

Autonomy Healthcare Limited

Autonomy: Victoria & Elizabeth

Inspection report

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Date of inspection visit:
10 March 2020

Date of publication:
01 May 2020

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: Victoria and Elizabeth is a residential care home providing accommodation and personal care to nine people with support needs related to their mental health. There were nine people using the service at the time of our inspection.

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

People were happy with their care and felt supported to live a lifestyle based on informed decisions, choices and risks. Staff knew what to do to keep people safe and were confident any concerns would be taken seriously. Risks to people's well-being and safety were assessed, recorded and kept up to date. Staff supported people to manage these risks as effectively as possible whilst supporting people's independence with the least restrictive approach. People received support to take their medicines safely and as prescribed. Staff took measures to protect people from the risk of infections and encouraged people to follow personal measures to protect themselves. There were systems in place to report any incidents, including safeguarding concerns, which were analysed for any themes or trends.

Staff provided good support through effective training and induction to the service. They worked with health and social care professionals to meet people's needs and maintain their health and well-being. People had access to the foods they liked, and staff encouraged them to choose healthy options. 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.

Staff demonstrated person-centred values in their interactions with people. Staff focused on people's strengths and abilities whilst encouraging independence. People were fully involved in planning their care and support and care plans captured people's wishes and feelings. People were supported in a manner which recognised their right to privacy and space. People were supported to maintain links and relationships with people who were important to them.

People were supported to develop care plans that were specific to them. These plans were regularly reviewed with people to keep them up to date. Staff enabled people to take part in a range of activities, pursue hobbies and interests and be a part of their communities. A complaints process was in place and the registered manager understood their responsibilities in relation to this.

The leadership of the service promoted a positive culture that was person-centred and inclusive. Effective systems were in place to check the quality and safety of the service. The registered manager and the staff team were motivated to improve on the service provided and in turn the quality of life experiences and outcomes for the people using 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

The last rating for this service from a focussed inspection was Good (published 14/06/2019).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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: 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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and a Specialist Advisor who was a registered nurse.

Service and service type

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 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority commissioners responsible for monitoring the service. We used all of this information to plan our inspection. The provider had not been sent a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We gave the provider the opportunity to share this information during

the inspection visit.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We also spoke with the nominated individual, the registered manager, the deputy manager and four support staff. We met with two visiting social care professionals to seek their views about people's care. We looked at care and support records for seven people including care plans. We reviewed recruitment files for five staff and staff training records. A variety of records relating to the management of the service, including medicines and policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last comprehensive inspection this key question was rated as Requires Improvement. We undertook a focussed inspection and found this key question had improved to Good. At this inspection this key question has sustained a Good rating. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to report safeguarding concerns. These were reviewed and analysed by the provider.
- Staff understood their safeguarding responsibilities and had regular training in safeguarding.
- Staff were confident the registered manager would take action to keep people safe if they raised any concerns. Staff were also aware of how to raise concerns directly with other agencies if they needed to.
- People's care plans included details of incidents. Records were detailed and included body maps and any actions taken post incident. These were used to inform safeguarding protocols for each person and provide relevant information for external agencies involved in monitoring people's care.
- Records did not clearly identify the rationale as to why some incidents for a person were reported to other agencies, such as the local authority, whilst others were not. We discussed this with the registered manager who told us they would review their protocol for reporting incidents and clarify other agencies requirements and expectations in relation to information sharing.

Assessing risk, safety monitoring and management

- Comprehensive, personalised risk assessments were in place to support staff to protect people from harm. They balanced protecting people with supporting them to maintain their independence. Examples included support for people to manage their mental health, going out into the community and domestic tasks.
- People and other agencies involved in their care had been involved in assessing risks and their views were recorded. Staff demonstrated a good understanding of these plans and the actions they needed to take to keep people safe.
- People had positive behaviour support plans in place where needed. These set out the support people needed to manage distressed behaviours that challenged staff and other people. The plans included clear information about signs for staff to look out for and actions needed to de-escalate situations. These plans were regularly reviewed with health and social care professionals to ensure they met people's needs.
- There was information about any physical interventions staff may need to use to ensure people remained safe. Staff received regular training in these intervention methods to ensure they knew how to support people safely. Staff told us and records confirmed physical interventions were viewed as a last resort and rarely, if ever, implemented.
- Regular safety checks were completed on the environment and equipment people used to ensure it remained safe.
- Personal Emergency Evacuation Plans (PEEPs) provided guidance for staff to safely evacuate people in an emergency.

Staffing and recruitment

- Staffing rota records showed and staff confirmed there were enough staff working each day to support people within the home and when out in the community safely.
- Staff were safely recruited and had the necessary documentation in place, including criminal records checks and references, to show they were suitable to work with people who use care services.
- The management team ensured the staff supporting people were familiar and consistent.

Using medicines safely

- Medicines were securely stored and people were supported to take the medicines they had been prescribed.
- People were supported to manage their own medicines where this was assessed as safe for them.
- Medicines administration records had been fully completed. They gave details of the medicines people had been supported to take.
- Staff with responsibility for administering medicines had received training in safe administration of medicines. Their practice was regularly assessed to ensure they were following the correct procedures and remained competent to support people safely.

Preventing and controlling infection

- The premises were clean, tidy and fresh throughout. Some people showed us their apartments and told us how staff supported them to keep them clean.
- Infection control measures were in place. Posters were on display reminding people, staff and visitors of the importance of effective, regular handwashing. Liquid soap and hand sanitizer gel was available throughout the premises.
- Staff had received training to enable them to understand their responsibilities to protect people from the risk of infection. We saw they used personal protective equipment, such as gloves, when they supported people with care.
- We discussed the safe use of waste bins with the registered manager who told us they would review their supply to ensure all waste bins were covered and with hands free foot pedals to minimise the risk of cross infection.

Learning lessons when things go wrong

- A system was in place to learn from incidents or accidents that occurred in the service. Incidents were reported to the registered manager who would analyse these for any trends or issues.
- The staff team at the service worked together to discuss the support provided to people and what worked well. This was shared amongst staff and incorporated in to people's care plans.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved into the service to ensure they could be met. Comprehensive assessments were completed with input from relevant specialists, including mental health and social care professionals.
- Assessments covered people's health and social care needs. They included their cultural needs and lifestyle choices so staff had the information they needed to protect people from discrimination.

Staff support: induction, training, skills and experience

- Staff said they received good training, which gave them the skills they needed to do their job. The registered manager had a record of all training staff had completed and when refresher courses were due. One staff member told us, "The service focusses on talking therapies to manage distressed behaviours. I am taking an extra training course in counselling and a NVQ on management which is really good."
- New staff spent time shadowing experienced staff members and learning how the home's systems operated as part of their induction. A staff member who had recently started working at the service told us they felt the training was good and both staff and the management team had been very supportive to them.
- Records showed staff undertook a range of training which included that which the provider had assessed as being essential, specialist training to meet people's individual needs and development training.
- Staff had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. Staff told us they received good support. The registered manager told us they would ensure formal supervisions sessions were held in line with their policy.

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

- Most people were encouraged to shop for food and prepare their own meals, to maximise their independence. People received a food budget and were supported to plan meals that provided a balanced diet.
- Where people were not able to plan and prepare their own meals, staff did this with them. People were supported to make choices about the meals staff prepared and to follow any specific diets, for example, vegetarian.
- Records showed staff followed guidance from health professionals, such as dieticians, where people had been assessed as at risk from poor nutrition.

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

- The service had systems in place to plan referrals to external services and to maintain care and support.

Staff worked with local health services to ensure people received the support they needed. Examples included their GP, psychiatrist and mental health nurses.

- People told us they were able to see their doctor and other health professionals when needed. Staff supported people to maintain good oral health where possible.
- Staff responded promptly to people's changing needs. Records showed staff had engaged well with healthcare professionals, to ensure that people's needs were met as effectively as possible.
- Staff had recorded the outcome of appointments in people's care records, including any advice or guidance.

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

- The provider was in the process of undertaking refurbishment and upgrade to the premises. This included replacement flooring, bathrooms and toilets, re-decoration throughout and new furnishings. We viewed areas where this work had been completed which had resulted in improvements to the environment for people using the service.
- People were involved in decisions about the premises and environment. People had decorated their rooms to their individual taste.
- The registered manager had involved people in decisions about the décor and furniture of the shared areas of the home. This meant it took some time for people to reach an agreement about how they wanted communal areas to look. Staff were supporting people to make group decisions.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Appropriate DoLS applications had been made in a timely manner and where conditions were applied they were being met. These were regularly reviewed by the service and external agencies.
- Staff understood the importance of supporting people to make decisions about their day to day lives. Decisions made in people's best interests were clearly recorded.
- The provider promoted a culture of reducing restrictions. Physical interventions were used as a last resort when other strategies had been tried and failed. People were supported to make informed choices and decisions based on positive risk taking. Where people had mental capacity and chose to take risks that were not in their best interests, protocols were in place to support people to understand consequences and measures to reduce potential risks.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- People said they were happy using the service and liked the staff who supported them. One person told us, "I like living here and all the staff. I don't want to leave." People and staff interacted well, enjoyed each other's company and engaged in friendly jokes and banter. Staff had a kind and compassionate approach to people.
- Staff valued people and took an interest in their preferences, backgrounds and potential. For example, one person said they would like to get a job and staff responded positively, discussing ways this could eventually be achieved.
- Staff were sensitive to people's needs and recognised when people needed support and comfort. For example, a person became distressed and staff immediately intervened, distracting the person and suggested an activity that would reduce their distress.
- Where a person had specific cultural needs, staff were available to communicate in the person's first language and share traditional meals with them if they wished.

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

- Staff supported people to understand and be involved in their own care. For example, staff supported a person to go through their care plan to remind them what they had agreed to do with regards to healthy eating and drinking.
- People, and their relatives where applicable, were involved in regular reviews of care and support and attended meetings with health and social care professionals as necessary.
- People were comfortable approaching staff and starting conversations either in the communal rooms or going into the staff office areas.
- People were able to access advocacy services, skilled in supporting people living with mental health needs, to ensure their views and opinions were listened to and taken into account. Friends and relatives were encouraged and supported to visit so important relationships were maintained.

Respecting and promoting people's privacy, dignity and independence

- Staff understood people's need for privacy. If people had one to one support in place to keep them safe, staff provided this discreetly ensuring people had the space they needed to preserve their privacy and dignity.
- Staff encouraged people to maintain their appearance. For example, staff supported one person during a hair and beauty session. The person was happy with the support and staff compliments about their appearance.

- One person had narrow curtains in their apartment which only partially covered their windows and could compromise their dignity. These were due to be replaced and the person confirmed they were in the process of choosing better fitting curtains with staff.
- People's individual views on privacy were recorded in their care plans. For example, one person disliked having their personal space or privacy interrupted. This was clearly recorded in their care plan so staff were aware and observed this when supporting the person.
- Staff spoke respectfully to and about people and observed people's right to have their information protected. Records were securely stored and accessed only by relevant staff or professionals.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff knew people's likes, dislikes and preferences. They used this detail to provide support for people in the way they wanted. Examples included information about people's preferred daily routines and support they needed to complete household tasks.
- People were supported to make choices and have as much control and independence as possible.
- People had clear support plans, which set out how their individual needs should be met. The plans were specific to people and contained detailed information for staff. People regularly met with their keyworker to review their plans. Plans included goals people wanted to achieve and had been updated where needed.

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.

- Staff had identified people's communication needs and included them in the care plans. For example, one person required staff to assist them to focus on what was being discussed and never to 'communicate vaguely'.
- Where appropriate, people had communication passports; designed to inform other agencies, such as hospitals, about how the person communicated and how they needed information to be given in order to make decisions and choices.
- People were able to receive information in pictorial form and large print to support them to read and understand information about their care and support.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff had assessed people's individual interests and people had care plans in place to support them to participate in these. For example, staff were familiar with one person's music preferences and were able to listen to this with the person and have discussions about the person's favourite songs.
- Staff provided the support people needed to work towards their goals and aspirations. These included education, daily living skills, involvement in the local community, hobbies sports and working towards more independent living.
- People were supported to develop and maintain relationships. This included spending time with relatives where possible.

Improving care quality in response to complaints or concerns

- People were given information about the complaints procedure in formats which were appropriate to their needs.
- Complaints were recorded and where appropriate action was taken to improve the service and reduce the risk of recurrence.
- We observed people spoke with the registered manager and staff about anything that was worrying them.

End of life care and support

- At the time of inspection nobody using the service was receiving 'end of life care'.
- People's wishes regarding the end of their life had not been recorded. Staff would work with other agencies to provide this support if required. However, as the aim for most people was to be able to move onto more independent living, this need was not required at this time.

Is the service well-led?

Our findings

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

At the last comprehensive inspection this key question was rated as Requires Improvement. We undertook a focussed inspection and found this key question had improved to Good. At this inspection this key question has sustained a Good rating. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider and registered manager had promoted a person-centred approach in the service by engaging with people, relatives and staff. Staff told us the management team worked to ensure people received the best support to aid their mental health recovery and develop their independence.
- Staff understood their role and what was required to ensure people received person centred support that enabled them to achieve their outcomes.
- The management team were visible in the service, directing care and providing positive role models for staff. We observed an open door culture where people and staff could meet with members of the management team when they needed to.

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 was open and honest with us throughout the inspection. There was good communication in place with people, relatives, and staff.
- We looked at the provider's systems to deal with complaints and incidents. These showed the provider was aware of their responsibilities under duty of candour. They had informed relevant agencies of significant events and incidents in the service in line with their responsibilities.

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

- People were happy with the service and the support they received. Staff were clear about their roles and responsibilities and felt they received the guidance and support they needed from the management team.
- Quality assurance systems were in place and used effectively to monitor key aspects of the service. Audits and checks were completed and reviewed on a regular basis by the management team and registered provider to identify any areas for improvement. The results were used to develop improvement plans which were shared with staff. These helped to encourage improvements to be embedded into working practices.
- Regular handover and staff meetings provided opportunities to discuss current practice, support and any required changes.

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

- The service involved people, their families, friends and others effectively in a meaningful way. The registered manager responded to issues raised formally and informally and let people know what action they had taken. We saw people were able to approach the management team and staff to raise any issues and these were responded to in a timely manner.
- The feedback we received about the management team was positive. People and staff said they felt they were listened to, consulted about changes and their views were considered when decisions had to be made. Staff told us they would recommend the service to family and friends, as a place to work and as a place to receive care.
- People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported.

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff worked closely with other agencies to achieve good outcomes for people. This included working with day services, commissioners and health and social care professionals.
- The provider was a member of relevant industry associations to ensure they were updated in relation to any changes in legislation or good practice guidance.
- The provider discussed the challenges the service had faced, such as staff recruitment. They had developed contingency plans which included service growth into new areas and plans for implementing and sustaining improvements. This showed the provider was committed to continuous learning and development to ensure people achieved the best possible outcomes from their care and support.