

Autonomy Care Limited

# Autonomy Care Limited - Salisbury

## Inspection report

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Date of inspection visit:  
22 September 2021

Date of publication:  
06 October 2021

## 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 Limited Salisbury is a domiciliary care service, providing personal care to people living in and around Salisbury.

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. On the day of the site visit, six people were receiving the regulated activity of personal care.

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

People told us they felt safe using the service. People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. One person's relative said, "I feel very confident with the staff. If [person] had a small accident, I know the staff are capable of helping if I am not there." There were enough staff available to meet people's needs. People were supported to take their medicines safely. Incidents and accidents were reported, investigated and actions taken to prevent recurrence.

People's needs were assessed, and care plans were in place. People were cared for by staff who had been trained to carry out their roles and who were knowledgeable about the support people needed. 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 told us they were cared for by kind and compassionate staff. Staff understood the need to respect people's privacy and dignity. One person's relative said, "The service cares for us relatives too". One member of staff said, "The care here is really good. Staff actually have time to build relationships with clients."

Staff were knowledgeable about people's support needs as well as people's preferences for how they were cared for. People's feedback was sought. There was a complaints procedure in place and people knew how to complain if they needed to. No complaints had been received since the service started.

Systems were in place to monitor the quality of care provided and continuously improve the service. Staff spoke highly of the manager and said the service was a good place to work. One member of staff said, "The morale here is great. All the staff get on together, it's lovely." The service worked closely with other health and social care teams.

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

Rating at last inspection – This service was registered with us on 11/01/2021 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

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

## 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?

Good ●

The service was 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 - Salisbury

## **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 and an 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.

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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with two people who used the service and relatives of two other people who used the service. We spoke with one member of staff, the deputy manager and the registered manager.

We reviewed a range of records. This included two people's care records and medicines 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 spoke with two professionals who regularly visit the service and three staff members.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were safeguarded from the risk of abuse.
- Staff had received training in safeguarding people and knew how to report concerns. One member of staff said, "I know what to do. I have raised concerns with [registered manager] before."
- Staff were also confident to raise concerns about poor standards of care. One member of staff said, "I would go straight to [registered manager] or [deputy manager] if I was worried about standards of care. I'd be happy to go higher in the company if needed. I know I can also go to CQC."

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed, managed and regularly reviewed. This included areas such as personal care, medicines, mobility and the environment. When risks were identified, care plans provided clear guidance for staff on how to reduce the risk of harm. For example, in one person's plan there was clear guidance for staff on how to use equipment.
- Risks to the environment had been assessed. This included areas such as outside lighting and safe access to people's homes.

Staffing and recruitment

- Safe recruitment processes were in place. Staff recruitment records showed relevant checks had been completed before staff worked unsupervised at the service. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.
- Through discussions with people using the service, their relatives and staff, we found there was enough staff on duty to meet people's needs. One person's relative said, "Staff come on time and stay the allocated time, sometimes longer if I'm late back. They never leave [person] until I get home and they've never missed a visit." The registered manager said, "It's got to be safe, so I won't take new clients on until we have enough staff."
- People and their relatives spoke highly of the continuity of staff. Comments included, "On time and same two girls" and, "It's usually the same member of staff who comes and who [person] has a good relationship with."
- One member of staff said, "I've worked in domiciliary care for many years and this is the first company that actually listens to the care staff. They give us plenty of time to get from A to B, so you don't always feel like you're rushing."

Using medicines safely

- The provider managed medicines safely. The service had a medicines policy in place which covered the recording and administration of medicines.
- One person's relative said, "Staff give medication from a blister pack. If they give paracetamol, they write it down in a book."
- People who were supported with medicines had a medication administration record. We found these were accurately completed and showed that people received their medicines as prescribed.
- Audits of medicines administration were carried out daily.

#### Preventing and controlling infection

- The provider's infection prevention and control policy was in date and included reference to COVID-19.
- Staff had completed infection control training, including how to put on and remove personal protective equipment (PPE). One member of staff said, "I wear an apron, mask, gloves. I keep a spare pair of gloves in my pocket all the time. I remove PPE before I leave people's homes and apply hand sanitiser."
- One person's relative said, "They put masks, gloves and aprons on before they enter the house."
- Checks on infection control practice were undertaken as part of routine spot checks, to ensure staff were following the correct procedures and government guidelines.

#### Learning lessons when things go wrong

- Staff knew how to report incidents and accidents.
- Incident and accident reports showed immediate action taken and any steps taken to avoid a recurrence.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 carried out an initial assessment with people before the service started providing care and support.
- One person's relative said, "We had an initial meeting with [person] and the manager, which was very thorough. A plan of care was made, and we went through everything that was required."
- Plans were reviewed regularly. When people's needs changed, plans were updated. One member of staff said, "One client's visit time has just been made longer so that we can meet their needs."

Staff support: induction, training, skills and experience

- There was a comprehensive induction programme in place. One member of staff said, "I had my induction which included several days of on-line training. I then did three shadow shifts, got introduced to clients and was shown what to do. I had a supervisor, who was lovely, and they told me that if I didn't feel confident after my shadow shifts, I could have more if I needed it, but I was fine."
- People were supported by staff who had been trained to carry out their roles. The registered manager said that all staff had been offered and had accepted provider funding for them to undertake the diploma in health and social care. Staff told us they were looking forward to completing the course. One member of staff said, "The course will be another string to my bow. I can't wait, and I really appreciate the opportunity."
- Staff knew how to meet people's needs. One person's relative said, "[Staff name] knows how to deal with [person's] moods as they have vascular dementia. [Staff name] is very thoughtful and entertaining."
- Supervision regularly took place, where staff could discuss any concerns with a line manager or supervisor and share ideas.

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

- Staff supported people with meals when needed. People's preferences and choices for what they wanted staff to prepare were documented. For example, in one person's care plan, it was documented, "Likes cups of tea, tonic water, roast lamb, lasagne and salmon."
- One person said, "I have a hot drink before staff leave and they leave me with a cold drink for the night."
- One person's relative said, "Staff do respect [person's] wishes. [Relative] is a fussy eater so they try to make whatever [relative] asks for."
- Staff understood how to support and encourage people to have enough to eat and drink. In one person's plan, it was written, "More inclined to eat evening meal when a member of staff is in the home." One person's relative said, "Staff give [person] meals. We supply the food. They always ask what [person] wants. They phone me if [person] is not eating."

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

- People were supported to access ongoing healthcare. One person's relative said, "[Person] has fallen over twice and each time staff have phoned the ambulance and then called us. They have even phoned the GP. They always keep us informed."
- One professional said, "My client won't always answer the phone, but on one occasion, staff supported [them] to speak to the GP over the phone which was really important" and "The carer also went to a hospital appointment with my client because they didn't want to go alone."
- Another professional said, "I've been working closely with [registered manager] to make sure one client's needs are met. We've been into the client's home together to review the care and support 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 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.

- There were systems in place to assess people's mental capacity to consent to care. Records showed people had consented to their care and support. The registered manager, deputy manager and staff understood the principles of the MCA.
- One person said, "I tell them what I want. They always ask my permission to do anything." Another person said, "The staff always ask what we want done."
- Staff understood they should seek consent before giving care and encouraged people to make choices for themselves. Staff told us they asked people for their consent before giving personal care or support. One member of staff said, "I always ask people if they are ready to get up, if they want a bath etc. I ask them what they want to wear rather than me making the decision for them."

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 consistently told us that staff were kind and caring. Comments included, "Staff are very kind to me. We have a good chat and I ask them about themselves. I am happy with the care I am getting" and, "Staff are lovely and caring."
- People's relatives commented, "The staff are kind and caring. They sit and have a cup of tea and talk to [relative]. They speak to [relative] appropriately."
- One professional said, "They are lovely carers. They go above and beyond and have been really supportive of [person's name]. My client is in a much better place in [their] life because of the support of the care staff."

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

- Care records promoted people's right to independence and focused on what people were able to do for themselves as well as what they would like to be able to do.
- One member of staff said, "Everything needs to be done for the individual person, how they want it done. We always ask clients to be involved in decisions."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of maintaining people's privacy and dignity. One member of staff said, "I always use a big towel to keep people covered if I'm helping them wash, make sure the curtains are shut and if any family is in the house, I would ask them to leave the room before I do any personal care."
- Another member of staff said, "I get people to wash as much of themselves as they can to keep them as independent as possible, but also to maintain their dignity" and "I respect the fact that it's their home, so I make sure I tell them where I am. It's their space after all. So, if they are in the bathroom, I will tell them I'm going to the kitchen to make their breakfast."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People told us they had regular staff who supported them, and staff knew them well. Care plans included people's individual preferences and personal histories and staff understood these.
- The service used an electronic care planning system and handheld recording devices were used by staff to record their interactions with people. The devices enabled real time reporting and included a summary of people's needs. This meant that staff had easy access to information about the people they were supporting. One member of staff said, "If I go to see someone new, all the info is on our devices, but I also ask the person. I went to a new client today. It was good because they were able to tell me exactly what support they wanted from me, but I could also double check the info on the app."
- One person's relative said, "The care is always provided as planned."
- One professional said, "[Registered manager] is very person focussed. She'll put exactly the right member of staff in with clients, to make sure they get on well. The 'type' of staff is so important, and [registered manager] gets it right every time. She really thinks about who would work best with who."

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 registered manager told us that if needed, information could be provided in different formats, such as large print or alternative languages.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. The service had received no complaints since registration.
- One person said, "I've got all the phone numbers if I needed to complain, but I've never had to."
- The service sought people's feedback. The registered manager said, "We've sent out surveys from head office, so clients can go direct to manager's there with their responses if they prefer not to feed back directly to me."
- We saw a compliments file. Feedback included comments such as, "Thanks for sorting [relative's] meds out; it is helping me so much. I have found [registered manager] and the team at Autonomy so kind, helpful, understanding and most of all have empathy. Nothing is too much trouble and [relative] has improved tremendously since being cared for."
- Other feedback included, "I wouldn't be able to live my life independently without my fantastic carers" and "They help me understand day to day life and make it less scary."

#### End of life care and support

- At the time of the inspection, no one using the service was receiving end of life care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- One person said, "The manager is charming, very good. Very, very nice. Just the right sort of person for the job." Another person's relative said, "The manager is always happy and cheerful."
- Staff told us that they found the registered manager approachable and helpful and felt that the service was well-managed. One member of staff said, "[Registered manager] and [deputy manager] are both really approachable."
- Another member of staff said, "I feel very supported. I've been told that if I have any issues, I just need to call. From a lone working point of view, I've been told that if I ever feel uncomfortable in someone's home, I can leave. I just have to call [registered manager] and I know she will sort it out."
- There was a book for staff called the 'Our Appreciation Book'. The aim of this was for staff to praise their colleagues, say thank you, and provide support and motivational words. Staff had contributed to the book with comments and pictures.
- The registered manager said, "I want my staff to be happy and be able to speak up and talk to me about everything. I'm very interested in adjusting people's crown, not knocking if off. Mental health is so important, and I want us to be a bit different to other providers."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager were clear about their responsibility to be open and honest. Staff were clear about their roles. They received information through induction, training, supervision and staff meetings about what was expected of them.
- There were comprehensive audits and spot checks of all aspects of the service. When issues were identified they were addressed promptly by the registered manager.
- The registered manager had complied with the requirement to notify CQC of various incidents, so that we could monitor events happening in the service.

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

- Regular staff meetings took place and minutes were given to staff. All the staff said they felt able to speak up during these meetings. There was evidence of the registered manager passing positive feedback onto staff.

- One member of staff said, "I'm always asked if I've got any ideas to make things better. [Registered manager] asks and considers my past experience."

#### Continuous learning and improving care

- One person's relative said, "The manager is very approachable and very understanding. If I want to change the times of a visit, she tries her best to accommodate me."
- The registered manager understood their legal responsibilities and were committed to learning and improving care for people using the service. They said, "I want it to be about the quality, continuity of care and going above and beyond. I'm wary of getting too big, because it gets less personal" and "I love this job. I want us to be the best."
- The registered manager said they looked for innovative ways to improve the service. They said, "One week, we asked all clients if they would like fish and chips for tea, and we did a fish and chip run for everyone. They really liked it because it was something different."

#### Working in partnership with others

- The service was working in partnership with a number of organisations and health professionals. This included the local authority, social workers, elderly person's facilitator and pharmacist.
- One professional said, "[Registered manager] is more likely to come to me before I need to go to her. [They] are really on the ball and go above and beyond all the time."