person and another person. This was for staff to record incidents of increased behaviours, the potential triggers and what happened after and would enable a clearer overview for learning.
- Staff knew they could contact the behaviour nurse for advice and guidance following any incidents and told us they found this support very useful.

Staffing and recruitment

- People were cared for by staff who had been appointed following safe recruitment processes.
- New staff were appointed subject to satisfactory checks. These included identification, employment and character references, as well as clearance from the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions, by preventing unsuitable people from working with vulnerable people.
- There were enough staff available to ensure people received their expected care visits. People told us they knew who to expect and said the office informed them if there were any changes. One person told us, "We have never had a problem with a lack of staff. We have three or four different carers and it is almost always that same team."

Using medicines safely

- People who required assistance with the administration of their medicines were supported by staff who

had received medicines training.

- People's care plans contained clear guidance for staff to follow, to ensure people received their medicines safely.
- Records showed people received their medicines as prescribed. Medicines administration records were up to date, there were no gaps or errors in the records reviewed.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who had received safeguarding training.
- Staff understood their responsibility to identify and report any concerns of abuse.
- Staff told us they felt confident if they reported any concerns to the registered manager, they would be acted upon appropriately.

Preventing and controlling infection

- The risk of cross-contamination or infection were reduced as staff had access to and knew how to use personal protective equipment (PPE). The PPE included items such as gloves and antibacterial hand gel. The PPE supplies were kept in people's homes, as well as at the office to ensure staff always had access.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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

- Before care packages were agreed, people's care choices and care needs were assessed. People had care plans in place which reflected their assessments and reviews of their needs.
- The service employed a behaviour nurse. Their role was to work with people in line with best practice for supporting behaviours which may challenge or where people displayed distressed reactions. Staff working with people who required behavioural support had received positive behaviour management training.
- People had hospital passports in place, to promote continuity in their care in the event of being admitted to hospital. These explained how best to communicate with the person, their support needs and key information a health care provider may need to know.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training to meet their needs. Staff were required to complete training in a range of areas, including person-centred care, manual handling and the Mental Capacity Act.
- The provider had an online training system which enabled the registered manager to have an overview of the training staff had completed. Any training due was either scheduled or in the process of having dates confirmed.
- New staff completed an induction checklist and shadowed more experienced staff until they were confident and competent to work independently. People confirmed this took place, one person said, "All staff seem well trained. Any new staff come and shadow first, so we know them before they come on their own."
- Staff progress and competencies were monitored through observations of the care they were delivering, and supervision meetings. Staff could discuss if they felt further support was needed, or if they wished to develop their skills and knowledge in any area of their role.

Supporting people to live healthier lives, access healthcare services and support

- People told us they felt the staff would contact healthcare services for them if needed, such as the GP or community nurse.
- Some people were supported by staff to attend healthcare appointments.
- In the event of a person's needs changing, staff who cared for the person were contacted before the next visit and informed. The person's care plan would then be updated from the office and distributed to the person's home.

Supporting people to eat and drink enough to maintain a balanced diet

- People's care plans contained guidance for staff around what people liked or disliked, as well as how they can support the person with their nutrition and hydration. For example, for one person the guidance stated they should only fill a cup half full to enable the person to hold it themselves.
- Where the service was responsible for supporting people with their food and drink, records of daily care showed what the staff had helped to prepare.
- Of the people we spoke with, none of them received support with meal preparation, however they advised us staff made them drinks of their choice.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked closely with the local authority, particularly when confirming care packages for people with complex support needs. The service was part of the local authority's "help to live at home alliance" and were kept up to date of requests for care package provision.
- Staff worked as a team to support people and ensure care visits were covered in the event of staff shortfalls. We saw the office staff coordinating carers and visit times to ensure people's needs were met.

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 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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us staff sought their consent and talked through any care they were providing.
- Where required, people's mental capacity had been assessed and the staff had consulted with the local authority.
- If people had a nominated legal representative, such as a Lasting Power of Attorney, this was documented in their care plan and a scanned copy was held by the service. This meant where people lacked capacity the office staff knew who the decision maker was in the event of specific decisions needing to be taken.

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.

At the last inspection this key question was rated as outstanding. At this inspection this key question has now remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- There were examples of people being included in the staff recruitment process, when appointing a staff member specifically to provide most of the care for the one person. One person was introduced to four potential staff who had been shortlisted and could choose who they felt most comfortable with.
- The registered manager told us of the importance of ensuring people were supported by staff they felt comfortable to have in their home. They said, "That visit could be the only contact they have that week, it is important it is right for them."
- When one person's communication needs changed, the rota was amended to ensure they had a consistent and small team of staff who knew them well. A core team of care staff who had worked with the person for a long time were allocated for all visits.
- People were invited to share their feedback in different ways. The registered manager and deputy manager completed care visits. This enabled them to speak with people face to face and gain their feedback about whether they were happy with the service. People completed annual feedback surveys and had regular reviews with the service.

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

- We received many positive comments about the care staff and their approach. Feedback from people and their relatives included, "I am sure they really care about us." "They are lovely people and they look after me." "They are so kind and thoughtful. They really listen."
- One person's relative told us how the staff member had stayed longer than the care visit, because the person had fallen. They explained, "[My relative] had a fall and the carer wouldn't leave until she was sure we were ok. She stayed well over her time to help us."
- People's relatives said they felt supported by the staff. One relative commented in a recent review, 'The support [person] is receiving is second to none. I cannot thank the staff at Autonomy enough for supporting us as a family.' Another person's relative told us, "The staff have become part of the family in many ways."
- One person had been supported to attend a family wedding. The person had felt they could not attend due to their support needs. The service offered to attend with the person. They assisted them to get ready in the morning and dressed to attend the wedding. The staff member stayed with them throughout the day, enabling them join the celebrations with their family.
- People and their relatives told us staff knew them well. One person said, "They do everything I need, which is all I could ask for really." We were told of one person who has a passion for computers and technology. Due to their disability, they were unable to set up their monitors as they would like. A staff member's partner worked with information technology and with the person's consent they visited to help with setting up their

computer.

- Staff spoke with pride about their jobs and enjoying supporting people. One staff member said, "I look forward to going to work in the morning, the people I care for are very special to me and I love everything I do. It has its challenges, but I enjoy making a difference to people's day. I value going home knowing I have made something special happen in their day or helped them to achieve something."
- People's preferences about the gender of staff member they wanted to be supported by were respected. The service employed a staff member who was supported while transitioning in their gender identity. With the staff member's approval, each person the staff member provided care to was contacted. People were given the choice to continue receiving care from the staff member during and after their transition. Each person informed the service they wished to continue to receive care from the staff member.
- The staff had received training in equality and diversity. The registered manager told us they have a welcoming approach to supporting diversity in the people who receive care, as well as amongst the staff team. They said, "We have a zero-tolerance policy on bullying of any kind."

Respecting and promoting people's privacy, dignity and independence

- People's personal care support was delivered in a dignified and respectful manner. New staff would visit with an experienced staff member, to show them how to use the person's bath chair or equipment while the person was clothed. This meant people were not supported in a state of undress by more staff than needed and this promoted their privacy and dignity.
- Staff recommended local services to help meet people's needs. For one person, the service recommended a local hairdresser. They introduced the person to the hairdresser and assisted with scheduling monthly appointments. This had a positive impact upon the person's confidence. For another person, the staff gave them menus and recommendations for places to eat, knowing the person enjoyed dining out.
- When people moved on to other care services, the staff at Autonomy Care Limited told us their duty of care continued. One example of this was when two staff members had seen one person who previously received care in a local town centre. The person was escalating in their behaviours when approached by police. The staff members intervened and gave guidance to the police officers about the person and how best to support them. They also went and collected the person's relative, to help the person return home safely and with greater dignity than if the situation had continued to escalate.
- The service supported people to access their three-monthly coffee morning. Two people who are cared for in bed were supported to attend the social gathering. Through being introduced, the two people realised they both went to school together and were able to re-visit their childhood friendship.
- People were supported to access the community. For some people this included support to go food shopping. For others, it involved support to attend healthcare appointments.
- People with autism were supported to develop routines which promoted their independence. One staff member explained, "The difference in [person] now to when we first worked with him is amazing. He is in such a happy place now, it is very rewarding. We can work on those day to day goals – from putting his socks on to days out. He knows the routines and we help him develop them. We were able to go to [a theme park] recently, he went on the big rollercoaster and loved it."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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

- Most of the people we spoke with told us the service was able to meet their needs. Where the service was unable to meet people's needs, records showed this had been due to the changing needs of the person.
- People and their relatives told us the staff knew what care they needed and a care plan was in place. They told us the service kept them involved in discussions and decisions. One person's relative said, "They understand that [my relative's] care is precious to me, so they talk about it with me regularly and I am involved in all decisions."
- People and their relatives told us if anything needed to be changed, this would be done promptly upon request. One person's relative said, "I would say they are very responsive, nothing is too much trouble for them."
- Although the service could not guarantee the time of care calls, records showed people received their care on or around a similar time most days.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Although the service was not supporting anyone where the information needed to be adapted, they had resources available to do so if required. Information could be made available in different formats such as large print or braille, dependent on the person's communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Records for people who received social support showed they regularly attended activities or places of interest. We saw one person often attended Zumba, went swimming and visited the pub with staff.
- There were plans to increase the frequency of the quarterly coffee morning. This gave people the opportunity to socialise with others who use the service.
- There were plans to introduce a newsletter for people who use the service. The deputy manager explained this would include recommendations for local services and events. They told us, "People's needs may have changed since they first started receiving care from us, so they might not know about what is available in the community for them."

Improving care quality in response to complaints or concerns

- Where complaints had been received, these were investigated and responded to appropriately.
- For some concerns, meetings had taken place with people or their relatives. The meeting minutes and outcomes had been documented and any learning was shared with the staff team. Plans were put in place to reduce the likelihood of recurrence.
- If concerns were raised in reviews or surveys, a phone call to the person or their relative took place to discuss the concerns in more detail and what could be done to make things better.

End of life care and support

- Although the service was not supporting anyone with end of life care at the time of the inspection, they had done so previously.
- The registered manager explained when supporting a person with their end of life care, the service worked closely with the palliative care team and community nurses. They said a core staff team would be allocated to work with the person to ensure greater consistency.

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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive and person-centred culture of putting people first and plans to further develop this. The registered manager explained they wanted to develop the staff understanding of people's life histories further and to revisit the use of one-page profiles. One-page profiles can be a useful tool to give an overview of a person's likes, dislikes, interests and background. The deputy manager said, "We need to always see the person behind their care needs. Their history is important."
- People, their relatives and staff told us they felt they could contact the office in the event of any questions or needing support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their regulatory requirements to report notifiable incidents to CQC and the local authority.
- There had been a change in registered manager since the previous inspection. One staff member told us, "The registered manager is very good, she is settling in well. The deputy manager is also good too."
- We received some positive comments from people who had met the registered manager. They included, "Everything seems very well managed." Also, "I know the [registered] manager well and we have spoken on many occasions."
- The registered manager told us how they had introduced greater structure to supporting staff during periods of absence and managing sickness levels. This had resulted in a reduction in days staff were absent from work. The deputy manager told us there had been an improvement in staff morale.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- We received some positive comments about the recent survey people and their relatives had completed. One person told us, "I am sure they listen to my views and if anything needed changing, I am sure they would do it."
- Staff were required to attend meetings. This gave the opportunity to discuss collectively any issues, areas for learning, or communication updates staff needed to be aware of.
- Staff told us they felt supported by the provider. One staff member explained, "I love working here, I never thought I would be in a job so long. I feel really supported."
- The service was in regular contact with people and their families. Some people preferred contact by email

and this was facilitated.

- The registered manager attended networking and learning opportunities provided by the local authority and a local charity.
- The professionals we received feedback from spoke positively about the service and the registered manager's understanding of quality performance. Their feedback comments included, 'We were very impressed with the level of detail they record in people's files, the person-centred thread it contained and the monthly reviews which showed progression of the [person]. The [management team] were really receptive to our feedback and we had a real sense that the management team knew [people] well.'

Continuous learning and improving care

- Regular audits of the service were completed by the director. These were based around the regulatory requirements of the service.
- The registered manager discussed some of the challenges they had faced since being in post and how they had overcome these. They explained, "The staff seem to have greater trust in the management team and office staff now. The staff know I am there and there is a chain of leadership and responsibility. Staff know they can ask, and any issues will get sorted."

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

- While there had been no events which required the provider to act on their duty of candour, they understood their responsibility to do so.