

Precious Homes Limited

Autus Court

Inspection report

129 Friern Barnet Road
London
N11 3DY

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Autus Court is a residential care home providing accommodation and personal care for people with learning disabilities and sensory impairment. There were six people receiving support at the time of our inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

There were deliberately no identifying signs, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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 carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and be part of the wider community.

People were safe using the service. Staff rotas reflected the support people required to maintain the choices they had made, and as a result the staffing arrangements were flexible to meet their needs.

Staff had good understanding of each person's individual needs and preferences and used this knowledge to provide them with flexible, responsive support which enhanced the quality of their lives.

People had complex needs and demonstrated behaviour that may challenge services. People received care that was based on best practice guidelines that met their individual needs and successfully reduced instances of incidents within the service.

Comprehensive assessments were made before people began using the service. People's care and support were completely person centred and designed around each person's individual needs, styles, preferences, and values. People were closely involved in the development and updating of their individual care plan and met with staff on a regular basis to discuss and agree any changes.

People's diversity and individuality was celebrated and people worked with a consistent staff group that they could form caring relationships with. Staff were proud of the support that they provided to people and the positive outcomes that they had observed.

Staff were caring and friendly and supported people with kindness and compassion. Staff had an empowering attitude to support people's personal development, and each person was supported in a way that was individual to them.

People made great progress whilst they used the service and people were encouraged to achieve their goals. People were able to gain their independence and this was celebrated with staff.

People's health and well-being was monitored by staff and they were supported to access health professionals in a timely manner when they needed to. People were supported to have sufficient amounts to eat and drink to maintain a healthy and balanced diet.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People, their relatives, and professionals felt the service was well run and commented on the positive approach of the management team.

Quality assurance systems were in place to ensure the standards of care were maintained and if necessary improved.

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 24 March 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Autus Court

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

The inspection was carried out by one inspector.

Service and service type

Autus Court 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

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke

with six members of staff including the director of operations, registered manager, team leader, senior care workers and care workers.

We reviewed a range of records. This included four people's care records and medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from two relatives and a professional who worked closely with 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff that supported them. One person told us, "I feel safe with all staff who work here. They help me."
- Relatives also told us they felt the service was safe. A relative said, "[Person] seems well cared for and happy."
- People were protected from the risk of avoidable harm. The provider had procedures for ensuring that any concerns about people's safety were appropriately reported.
- All of the staff we spoke with demonstrated an understanding of the type of harm that could occur and the signs they would look for. Staff were clear what they would do if they thought someone was at risk of abuse including who they would report any safeguarding concerns to.
- The registered manager investigated and resolved concerns in a timely way and submitted safeguarding notifications when required.

Assessing risk, safety monitoring and management

- People were supported to keep themselves safe. For example, people who were in relationships were supported with accessible and easy to understand information about how to keep themselves safe in a relationship.
- People's risks of avoidable harm were reduced. Staff assessed people's risks and plans were in place to mitigate them. Staff ensured that risk management plans did not limit the range of activities people engaged in. A staff member told us, "We do not stop people from doing something just because it is risky. We assess the risk and work as a team to put the right support in place."
- Staff we spoke with were knowledgeable about the risks associated with people's care and support and were able to give us examples of how they supported people to manage those risks. People's risk assessments were regularly reviewed and updated to meet changing needs.

Staffing and recruitment

- The service's recruitment processes ensured they employed staff of suitable character and experience to work with people living at the service.
- Recruitment files included an application form with employment history, references, right to work in the UK documentation and evidence of criminal record checks.
- People who used the service played an important role in supporting the management to recruit the staff that they wanted to support them. People were encouraged and involved in the recruitment process, supporting the management to interview potential candidates and selecting successful candidates.
- Staffing requirements were assessed according to people's individual needs. People were able to make

suggestions about the staff they would like to support them, and the management team ensured that people and staff were closely matched. For example, if people had a preference of gender to help them with their personal care, staff ensured this was accommodated.

Using medicines safely

- People were supported safely with their medicines. People told us they were happy with the support they received.
- Staff had completed medicines training and been assessed as competent to administer medicines.
- We sampled medicines administration records [MAR] and found these were completed in full with no evident errors or inaccuracies.
- We observed that people received their medication from staff in a professional and encouraging way.

Preventing and controlling infection

- The service had systems in place to reduce the risk of infections.
- Staff had access to personal protective equipment including disposable gloves and aprons and staff disposed of these safely when they had finished.
- Staff helped people to understand about cleanliness within their home and supported people to live in a clean environment.

Learning lessons when things go wrong

- Accidents and incidents were recorded by staff and reviewed by the registered manager. Staff discussed incidents to identify if any immediate action needed to be taken to prevent future incidents.
- The registered manager reviewed incident logs to identify if there were any trends or repeated incidents.
- The registered manager had an open and transparent approach with staff and was keen to ensure staff were aware of any relevant information following an incident so changes could be made.

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 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

- The registered manager completed comprehensive assessments for people who wished to use the service. These considered people's mental, physical, and social care needs to ensure a full picture of each person was completed.
- The registered manager obtained information from all parties that might have an insight into the care each person required and involved the person to ensure the service would be able to meet their needs.
- The service used social stories and pictures to support people understand the changes taking place in their lives around moving into a new home. They also worked closely with relatives to ensure smooth transitions.
- A health and social care professional commented, "Given the fact that [person's] family have remained anxious about them having to move out of the family home, staff have striven to work closely with them, to offer reassurance regarding the care and support [person] is receiving."

Staff support: induction, training, skills and experience

- People felt supported by knowledgeable, skilled staff that had the right competencies to effectively meet their needs. The staff team supported some people with complex needs and behaviours that challenged others.
- Following successful recruitment, each new staff member completed an induction programme that was in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver quality care.
- The induction included both theoretical and practical training in addition to the shadowing of more experienced staff. Staff told us they felt the training was good and prepared them to perform their role well. Staff also had additional training specifically relevant to the people that they supported which included supporting people with mental health needs and self-harm.
- The service had nominated 'Champions' in key areas of learning such as MCA, health and community and fitness. The champion's role was to access additional training and resources to keep abreast of best practice in their chosen field. Using this knowledge, 'champions' acted as a point of contact if staff required any support or advice in their area of interest. This helped staff share and transfer knowledge of best practice to the wider staff team, thereby enabling them to provide the most effective care to people.
- Staff had the guidance and support when they needed it. Staff had confidence in the management team and were satisfied with the level of support and supervision they received. Supervisions and appraisals were used to discuss performance issues and training requirements and to support staff in their role.

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

- People were supported to have enough to eat and drink. Where people had specific dietary requirements or they needed support around eating and drinking, this was documented in their care plan.
- One person who previously presented with obsessive behaviour usually around food was supported by staff who introduced a structured schedule of healthier snacks and meal options that the person gradually got used to. This person continued to enjoy a balanced diet with occasional treats without feeling anxious around food. They told us they had joined 'slimming world' where they learnt about healthy eating and also celebrated their success losing weight.
- People told us they enjoyed preparing their meals with the support of the staff and were able to make their own choices.

Adapting service, design, decoration to meet people's needs

- Staff involved people in the decorating and updating of their living environment. For example, people chose the wall colours, their bedrooms decorations and furniture for the home.
- People actively participated to make the service look homely by displaying art works they had done.
- People had access to communal areas where they could spend time together. There was also an activity room in the garden area where people could spend time on their own if they wished.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's care and support was regularly reviewed and updated. Appropriate referrals were made to external services to ensure people's needs continued to be met.
- An external professional told us, "The service has also been good at helping to liaise with other professionals working with [person], such as the consultant psychiatrist and challenging needs nurse."
- Staff told us if they had concerns about people's health they would inform the registered manager or ring the appropriate professional themselves.
- People had health action plans. A health action plan is a document designed to help people with learning disabilities access the healthcare they need and to make choices about their healthcare.
- As part of health action planning, staff asked people what aspects of their healthcare they would like to maintain or improve, such as losing weight or maintaining a healthy exercise programme, and how they would like to do this.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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.

- The registered manager ensured that people had read and understood their care plans in order to consent to their care, but where necessary, the service consulted people's representative, who had power of attorney

for their health to make decisions in people's best interests.

- Staff we spoke with were aware of the need to obtain consent before delivering care. We also observed staff seeking people's consent throughout the day. For example, before administering medicines, personal care or going out.
- Staff received training in MCA and were further guided by the service's MCA champion.
- Where necessary, mental capacity assessments had been completed to consider if people were able to consent to the care they required. Staff were fully aware of the restrictions that were in place for some people and understood their role to ensure people made their own decisions, where possible, about their care.

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 Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with care, compassion, and kindness. People and their relatives commented on the caring approach the staff provided. Comments included, "[Person] seems well cared for and happy" and "[Person] seems happy so I am sure that the staff are kind and caring. They know [person] well."
- People and staff had developed caring relationship and people told us they were well supported and well cared for. One person told us, "I love it here, the staff are kind."
- Relatives told us they trusted the staff and the service with the care of their loved ones.
- The registered manager and staff understood the importance of promoting equality and diversity. We saw arrangements had been made to meet people's personal wants and diverse needs, and from the information contained in their care records; we saw people were fully enabled to develop and maintain any religious beliefs they had and their personal relationships with their circle of support.

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

- Staff supported people to make their own decisions about their daily lives. One staff member told us, "We work with the people. We don't tell them what to do, they decide what they want to do for the day, what activities they wish to do."
- Staff had built trusting and meaningful relationships with people using the service and their families. This helped maintain good communication between the service and relatives.
- The provider used surveys to obtain people's views on the service they received. The registered manager produced a 'You Say We did' action plan to demonstrate changes they have implemented based on the feedback from people.

Respecting and promoting people's privacy, dignity and independence

- Staff were highly motivated and reflected pride in their work. They spoke about people in a way which demonstrated they were fully committed to supporting people in any way they could, in order for them to achieve as much independence as possible. One staff we spoke with told us, "The home supports people to live their lives the way they want" and "I love my job. I can clearly see the progress people have made. It feels very good to see their progress and also be part of their success."
- Throughout the inspection we observed staff display a kind, caring and respectful attitude towards people. One person who was becoming anxious was offered reassurance by the staff and was supported respectfully and in privacy which helped reduce their anxieties.
- People told us staff respected their privacy. One person said, "They knock on my door."
- Staff gave examples of how they made sure they maintained people's privacy when supporting them with

personal care. People had access to private space when they needed 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 improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Autus Court provided a highly flexible service, which adapted quickly to people's changing needs. People's care and treatment was planned and delivered in line with people's individual preferences and choices. Each person's care plan contained details about who and what was important to the person, what they wanted support to do, what they found difficult and what they wanted to achieve in the future.
- The service used innovative ways of involving each individual in their care and support plans. Each person had access to a tablet which they used to update their care plans, upload photos and videos of activities they have completed. This gave people instant access to their records and enabled them control over the contents of what was recorded in their care plans. One person showed us videos they had recently uploaded on their care records. It was clear they found this easy to use and this kept them fully involved in the planning of their care.
- Information in people's care plans captured their life history. People had been involved and were consulted about their care plans. Each care plan instructed staff to complete tasks exactly as the person wished. This helped to relieve the person's anxieties around routines and inconsistencies in the care provided and enabled staff to provide highly responsive, adaptable support to meet the person's needs.
- Staffing for each person was consistent and this helped to ensure people could develop open, trusted and honest relationships with staff. Staff knew and understood people's history, preferences, needs, hopes and goals.
- Staff were proud when people had progressed and required less support due to their ability to manage more tasks independently. Each person had an identified member of staff that worked as their key worker. This member of staff was able to build up a trusting relationship with the person they supported and were responsible for ensuring that people were given opportunities to work towards their goals.

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.

- The service demonstrated a thorough approach to planning and coordinating people's care, with arrangements fully reflecting individual's circumstances. Staff were committed to working collaboratively with people's relatives and external services to deliver care and support to people. Staff had worked with external professionals to develop visual storyboards to help people with raised anxieties to understand a journey or a health appointment. This helped them be involved in their care. For example, one person was

supported to attend blood test appointments at the hospital however several attempts remained unsuccessful. Staff then liaised with the community nurse to introduce a desensitisation programme and with the right attitude and support from the staff on the day of the appointment, the person was supported to overcome their anxiety and had their health examination as needed.

- Some people were very focussed and motivated by food and this had potential to cause anxiety and behaviours that may challenge services. Staff supported people to use picture boards to make their snack choices for each day and they were able to see their meal choices on the individual menu with pictures of the meals.
- This method of choosing and clear communication of choices was effective in helping to reduce people's anxiety and obsession around food which enabled them to get on with their day and focus more on what activities that they wished to engage in.
- Activity boards were on display for each person, with pictures and photographs they preferred and had personal association with.
- All staff received training in the methods of communication people used. This helped them to support people more effectively.

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

- The registered manager told us people had made significant progress whilst being supported by the service and how their lives had been transformed. For example, people who previously displayed behaviours that challenged services had been supported by staff in a safe and structured way. They worked together to set objectives and successfully achieved these. One staff member told us, "This job is not for everyone, you have to be caring and patient, be willing to support people living here no matter what."
- People who previously struggled to go out were now able to access the local community with staff support. This helped their mental health and well-being. For example, for some people, incidents including behaviour that may challenge services had decreased to nil.
- The service organised culture days in partnership with people living at the service. People chose a country they wanted to celebrate and know more about. Food from the chosen country was prepared and music played. We saw a video of a recent celebration, people clearly enjoyed this event and there were jovial exchanges between staff and people.
- People were actively encouraged to maintain relationships with their families and friends. Staff supported people to help them remain connected to important people in their lives. Staff updated people's relatives on the support they provided to their loved ones on regular basis. For example, one person's relative requested to be updated every day on the health and well-being of their family member and the registered manager ensured this happened.
- People's success was celebrated by staff, which boosted people's confidence and motivated them to achieve more. One person had participated in a singing contest organised by the provider and they had progressed to the final. They spoke with us about how proud they were and it was a dream come true for them.
- The provider facilitated people's meaningful involvement in the running of the service. For example, people were included in recruitment campaigns and quality assurance visits to other services.
- Staff supported people to go on holidays and trips, including holidays abroad. People proudly showed us pictures of their achievements.

Improving care quality in response to complaints or concerns

- The service had an easy read complaint procedure displayed in communal areas. People told us they knew how to complain and who to speak with if they had any concerns. One person said, "I can speak with [staff member's name] and the manager."

- People told us when they had raised concerns, the registered manager had resolved these very quickly to their satisfaction.
- Relatives also told us when they had raised concerns, these had been addressed promptly.
- The registered manager told us they were keen to work with people, their relatives and representatives to ensure everyone was satisfied with the support and care they were providing to people.

End of life care and support

- At the time of this inspection the service was not supporting people with end of life care.
- People's preferences and choices in relation to end of life care was discussed as part of their overall assessment.
- Care plans contained information about people's wishes where people wished to share this information.

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 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

- The management team demonstrated an open and transparent leadership style. They provided visible direction and a person-centred approach to their staff team.
- They were passionate for providing a high-quality service, in order to meet people's needs in a holistic manner. The team was led in a way which consistently focussed on ensuring people had the opportunity to live the life they chose, with the support they required.
- Staff benefitted from stable leadership. The registered manager promoted a positive, open culture, where staff at all levels held the same values and worked towards a common cause.

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; Working in partnership with others

- The provider and registered manager understood their legal duties in relation to the duty of candour and were open and honest with people if something went wrong.
- The registered manager submitted notifications to CQC as required.
- The service was well organised, and staff we spoke with were clear about what was expected of them.
- The provider and registered manager were committed to driving improvements in the service in order to ensure they were providing the highest possible quality of service to the people they were supporting.
- People had regular reviews of their care in which they were fully involved.
- Staff told us there were regular meetings and they could openly discuss any issues and make suggestions.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives, and a health and social care professional told us they felt the service was well run and were confident in the leadership provided by the management team.
- The service used a range of quality assurance tools to assess and monitor the quality and safety of the service. People using the service participated in quality assurance of the service.
- The service's audit system looked at how safe, effective, caring, responsive and well led the service was. This audit provided an overall performance score and action plan for any areas which required improvement and helped steer the service's overall performance.
- Staff told us they felt valued and were supported in their job roles. One staff member said, "I feel

supported by the team leader and registered manager. I get very good support from both."

- There were opportunities for staff's career progression, training and development within the service, and this contributed to the positive morale of the staff team. For example, champion roles were open to those who demonstrated a genuine interest and aptitude for the role.
- Staff were recognised and rewarded for their hard work and achievements. Certificates were awarded to staff, which we saw in the records we viewed. Staff also had opportunities to attend team building days.
- The registered manager and senior staff maintained regular contact with people's relatives; listened to their views and made adjustments to how care was delivered where needed.
- Feedback was sought in the form of questionnaires which were collated and analysed to inform improvements to the service. We saw all suggestions from recent feedback were actioned which demonstrated that people and staff were listened to and were able to influence changes within the service.

Continuous learning and improving care

- The registered manager was aware of what incidents needed to be reported to the CQC or the local authority and contacted external health and social care professionals when advice was needed.
- The service had a clear process for dealing with accidents and incidents.
- Accidents and incidents were discussed at team meetings. Any safeguarding concerns or complaints were discussed in a similar way.