

Autonomy Healthcare Limited

Autonomy: Victoria & Elizabeth

Inspection report

Leylands
Broadway
Derby
Derbyshire
DE22 1AZ

Tel: 01332290291

Website: www.autonomyhealthcare.co.uk

Date of inspection visit:

29 September 2022

07 October 2022

Date of publication:

16 November 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

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 which 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.

About the service

Autonomy: Victoria & Elizabeth is a residential care home registered to support up to up to nine people across two adapted buildings, the buildings contain spacious apartments. At the time of our inspection there were seven people using the service. The service specialises in the care of people diagnosed with learning disabilities, autistic spectrum disorders, and mental health needs.

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

Right Support

The provider had not accurately or fully assessed risks people might face and as a result people were at increased risk of avoidable harm. People were not always kept safe and protected from abuse.

The service was not able to demonstrate how they were meeting some of the underpinning principles of right support, right care, right culture. People's support plans were not detailed and had not reflected their range of needs and had not promoted their wellbeing and enjoyment of life.

Risk related to fire safety were not always fully assessed.

People received their medicine as prescribed, however we found some minor concerns relating to medicine records.

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 not always protected from the risk of abuse because staff did not always follow the systems and processes in place to protect them.

Staff protected and respected people's privacy and dignity.

Staff supported people to live healthier lives and to access healthcare services and support when this was needed.

Right culture

When things went wrong, safety concerns were not always consistently identified or addressed to improve safety to people.

The provider had a clear vision for the service based on a culture of improvement to enhance people's quality of life.

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 good (published 22 July 2022).

Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service was harmed. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk to people. This inspection examined those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to assessing and managing risk, safeguarding people, person centred care and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always 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 two inspectors on 29 September 2022 and one inspector on 7 October 2022.

Service and service type

Autonomy: Victoria & Elizabeth is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority care commissioners and professionals who work with the service. We used the information the provider sent us in the 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with seven members of staff including care staff, team leader, the registered manager and the nominated individual. We requested and received feedback from five staff via email. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three 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. We continued to seek clarification from the provider to validate evidence found. We requested further documents to support our evidence.

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 good. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

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

- People were not kept safe from harm which was foreseeable and avoidable. Risks to people were not fully identified and assessed. The registered manager had not implemented sufficient and detailed measures to reduce those risks to keep people safe. For example, some people were at risk of hurting themselves and others. Their risk assessments lacked important details for staff on how to keep them safe.
- Staff had a good knowledge about people and were able to explain how they would support people at times when people were distressed or anxious. However, this information was not recorded in people's individual risk assessment. This meant people were at increased risk of injuries or harm.
- People's plans, which assessed the risk of their distressed behaviour and the potential harm to themselves, were not detailed. For some people one of the actions which could be taken to manage this risk of harm to themselves was for the person to be physically restrained by staff. This should only happen in line with the plan. However, we found the plans lacked sufficient detail and guidance for staff about what level of physical intervention should have been used and by how many staff. This put people and staff at increased risk of harm.
- Some people's apartments contained items which were known to place them at risk of harm. The registered manager did not ensure the environmental risks were fully assessed. This meant effective measures were not in place to prevent people from hurting themselves and this increased the risks to people.
- Some people required constant supervision from staff to keep them safe. The provider had guidance for staff explaining what this support should look like, however it was not always specific and detailed for each person, and staff did not always follow this. This led to people receiving inconsistent support from staff and led to avoidable incidents.
- When things went wrong, safety concerns were not always consistently identified or addressed. Following incidents, reviews and investigations took place. However, people's risk assessments and support plans were not reviewed and updated to reflect the latest incidents and what could be done differently to prevent similar incidents from happening again.
- Risk related to fire safety were not fully assessed. People had Personal Emergency Evacuation Plans (PEEPS); however, they failed to provide enough guidance for staff to inform them what actions should be taken should people refuse to leave the building during a fire. The provider had no records to confirm regular firefighting equipment checks were completed. This put people and staff at risk.
- We were not assured that the provider was using personal protective equipment (PPE) effectively and safely. On the day of our inspection none of the staff were wearing face masks. This was against government national guidance, which recommends that staff working in care homes should wear appropriate face masks. This increased the risk of infection.

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.

- After our inspection the provider consulted with health and social care professionals, to agree detailed and clear procedures which explicitly explained required level of support and observation on how to keep people safe. This was shared with staff to improve safety and ways of working.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the risk of abuse.
- The registered manager had not always recognised when incidents should have been reported to the local safeguarding authority. Although the safeguarding incidents were investigated by the registered manager, they were not always reported to the local authority. Measures to reduce risks to people's safety were not implemented in a timely way to minimise the risk of similar incidents happening again.
- We received mixed feedback from people regarding their safety. One person told us they did not feel safe because the distressed behaviour of other people had a negative impact on their own mental health. Another person told us that they felt physically safe, but [other people's] incidents had a negative impact on their wellbeing.

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.

- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff told us they felt confident raising concerns with their line managers as well as with external bodies and authorities.

Staffing and recruitment

- We were not assured there were always enough staff, including for one-to-one or two-to-one support, for people to take part in activities and other things people wanted to take part in.
- We saw an incident form which showed that up to six staff were needed to support one person. This meant staff were not always available to meet people's commissioned support needs. One person told us they did not always get the required staffing levels, which affected their ability to access the local community or take part in activities.
- Staff told us they felt there were always enough of them to provide the required level of support to people. Staff told us staffing levels were sometimes affected by a last-minute absence, however they always worked as a team and managed to cover any staff shortfalls between them.
- Staff recruitment and induction training processes promoted safety. Staff told us, and records showed, the provider undertook pre-employment checks, to help ensure prospective staff were suitable to care for people. This included employment and character references and disclosure and barring service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. This all ensured staff were of good character and were fit to carry out their work.

Using medicines safely

- People received their medicine as prescribed, however we found some minor concerns relating to medicine records.
- Some medicines were not signed for after they had been given by staff. This was not identified or reported by staff. The providers policy states any omissions and recording errors should be reported and investigated.

We found this did not always happen, which meant omissions in recording were not promptly recorded and investigated. Staff however counted each medicine before and after administration. We checked medicine stock and confirmed people had received their medicines as prescribed.

- When people required 'as and when' needed medicine (PRN), such as pain killers or medicine to help people relax, they had protocols in place informing staff when this should be given. Staff had recorded the administration of PRN medicine; however, they had failed to monitor people for the effectiveness of that medicine.
- After our initial feedback regarding PRN medicine, the provider had reviewed and updated their documentation to ensure all information was captured and recorded. The provider had investigated missing signatures and took actions to address this.

Preventing and controlling infection

- We were not assured that the provider was using PPE effectively and safely. We reported on this throughout this report.
- We were somewhat assured that the provider was preventing visitors from catching and spreading infections, because staff did not encourage visitors to wear appropriate face masks.
- 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 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 good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Some people could become anxious and showed signs of distressed behaviours. People had positive support plans describing when they were feeling at their best and stages when people became anxious or distressed. However, the guidance for staff explaining what interventions they should take to support people to prevent them from reaching a crisis point or actions staff should take when people became distressed or anxious was not always comprehensive or detailed. For example, plans failed to refer to PRN medication and stages at which it should be given to help the person to reduce their distress and other suggested support strategies were very imprecise.
- The provider had not assessed and considered the longer-term aspirations, goals and outcomes of each person. People's support plans had not set out pathways to future goals, for example teaching people new skills to promote and enhance their independence. The provider did not explore with people how they were progressing or struggling, for example with their mental health and anxieties, interests or daily living achievements.

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.

Staff support: induction, training, skills and experience

- People had mixed views about the staff who supported them.
- One person told us, "Staff are very lazy, they are always on their phones." Another person told us, "Staff are good, I get on with all of them, some more than others, they listen and provide support." We raised this with the provider and registered manager who told us they would investigate this issue and speak with their staff to ensure people receive consistent support.
- Staff received an induction, regular training and guidance to provide effective care for people. Systems were in place to ensure staff training was continually monitored and updated when required. The registered manager reviewed the training needs regularly.
- Staff reported the training they had received left them well-equipped to carry out their duties.
- Staff were provided with the opportunity to meet with supervisors and talk about training needs. Staff were also supported to develop skills by completing work-based qualifications.

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

- Staff were knowledgeable about people's individual dietary needs. Staff were aware when people required

a specialist diet, or support around their food and drink intake and they supported people to maintain healthy diet. However, this was not always fully recorded in people's support plans. For example, one person required a specialist diet due to a specific health need. This information was not recorded in their care plans which increased the risk of inconsistent support from staff.

- People received support to eat and drink in a way that met their personal preferences as far as possible. People were able to eat and drink in line with their cultural preferences and beliefs.
- People were involved in choosing their food, shopping, and planning their meals.

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

- The service was designed to support people's individual needs.
- Some apartments had significant damage caused by people during episodes of distressed behaviours. The provider had been making required improvements and ongoing repair work.
- Each person's apartment was personalised and adapted to meet their individual needs. For example, one person had chosen to decorate their bedroom to reflect their hobbies and interests.

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

- The provider told us they were working in partnership with other agencies and partners to receive specialist support, such as mental health teams, learning disability teams and social workers. However, we saw no evidence of external involvement or advice from professional recorded in people's support plans or how it was passed on to staff team. This increased the risk of inconsistent support from staff
- When people needed urgent emergency healthcare, this was arranged by staff without any delays.
- Staff arranged timely referrals to a variety of different healthcare professionals where necessary. Records showed that staff members knew when people required healthcare intervention.

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.

- The provider had ensured mental capacity assessments and best interest decisions had been undertaken where necessary.
- People who were unable to consent to restrictions on their liberty had DoLS authorisations in place. Systems and processes were in place to track the progress of applications and when further authorisations were required.
- Staff understood the MCA and provided us with examples of how they would obtain people's consent.

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 good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of people and others. As detailed in the safe section in this report essential information was not in people's support plans to guide staff to offer effective and safe support. This increased the risk of staff providing inconsistent support to people.
- There was a failure to learn from serious incidents at the service. For example, an incident had occurred involving a member of staff supporting one person, the information clearly showed a risk to the member of staff. However, we saw no learning had taken place to ensure similar incidents could be avoided.
- A range of audits and quality checks were completed; however, they had not always identified the shortfalls we found during this inspection. Care records including risk assessments were incomplete, contradictory, had not always been updated when changes occurred and were not sufficiently detailed.
- The provider had failed to ensure staff followed best practice about wearing appropriate face masks to reduce the risk of infection spread.

The providers own systems and processes were not consistently robust enough to demonstrate safety and quality was effectively managed. This placed people at risk of harm. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Throughout and after the inspection the provider had engaged with the CQC and external stakeholders and demonstrated transparency and commitment to learn to make improvements to the quality of care given to people who used the service.

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

- Staff we spoke with told us they were passionate about the people they supported at the home and were proud of people's achievements in life.
- All staff appeared motivated about supporting people. They said, "It is a good place to work" and "I feel happy coming to work knowing that I made a difference in people's lives."
- Staff told us they felt able to raise concerns with managers without fear of what might happen as a result. One member of staff told us, "Yes they (team leader and the registered manager) are definitely good leaders, they always here if you need to get anything of your chest."
- The registered manager was visible in the service. Staff said the registered manager was approachable

and took a genuine interest in what people, staff and other professionals had to say.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were engaged in activities they liked to take part in as much as this possible.
- People were consulted daily around how they wanted their care to be delivered. People were supported to meet their needs in relation to their protected characteristics.
- Staff told us they felt well supported with regular supervisions and training. Staff told us any changes affecting the service were communicated to them immediately via emails.
- The registered manager worked in partnership with advocacy organisations and other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.

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.
- The provider had made all necessary statutory notifications to the CQC. This is a legal requirement placed on care providers. Receiving notifications enables the CQC to monitor regulated services and identify where there may be potential risks which need to be addressed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider did not ensure people's support plans fully identified or met their needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment 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 section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to assess and manage risks to people.

The enforcement action we took:

We issued a Warning Notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Providers own systems and processes were not consistently robust enough to demonstrate safety and quality was effectively managed.

The enforcement action we took:

We issued a Warning Notice.