

Autonomy Healthcare Limited

Autonomy: Victoria & Elizabeth

Inspection report

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31 May 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Autonomy: Victoria and Elizabeth 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 accommodates up to nine people across two adapted buildings. Accommodation is provided in a range of apartments. At the time of our inspection there were eight people using the service. The service specialises in the care of people diagnosed with learning disabilities, autistic spectrum disorders, and mental health needs.

The care service has been developed and designed in lines with the values that underpin the Registering the Right Support and other best practice guidance. These values include, choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

People were kept safe by staff who understood how to safeguard people from abuse and the actions they needed to take to protect people from the risk of harm. Staff were aware of and implemented the guidance recorded in people's risk assessments and care plans to promote people's safety. People were supported by staff who had undergone a robust recruitment process and had the training to enable them to meet people's needs. Sufficient staffing numbers were in place to meet the individual needs of people, which enabled people to take part in activities of daily living and access the community safely. People's medicines were managed safely.

The culture of the service respected, supported and celebrated people's differences. The open and inclusive environment enables people and staff to comment about the service to drive improvement. Systems were in place to monitor the quality of the service and there was a focus on continuous development to improve quality outcomes for people.

Rating at last inspection:

Requires improvement. The last report for Autonomy: Victoria & Elizabeth was published on 3 April 2019.

Why we inspected:

The inspection was prompted following anonymous information of concern by local commissioners of the service, who shared the information with the Care Quality Commission.

The previous inspection found a breach of regulations. The provider informed us what they would do to meet the regulation. This inspection has checked on their progress in meeting the regulations.

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?

Good ●

The service was safe.

Is the service well-led?

Good ●

The service was well-led.

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. 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.

The inspection was prompted in part due to anonymous information of concern received by commissioners from a local authority which they shared with CQC. Concerns related inexperienced staff, insufficient staffing numbers to meet people's needs, and discriminatory behaviour by some staff. These concerns were used to focus our inspection.

The previous inspection found a breach of regulations. The provider informed us what they would do to meet the regulation. This inspection has checked on their progress in meeting the regulations.

Inspection team:

The inspection was carried out by two inspectors and a Specialist Advisor (the Specialist Advisor had experience working and caring for people who have behaviour that challenges, and who have a learning disability or mental health need).

Service and service type:

Autonomy: Victoria & Elizabeth is a care home.

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:

The inspection site visit activity took place on 31 May 2019 and was unannounced.

What we did:

We did not request that the provider completed a Provider Information Return, as this was an unannounced focused inspection.

Our planning took into account information we held about the service. This included information about incidents the provider must notify us about, such as abuse, and information of concern received.

We spent time with two people and spoke to one person.

We spoke with the registered manager and deputy manager, the provider, three members of staff, a contract worker responsible for cleaning and maintenance and an administrator.

We looked at the care plans and records of four people. We looked at three staff records, which included their recruitment, induction, training and supervision of staff. We looked at records related to the quality monitoring of the service, which included minutes of meetings and the findings detailed within questionnaires sent out to people using the service and staff. We looked at thank you and compliment cards received from people using the service.

We asked the provider to send minutes of meetings following our site visit. The provider the information we requested.

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.

Staffing and recruitment:

- At our previous inspection of 15 January 2019 we found the provider did not always follow safe recruitment procedures to demonstrate staff were suitable to work in the service. This was because records did not always show that recruitment checks had been completed before staff started work, and there were no records of references on some staff files.
- At this inspection we found improvements had been made. Records showed that recruitment checks, including criminal records checks, were completed before staff started work and references sought and received. This helped to ensure suitable staff were employed.
- The provider and registered manager told us the service only employed support staff with prior experience in care. This was because some of the people using the service had complex support needs and staff needed some experience to understand these. All the support staff we spoke with had previously worked in care. They told us they also had intensive training when they came to the service to ensure they were equipped to meet any challenges they might face.
- Staff told us there were always enough staff on duty to keep people safe. They understood that some people needed two to one, or one to one staffing at times, and this was made clear in people's care plans. A staff member said, "We stick to that – it wouldn't be safe otherwise." Another staff member said that although staffing levels were satisfactory they would like extra staff, so they could do more community based activities with people.
- Rotas showed appropriate staffing levels during the day and at night-time with extra staff on call if they were needed. Staff told us that the registered manager and deputy manager would always provide cover where necessary if staff were unexpectedly unavailable, for example due to sickness.

Using medicines safely:

- At our previous inspection of 15 January 2019 we found some areas of medicines management needed improvement. This was because temperatures of medicines rooms were not monitored to ensure they were within safe limits, MAR (medication administration records) did not always include information about allergies, and PRN (medicine to be given as and when required) medicines protocols needed further details to ensure staff knew when to administer them.
- At this inspection improvements had been made. Records showed medicines were kept at safe temperatures. The deputy manager carried out weekly medicines' audits, completing a printed audit form which included a section where the auditor had to check that 'Medication is correctly stored'. The printed form did not include checking temperatures, although this had been added to some forms in pen. We discussed this with registered manager who updated the form during our inspection to include temperature audits. This will help to ensure they are safe.
- None the people using the service had any known allergies. Since we last inspected this had been made clear on MARs with staff using a stamp stating 'no known allergies' to make this clear.

- All PRN protocols had been updated and improved and showed under what circumstances these medicines should be given. For example, one person's stated, 'When I show signs of high anxiety and de-escalation techniques aren't working.'
- Medicine records were clear, and staff had signed to record people had received their medicine as prescribed. At the time of our inspection none of the people were receiving covert medication although staff were aware of the systems they would need to put in place if this occurred. People had 'hospital grab sheet' that listed their medicines in case they needed to be admitted to hospital.
- Staff were trained in medicines administration and had competency checks to ensure they did this safely. Only senior staff were authorised to give out medicines. At the time of our inspection only one person had some input into looking after their own medicines and this was done safely with a risk assessment in place.

Systems and processes to safeguard people from the risk of abuse:

- Staff were trained in safeguarding and knew how to protect people from harm. They understood the provider's safeguarding policies and procedures and how to put these into practice where necessary.
- If there were concerns about people's safety or well-being staff reported these to the local authority and other relevant agencies. Records showed staff worked closely with people, families, and professionals to keep people safe.
- People were at risk in different ways and their care plans explained this so staff had the information they needed to support them in a personalised and safe way. Staff gave us examples of where people were at risk of harm or abuse and what they did to minimise this.
- Safeguarding was central to the work of the home. Managers and staff had a good understanding of their safeguarding responsibilities and discussed safeguarding issues during handovers, team meetings and supervisions to help ensure people were protected.
- Staff told us the provider and registered manager were committed to providing a positive and non-abusive culture in the home and led by example. A staff member told us, "They will not tolerate any sign of disrespect to our residents from anyone either in or out of the home."
- Managers and staff ensured people's human rights were protected and understood. A staff member said, "We've been trained in equality and diversity and know what rights people have. There is no discrimination here towards residents or staff."

Assessing risk, safety monitoring and management:

- Risk assessments were in place detailing potential risks to people and others when a person's behaviour became challenging. However, information as to specific techniques, which included the use of restraint were generic and not sufficiently specific to the person. The registered manager said they would review the information and provide tailored documented guidance.
- Risk assessments for supporting people when their behaviour became challenging did not record how staff were to promote the safety of people who they shared their home with. The registered manager advised staff would always ensure people were moved to a safe place. The registered manager said they would take action and update people's records.
- Staff we spoke with were able to identify the triggers to people's behaviour to prevent escalation of the behaviour through the use of distraction techniques. Staff told us they very rarely had to physically restrain people, and records confirmed this. All staff said they would use the least restrictive technique possible to manage people's behaviour and was consistent with the training staff received.
- People's records evidenced the number of staff people required to support them safely both within the service and the community.
- People's views were listened to about staffing. For example, one person had requested they would welcome a trial of reducing the number of staff required to support them. The person's risk assessment had been reviewed, and the person's staffing had been reduced at times identified as lower risk.

- Staff told us they seldom worked alone but when they did, for example when out in the community, they followed the service's lone working policy and remained in contact with their colleagues by phone. Staff were trained in breakaway and other techniques for use in an emergency, when a person's behaviour became challenging. These techniques enabled staff to promote theirs and the person's safety by using recognised techniques to reduce risk.

- The service had systems in place to ensure the premises and equipment was safe. Following our last inspection environment risk assessments were introduced. These identified any risk factors for people on an individual and group basis and how to minimise these.

- Staff carried out monthly health and safety audits of the premises and environment. Records showed that any issues found were addressed. For example, a recent audit identified a smell of damp in two areas. This was addressed by staff carrying out a deep clean to address the problem.

- Staff undertook regular checks of the equipment in the home to make sure it was safe for people and staff to use. This included checks of the fire safety equipment to ensure it would function properly in the event of a fire.

- Some people using the service went out at times during the day. Staff told us they made the person in charge aware when they did this, but no specific record was kept. We discussed this with the provider and registered manager with regard to fire safety. They said they would review this arrangement to ensure it met with fire safety requirements and make changes if necessary.

Preventing and controlling infection:

- Staff were trained in infection control. A staff member told us, "The home is cleaned to a safe level. People have some say about how they keep their rooms and we would only get involved if their rooms become unsafe and put themselves or others at risk."

Learning lessons when things go wrong:

- Incidents and accidents were recorded along with the action taken to address them and reduce risk.

- The provider and registered manager were in the process of developing a system to analyse incidents and accidents with a view to increase the learning from them and making changes to provide a safer service.

- Following an incident or accident staff told us they were debriefed and given advice and information on how to minimise any reoccurrence. For example, a support worker said that following an incident of self-harm staff had had the opportunity to discuss this in one-to-one and group meeting to see if there was anything further they could do to prevent this in future.

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.

At our previous inspection of 15 January 2019, we found the registered person did not have in place systems to ensure good governance of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. We found improvements had been made.

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

- Systems were in place to monitor the quality of the service. Audits were carried out on areas which included, medicines, the environment, staff rotas and the reviewing of key records. The range of audits had increased since the previous inspection to enable the provider and registered manager to have a clear overview of the quality of the service.
- An external consultant continued to support the provider and registered manager to continually review their systems and processes to improve and develop the service.
- The provider spoke of their commitment to continually develop and improve the service and this inspection had identified where improvements had been made. However, further planned improvements, the resources available, the process of monitoring their implementation and the timescale for achievement were not documented. The provider said they would put into place an action plan with the support of the consultancy firm, which would be kept under review.
- The registered manager understood the requirement of their registration with the CQC. They could explain what incidents needed to be referred to the CQC and why. This meant the registered manager operated in an open and transparent manner.
- It is a legal requirement that a provider's latest CQC inspection is displayed at the home where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed at the service.
- The provider had a business continuity plan in place, which detailed how the people's needs were to be met in the event of an emergency, for example if the service experienced a utility failure or a flood.

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:

- Staff told us the culture in the service was one of tolerance, respect and support of people's differences. Staff encouraged people to express themselves in the way they wanted and celebrated the diversity of the people using the service, the staff team, and the wider community. A staff member told us, "Managers and staff treat people equally, there is no discrimination here."
- The registered manager supported staff and our discussions with staff confirmed this. A staff member said, "The managers are very proactive, they listen to feedback and deal with any concerns. They have high

standards."

- Staff spoke positively of the working environment. A member of staff told us, "This is a lovely place to work. I was made welcome from the day I started. We are here for the residents and everyone is in agreement about that." A second staff member said, "We have a supportive staff team and there's a nice atmosphere here."
- Systems for supporting staff were in place, which included supervision, appraisal and team meetings.
- The service had received compliments about the care provided in the form of thank you cards from people who use or had used the service.

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

- People were supported to share their views directly with the registered manager and through staff members. Opportunities were available for people to complete questionnaires which sought their views, however this was not the preferred method of consultation for people. Completed questionnaires reflected positive comments about the service.
- The open door policy of the registered manager, meant people approached them directly.
- A residents committee enabled people to meet collectively and share their ideas and views.

Continuous learning and improving care; Working in partnership with others:

- A commitment to the implementation of good practice guidance through staff training was provided to promote good quality care. Training for staff was accredited with the British Institute of Learning Disabilities (B.I.L.D.)
- The provider continued to have meetings with an external company with regards to the introduction of electronic records for recording people's care and support.
- The provider had registered with the Adult Social Care Workforce Data Set (ASC-WDS), the purpose of registration was to enable the provider to be part of project of to review staff training and support.