

Autonomy Care Limited

Autonomy Care Ltd

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

About the service: Autonomy Care Ltd is a domiciliary care service that provides personal care to people in their own homes. Not everyone using the service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection, nine people were using the service.

People's experience of using this service:

People benefitted from receiving care and support from staff who approached their work with kindness and compassion, and treated people with dignity and respect.

People were supported by staff who had the knowledge to protect them from potential abuse as they knew how to recognise different forms of abuse and how to report this. Risks associated with people's individual care needs were assessed and plans put in place to manage these. Staff had received training in infection protection and control to reduce risks of cross infections.

Prospective staff underwent pre-employment checks to ensure they were suitable to provide care and support to people who used the service. People were supported by a small team of staff who knew them well and had undertaken an induction to help them understand and feel comfortable in their caring roles.

The provider had arrangements in place to provide staff with ongoing training specific to meeting the diverse needs of people who used the service. Support mechanisms to enable staff to carry out their roles and responsibilities helped staff to reflect on their work.

People's needs, and wishes were assessed alongside their representatives before their care and support started and; then kept under regular review. The registered manager worked with a range of community health and social care professionals when this was required and to support relatives to achieve positive outcomes for people.

The provider had processes to support people where required with their medicines. People would only require support to take their medicines if this was part of their care service.

People's care and support was adjusted to their individual needs and requirements. Staff knew people who used the service well and provided continuity of care which was responsive to people's needs and valued by people and their relatives. Staff read and followed people's support plans.

Staff supported people with their diverse needs. People had encouragement and support to carry on with the things they enjoyed doing in line with their support plans. Where required staff also supported and encouraged people to have enough to eat and drink.

People were supported by their relatives who knew how to raise any concerns or complaints with the provider. The registered manager used concerns and or complaints to make improvements to people's care experiences. The registered manager sought to involve people, their relatives and staff in the service.

The registered manager was supported by a care coordinator and a director. As a team they promoted a positive and inclusive culture within the service; based upon open communication with others and respect for their views. Staff felt valued, well-supported and were clear what was expected of them in their caring roles.

People benefitted from a service where the registered manager had a passion and a vision to continue to provide personalised, supportive care to enhance people's lives as the service expanded.

Rating at last inspection: This is the provider's first inspection at their new location.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor the service through the information we receive until we return, as part of the inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at 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?

The service was safe.

Details are in our Safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good 

Autonomy Care Ltd

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.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to children, young and older adults with dementia, sensory impairments, a learning or physical disability. At the time of our inspection care and support was provided to children, young people and an older person. There were nine people using the service.

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 48 hours' notice to ensure we would be able to access the office.

Inspection site visit activity started on 5 June 2019 and ended on 7 June 2019. We visited the office location on 5 June 2019 to see the registered manager and staff; and to review care records and policies and procedures.

What we did:

Before we inspected the service, we reviewed information we held about the service, to help inform us about the level of risk for this service. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information is called a Provider Information Return and helps support our inspections. We also contacted the local authority commissioners and Healthwatch

to request their views of the service. Healthwatch is the independent national champion for people who use health and social care services.

During the inspection, we met and spoke with the registered manager, care coordinator, a director and two staff members. We sampled three people's care records and medicine administration records. We also looked at a selection of documentation in relation to the management and running of the service. This included quality assurance audits, complaints, accident and incident records, recruitment information for one staff member, staff training records and policies and procedures.

At the time of our inspection people who were currently using the service would have found it difficult to answer specific questions about their care and experiences of the support provided. In view of this we spoke with four people's relatives following our visit to the providers office to obtain their views and experiences of their family members care and support.

We also spoke with a further staff member by telephone following our visit to the provider's office.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- Relatives felt staff provided safe care and support to their family members in their homes and when going out. On this subject, one relative told us, "I would not let [family member] go out with them [staff] if I did not feel they were safe. [I know] they [family member] are really very safe."
- Staff understood where people required support to reduce the risk of avoidable harm. Support plans clearly documented the control measures for staff to follow to keep people safe.
- Systems were in place to identify and reduce risks to people using the service. People's support plans included individual risk assessments. These provided staff with clear information of any risks and guidance on the level of support people needed.
- Staff understood how to promote people's independence whilst reducing potential risks.
- Staff told us they were kept fully up to date with any changes in people's needs and the risks associated with their care. This was achieved, amongst other things, through use of a regular telephone, email updates and staff meetings.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in protecting children, young people and older people from abuse and showed a clear understanding about the types of potential abuse and how to report this.
- The registered manager was aware of the local authority's safeguarding processes and their responsibility to share information with relevant professionals and other agencies to help protect people from abuse.

Staffing and recruitment

- Relatives told us they believed there were enough staff to be able to support their family members safety both in their home or when going out. Relatives also said their family member's received support from a consistent group of staff which they valued.
- Staff told us there were enough staff to deliver good quality care. They said people's care was organised around the needs of people they supported. One staff member told us, "There are enough staff, I never feel rushed, they [registered manager and care coordinator] make sure people have the time they need.'
- The registered manager had arrangements in place to ensure there were the enough staff to meet the times and days people required support together with consideration of staff's skills. On this subject, the registered manager told us in the Provider Information Request [PIR], 'We look at matching the client's [people who used the service] needs to the staff's ability, this being a person-centred approach but also ensuring the needs of the service users are being met. This also allows [us] to ensure the skill of the staff member is suitable to the individual, meaning preferences are being met for both but also the best outcomes are being achieved.'
- The required recruitment checks had been completed for all potential new staff to ensure they were

suitable to work with people who used the service before they commenced their care and support roles.

Using medicines safely

- At the time of our inspection relatives mostly supported their family members with their medicines. However, relatives would have confidence in staff assisting their family members if this was ever needed.
- One staff member described how the support provided to a person to take their medicines was invaluable to the person; otherwise there were risks the person may not remember to take these which would impact on their health.
- The provider had systems and procedures in place designed to ensure people had the level of support they needed to manage and take their medicines safely.
- Staff received training in the provider's medicines procedures, and their competence in handling and administering medicines was checked during regular unannounced spot checks on staff's practices.

Preventing and controlling infection

- The provider had taken steps to protect people who used the service, their relatives and staff from the risk of infections.
- Staff were provided with and used personal protective equipment (PPE) appropriately. On this subject one staff member told us, "We [staff] are provided with all the equipment needed to reduce infections. There is always a good supply of gloves and aprons."
- 'Spot checks' were completed on staff's practices and monitored staff use of PPE.

Learning lessons when things go wrong

- The provider had systems and procedures in place to enable staff to record and report any accidents or incidents involving the people who used the service. The staff we spoke with were aware of these reporting procedures.
- We saw the provider monitored these reports and acted to prevent things from happening again.

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

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

- People's needs were assessed, planned and regularly reviewed to ensure any changing needs were met. One relative told us, "The support for [family member] was well planned for and [registered manager] was very supportive in helping [family member's] needs to be met by the right staff."
- The registered manager ensured that, where people had more specialist care needs, additional time was taken to ensure a full assessment was carried out and staff had the necessary skills and competencies to meet people's needs.
- Staff applied learning effectively in line with best practice, which led to positive outcomes for people and supported a good quality of life. One relative told us, "They (staff) have a good relationship with [family member], [they have] taken time to get to know them and support them really well."

Staff support: induction, training, skills and experience

- Relatives were confident in staff's skills and knowledge to support their family members. One relative told us, "New staff shadow the manager, until they are comfortable with [family member] and can cope with their needs."
- The provider's induction and training processes ensured staff had the required skills and knowledge to meet people's needs. One staff told us, "The support from [registered manager] and [care coordinator] has been amazing if you have a query you can ring them at any time. They're both very approachable."
- The registered manager had good systems to understand which staff needed their training to be updated and who required supervision. On the subject of support, one staff member told us, "I think it is brilliant. [Registered manager] and or [care coordinator] will talk through any issues with you on the phone and we have staff meetings where we can all 'catch up'. We can also message [registered manager]."
- Staff felt their training needs were fully met and gave them the knowledge and skills they needed to support people safely and effectively. One staff member told us, "We are offered lots of training. Found the positive behaviour training interesting. Not to get to crisis point and how to use de- escalation techniques. I'm going to have some training in the subject of dementia."

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

- Relatives told us staff supported their family members to maintain a healthy diet and clear instructions on diet and support approaches were contained within support plans.
- Support plans recorded people's meal preferences, allergies and the support people required with dietary needs. One staff member described how they provided a person with choices of meals and drinks using their preferred communication style, so the person remained involved in their own care.

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

- Staff and management worked effectively with relatives, community health and social care professionals to ensure people received joined-up care. For example, meetings at children's schools when this was required.

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

- Relatives confirmed the care and support provided reflected their family member's needs. One relative told us, "They [staff] know exactly what I need and just get on with it now."
- The registered manager's ethos was to encourage and create opportunities for people to provide them with direct feedback on the service, to adjust their care where possible. They continued to personally carry out a number of care calls each week, to maintain regular contact with the people who used the service. Relatives praised the registered manager's approach to ensuring the service provided was adapted to each person's individual needs.

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

- Staff monitored people's general health wellbeing alongside their relatives and when required helped them to access professional medical advice or treatment in the event of an emergency or significant deterioration in their health.
- People's care files included information about their medical histories and the impact of any long-term health conditions upon their care needs.

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 with appropriate legal authority.

We checked whether the service was working within the principles of the MCA.

- Relatives told us staff communicated with their family members during the support provided and used different communication clues to ensure their involvement in any activity.
- Staff we spoke with understood people's rights under the MCA, including the need to support and respect people's day-to-day decision-making.

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

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

- Relatives told us their family members were treated with kindness and were positive about staff's caring attitude. One relative told us, "Lovely [staff] team and [family member] loves them [staff] to bits. They go to the gym and music club. [Family member is] happy and smiling. Really positive experience."
- Staff spent time getting to know people's preferences and used this knowledge to provide care and support in their preferred way. One relative told us, "The staff are really friendly and caring. They have built up relationships with the whole family and have taken time to get to know us all."
- Staff and management recognised the need to promote people's equality and diversity as part of their work. Staff spoke positively about the registered manager's inclusive approach towards these issues.

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

- Staff enabled people to make decisions about their care; and knew when people wanted help and support from their relatives.
- People's individual communication needs had been assessed and recorded to enable staff to promote effective communication with each person.
- The registered manager had systems and procedures in place to encourage people and their relatives to share their views and suggestions regarding the service. The registered manager stated an example of this in the PIR, 'We have constantly had reassuring feedback from certain parents of the children we support, something which we log as a compliment, which is firstly passed onto the required staff members, but we also ensure these formulate part of the quality assurance and move forward with these.' In addition, the use of communication books within people's homes were another method of recording messages, between staff and people's relatives so they remained involved in care decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff developed trusting relationships with people and their relatives. Staff treated people with respect and maintained their privacy and dignity. When we asked people if staff treated them respectfully one relative told us, "They [staff] are all very respectful of our home and how they speak with us." Another relative, "They make sure all support is done in a dignified way."
- People's rights to privacy and confidentiality were respected.
- People provided examples of how they were supported to maintain their independence. One relative told us, "Encouraging [family member] to do things to develop self-help. They [staff] help [family member] to get their lunch box ready in the mornings before school."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● Relatives spoke positively about how the care and support provided met their family member's individual needs and requirements. One relative told us, "They [staff] have been amazing. The [registered manager] matches the care support worker to [family member's] personality and activities he likes to do. There are a circle of regular care workers. Lovely little team of carers [staff] and [they] meet [family members] needs in every way. They do a good job - really good."

● Support plans were in place which identified people's support needs and preferences for their care.

Support plans contained relevant information and were up to date. On the subject of support plans one staff member told us, "I read support plans to get to know people and we [staff] are introduced to people before supporting them so they get to know us."

● Staff were knowledgeable about people who used the service and displayed a good understanding of their preferences and interests, as well as their health and support needs. This enabled them to provide personalised care. One relative told us, "They're brilliant. Really lovely staff. Stable team of people provide support to [family member]. They take [family member] out to different places. Really are good with [family members]. They know his needs, such as not supporting [family members] with extra food."

● People and their representatives were involved in reviews of care. One relative described how they were updated regularly and were assured staff were responding to their family members. The relative went on to say, "Records also show staff are addressing [family members] needs."

● Where the provider was responsible for supporting people to access community-based activities and pursue their hobbies and interests, this was provided in line with people's preferences. This was confirmed by the registered manager in the PIR, 'Their [people who used the services] likes and interests are constantly questioned by the staff to themselves and the family members, so we are able to offer activities to promote these, such as trampoline parks for a service user who loves to bounce.' This was also confirmed by relatives we spoke with as they gave us examples of the different things for fun and interest staff supported their family members with. One relative told us, "They [staff] go out in the car and to the park." Another relative said, "The staff support [family member] with all the things they like to do. Always a smile on [family member's] face when they return home."

● People's needs were identified, including those related to the protected quality characteristics. The provider worked to the accessible information standard to ensure reasonable adjustments were made where appropriate. One example stated by the registered manager in the PIR confirmed, 'We have been utilising 'now and next' boards with a particular client [person who used the service] who struggles to communicate and wait, since the introduction of this it has decreased the anxiety around transitions and waiting and allows the staff to communicate more effectively with the individual.'

Improving care quality in response to complaints or concerns

● Relatives we spoke with knew how to make complaints should they need to and were confident they

would be addressed.

- The provider had a complaints policy and procedure and the registered manager acted on complaints in an open and transparent way. They used any complaints received as an opportunity to improve the service.

End of life care and support

- At the time of our inspection, the registered manager was not providing care and support to anyone receiving end-of-life care. The registered manager would work with community healthcare professionals to ensure the people's end-of-life care needs were met in line with their wishes.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Relatives we spoke with felt the care and support provided was well-managed and said they would recommend the service to others. One relative told us they were, "Over the moon with the support" and "Very lucky to have such a wonderful care agency." Another relative said, "They're [registered manager and staff] are really good, amazing. [Registered manager] works round the times we need, I feel it is well managed."
- There was a registered manager in post who provided leadership and support. We found the registered manager to be open, honest and committed to making a genuine difference to the lives of people using the service. This included, recognising the importance of continuity of care, ensuring that people were supported by small teams of staff who knew them well.
- Staff spoke about people's care and their work for the provider with clear enthusiasm, referring to the strong sense of teamwork. They felt well-supported and valued by an approachable and hands-on registered manager and care coordinator who listened to their views. One staff member told us there, "[Should be] more companies like Autonomy. I love working there."
- The registered manager understood and acted on their duty of candour. Processes were in place to investigate incidents, apologise and inform people why things happened.
- There was a positive, caring and supportive culture amongst staff at the service and this encouraged by the registered manager's leadership of the service.

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

- The registered manager was knowledgeable about events within the service and worked alongside the care coordinator and director to monitor the care and support provider on a continual basis. They addressed any issues quickly and encouraged people to raise their niggles or concerns, so they could be resolved. All feedback received was used to continuously improve the service.
- Effective systems were in place to monitor the quality of the care and support people received. These included, observations of staff practice, quality checks and regular reviews of people's care.
- The registered manager ensured they communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or the Care Quality Commission [CQC] as required by law.
- The registered manager was passionate and worked to develop their staff team so staff at all levels understood their roles and responsibilities as the service continued to grow.

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

characteristics

- People who used the service, their relatives and staff were included in the development of the service. Questionnaires were completed, and responses analysed and used to plan and improve the service. Feedback from surveys was very positive.
- Meetings were held for staff at all levels for people to share ideas and make suggestions.

Continuous learning and improving care

- The registered manager understood their legal requirements. They were open to change, keen to listen to other professionals and seek advice when necessary.
- The registered manager demonstrated an open and positive approach to learning and development.
- Staff meetings took place. These meetings covered updates about the service, people receiving the service, policy updates and any other business.

Working in partnership with others

- The registered manager and staff worked in partnership with another care provider to provide joined up care. This helped to promote each person's physical health and mental well-being.