

Autonomy Healthcare Limited

Autonomy: Victoria & Elizabeth

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Autonomy: Victoria & Elizabeth is a residential care home providing personal and nursing care to up to 9 people. The service provides support to people with learning disabilities, autistic people, and people with mental health needs. At the time of our inspection there were 7 people using the service.

Autonomy: Victoria & Elizabeth accommodates people across 2 adapted buildings, the buildings contain individual apartments.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

Staff were recruited safely, there were sufficient numbers of staff with the necessary training to support people safely and meet their needs.

People were supported by staff to pursue their individual hobbies and interests.

Staff supported people to maintain their health and wellbeing by accessing healthcare services and activities which positively supported their physical and mental health.

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.

Right Care:

People were supported to make decisions for themselves. Staff respected people's choices and decisions. Medicines were managed safely, and we were assured that the provider had sufficient infection, prevention and control measures in place.

Staff delivered care in line with information in people's care plans. Care plans had been updated following our previous inspection and contained person-centred information and clear guidance for staff to follow in line with people's individual needs.

Right Culture:

The service provided a person-centred culture. People were supported to identify individual goals and plans were developed for staff to follow.

Positive relationships had been developed with people using the service and people felt staff understood them and supported them well.

The service had effective governance arrangements in place to assess the quality and safety of the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 16 November 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced focused inspection of this service on 29 September and 7 October 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and governance in the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective, and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Autonomy: Victoria & Elizabeth on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Autonomy: Victoria & Elizabeth

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors. One inspector visited the service on 22 June 2023 and another inspector contacted staff and stakeholders following our visit to the service.

Service and service type

Autonomy: Victoria & Elizabeth is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Autonomy: Victoria & Elizabeth is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service, 11 members of staff including the registered manager, administrator, team leaders and support workers. We also spoke with nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection, the provider failed to assess and manage risks to people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were protected from risks associated with their care and support
- At our last inspection, we found people's care plans did not provide staff with information on how to support people when they were experiencing feelings of distress, at this inspection we found care plans had been reviewed and updated with detailed information, this included the level of intervention that may be required in the event of a person being at risk of harm or injury.
- The provider had improved systems in place which ensured the environment was regularly checked for risks that could present as a hazard to prevent people from harming themselves.
- At our last inspection, we found people's care plans did not contain specific and detailed information on the level of supervision people required to keep them safe. At this inspection, we found each person's care plan had been updated with this information to ensure people received consistent staff support.
- The risks we found on our last inspection relating to fire safety had been rectified. The registered manager had updated people's Personal Emergency Evacuation Plans (PEEPS) which now provided staff with guidance on how to support people in the event of an evacuation being required.
- Infection, prevention and control measures were seen to be in place which reflected good practice and the latest guidance.

At our last inspection, People were not consistently protected from the risk of abuse or improper treatment because systems and processes to safeguard people were not always effective. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 13.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Safeguarding incidents had been correctly reported, recorded and investigated. We found that

appropriate and timely actions had been made to reduce the risk of reoccurrence.

- We reviewed safeguarding incidents and found these had been appropriately shared with the local authority.
- People told us they felt safe. One person told us, "Safe, yes I am supported and treated well." Staff told us how they minimised the impact of other people's distress on others by following the individual guidance in place which detailed how people could be supported to prevent them reaching crisis point.
- Staff had received training in how to safeguard people from abuse. Staff understood how to report any concerns they had to relevant professionals.

Staffing and recruitment

- There were enough staff to support people's needs.
- People told us they were supported to take part in activities and hobbies of interest to them, this was also evidenced in people's care records which showed events took place as planned.
- During the inspection we observed people were supported to go out when they wished and also to attend planned health appointments.
- Staff were recruited safely. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed. Medicines were administered by trained staff. Staff received regular observations of their practice to ensure medicines were administered safely.
- At our previous inspection, we found when people required 'as and when' needed medicine (PRN), records did not demonstrate people had been monitored for the effectiveness of the medicine. At this inspection we found records now evidenced this.
- Stock levels of medicines corresponded with the records in place. Staff told us they checked the stock levels to reduce the risk of errors. Audits of medicine administration records were conducted regularly by the management team and prompt action had been taken to address any shortfalls identified.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider supported visits for people living in the home in line with current guidance.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection, the provider did not ensure people's support plans fully identified or met their needs. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 9.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- At our last inspection, care plans for people who could become distressed did not provide guidance for staff on how the person could be supported to prevent them reaching crisis point. At this inspection we found improvements had been made, we reviewed 4 people's care plans and found detailed person-centred information on the interventions staff could take when the person started to experience feelings of distress.
- The registered manager ensured people's care plans were regularly reviewed and updated to ensure the strategies in place to reduce people's distress were effective.
- At our last inspection, we found the provider has not assessed and considered people's aspirations and goals. At this inspection, we found this was now included in people's care plans. For example, we found people had been involved in developing their care plans and supported to identify goals and plans were in place for staff to follow.
- People told us about their achievements and how staff and the management team had supported them with this. One person told us, "I am moving on, it's a new chapter for me, I am ready, the staff have been so helpful." And another person told us, "I am learning to live, staff support me well, I now do my own cleaning, cooking, we plan trips, holidays. I have been on more holidays here than I ever have."

Staff support: induction, training, skills and experience

- Training records showed not all staff had completed their training in how to support people in distress, some staff had this training in progress, and some had not started this. The registered manager was aware of this and was working to an action plan to address this, the registered manager also planned staffing allocations to ensure trained staff always worked with people who required staff to have this level of training.
- Staff were supported and encouraged to undertake additional training to support their development such as National vocational qualifications (NVQ's)
- Staff spoke positively about the training they had received. One staff member told us, "After the induction, I felt confident to work unsupervised." And another told us, "The induction was good, I got to spend time

getting to know the residents."

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

- People's support plans clearly detailed their eating and drinking needs, and this included information on people's specialised diets.
- People told us how they planned and prepared their meals. One person told us, "I do my own food shopping, staff support me I buy what I want, I do get healthy foods, staff make suggestions."

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

- Staff followed guidance provided by external agencies to support people's individual needs. For example, we found speech and language services had worked with a person to develop a communication passport, this was included in the person's care plan and staff demonstrated a good understanding of this.
- People's records showed they accessed support from healthcare professionals to meet their needs such as GP's, Consultants, and the Clinical learning disability team. People confirmed they felt supported to access healthcare when required.
- We found staff had acted promptly to seek medical advice when they became concerned about a person's health.

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

- The service was well maintained, and the décor and furnishing met the people's needs. The home provided safe and comfortable furnishings for people to use.
- Each person's apartment was personalised and adapted to meet their individual needs. A person told us how they had chosen their lighting and colour scheme.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had received training in MCA and understood how to support people in line with the act. We observed staff supporting people to make their own decisions and choices.
- People were supported in the least restrictive way possible. Individualised, decision-specific mental capacity assessments had been completed and best interest decisions recorded. Where people were deprived of their liberty, DoLS authorisations were in place and people were supported in line with their agreed plans.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection, the providers own systems and processes were not consistently robust enough to demonstrate safety and quality was effectively managed. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 17.

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

- At our last inspection, the registered manager had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of people and others. At this inspection we found people's care plans and risk assessments had been reviewed and updated they reflected people's assessed needs and provided staff with detailed actions they should take to minimise the risks of avoidable harm.
- At our last inspection, we found there was a failure to learn from serious incidents at the service. At this inspection effective systems and processes were in place to monitor accidents, incidents and safeguarding concerns. The registered manager regularly analysed these, and shared lessons learnt with the wider staff team.
- At our last inspection, we found audits and quality checks had not always identified the shortfalls in the service. At this inspection we reviewed the audits and checks in place and found they identified potential risks which had been rectified and monitored.
- Staff told us about the improvements they had seen since our last inspection which included staff and people feeling more settled, changes to the medicine systems and improvements with staff communication.

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

- The service provided a person-centred culture. People were supported to identify individual goals and plans were developed for staff to follow.
- Positive relationships had been developed with people using the service, the management team and staff. For example, one person told us, "The managers are great, we always have a laugh and joke, you can talk to them whenever, they take things seriously." And a staff member told us, "The manager is approachable and treats everyone fairly, never an issue, they are supportive of developing roles and the whole service."
- Staff had built positive relationships with the people they were supporting and demonstrated a good understanding of their needs. One person told us "Staff are really good, they understand me, if I am having

an off day they will come for a chat and we sort it out."

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

- The registered manager understood their responsibility in relation to duty of candour.
- Following our last inspection, the provider and registered manager had made improvements to the service which included the systems and processes in place for monitoring accidents, incidents and safeguarding concerns, we found appropriate actions had been taken to mitigate future risk.

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

- The provider gathered and actioned feedback from people about the service. For example, we found when people had made suggestions for days out, these had then been planned and had taken place.
- People contributed to the providers newsletter which celebrated people's achievements and also provided people with information on upcoming events such as days out and barbeque's.
- Staff meetings took place regularly. Staff told us they were kept up to date with regular information and updates relating to any changes within the service including any changes to people's care plans and risk assessments.

Working in partnership with others

- The registered manager had developed positive working relationships with other professionals from different organisations to improve the quality of the care provided.
- We received positive feedback from healthcare professionals who told us "The team seem open to increasing community opportunities for clients, promoting community activities and supporting interests and holidays." However, one professional told us they found it difficult getting documents from the staff team, but felt people were doing well and in part this was a testament to the care provided.