

Mentaur Limited

Aurora

Inspection report

7 Linden Road
Bedford
Bedfordshire
MK40 2DD

Tel: 01234340478

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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

Aurora is a residential care home for up to eight adults with learning disabilities. Aurora is a large Edwardian house with accommodation on three floors and a large communal open-plan lounge/dining-room/kitchen in a ground floor extension at the rear of the property. There were eight people in residence when we visited.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated Good

People felt safe living at Aurora, with the staff, the support the staff gave them and with the environment. Staff were trained and competent to recognise and report any abuse or avoidable harm so that people were protected. Staff's positive risk-taking approach meant that risks were minimised without limiting people's freedom to take appropriate risks.

There was a sufficient number of staff with the right experience, skills and knowledge deployed to make sure that people were kept as safe as possible. There was an effective recruitment process in place to reduce the risk of unsuitable staff being employed. Staff were clear about their responsibility to report accidents, incidents and concerns and they followed the correct procedures to prevent the spread of infection. Medicines were managed safely.

Staff received induction, training and support to enable them to do their job well. Staff supported people to do their shopping, cook their meals and encouraged them to eat a balanced, nutritious diet. External healthcare professionals such as GPs, dentists and opticians worked with staff to help people maintain their health.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People and their relatives liked the staff and described them as really kind, helpful and nice. Staff made people feel they mattered and knew each person, and the details about the support the person needed, very well. Relationships between people and staff were based on mutual trust and respect.

People were involved in planning their support and information about advocacy services was available if anyone wanted an independent person to assist them with their affairs. Staff respected people's privacy and dignity and encouraged people to remain as independent as possible. People could have been supported to

be more independent with preparing their own, healthy meals.

Each person's support plan was fully personalised, agreed with the person and gave staff sufficient guidance to support the person in the way that would help them attain their goals. People planned their own activities and outings, with support from their keyworkers. The service had been responsive to people's needs in a number of ways.

A complaints process was in place and people, their relatives and staff were confident that any issues would be addressed by the registered manager. End-of-life care had not been provided but would be discussed with the person, their relatives and external professionals if the need arose .

The registered manager provided good, pro-active leadership and ensured that staff were clear about their role to provide people with a high quality service, thus upholding the values of the service. Staff felt well supported, fully included and happy to be working at Aurora.

A quality assurance system was in place, including a number of ways in which people, their relatives, staff and other stakeholders were asked to give their views about the service and how it could be improved. Audits and monitoring checks on various aspects of the service were carried out.

The registered manager was aware of their responsibility to uphold legal requirements, including notifying the CQC of various matters. The service worked in partnership with other professionals to ensure that joined-up care was provided to people.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Aurora

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection. The inspection visit was unannounced and took place on 15 January 2018. It was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience for this inspection had experience of caring for someone with complex and challenging needs.

Prior to the inspection we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider is required by law to notify us about.

We contacted the local authority contract monitoring and safeguarding teams and the fire safety officer. We used this feedback to help plan our inspection.

We did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We usually use this information to assist with planning the inspection. As we had not requested a PIR we gave the provider a few days to send us further information. We received this on 19 January 2018.

During our visit we observed how the staff interacted with people who lived at Aurora. We spoke in depth with three of the people who lived there and a visiting relative. We contacted another relative over the telephone. We chatted with other people who lived at Aurora and spoke with four staff: the registered manager and three support workers (including senior support workers). We looked at two people's care records as well as other records relating to the management of the service. These included records relating to the management of medicines, meeting minutes and audits that had been carried out to check the

quality of the service being provided.

Is the service safe?

Our findings

People felt safe living at Aurora. They had different reasons for feeling safe, including the number and calibre of staff and the environment. One person told us, "I am safe here because of all the staff." Another person said, "I feel safe here because [staff] lock the doors at night and then the night staff are here. I have all the staff and the residents to be safe." A third person said, "I do feel safe here" but was unable to explain why.

People's relatives were sure that their family members were safe. One relative told us, "I know [name] is safe because the staff are here and they reinforce the policies and procedures. [For example, name] knows not to open the front door without a member of staff." Another relative said, "I think my [family member] is safe because the staff are always available and approachable. When minor issues arise they are taken forward and dealt with quickly."

The service continued to be safe because staff had undertaken safeguarding training and understood their responsibility to recognise and report if people were subject to or at risk of avoidable harm. One person told us, "Staff never shout or raise their voices and they are here when I need them." Information about how to contact the local authority safeguarding team was available.

Individual risk management plans were in place, which identified and assessed any potential risks to the person's safety. The staff used a positive risk-taking approach, which meant that the plans gave guidance to staff to minimise the risks, without compromising the person's freedom and independence. A relative told us, "Staff were excellent in managing the situation" when a person was admitted with behaviour that the service found challenging. They added, "Staff gave over and above their duty of care" to ensure that everyone was supported and kept as safe as possible.

There were procedures in place to make sure that people were as safe as possible in the event of a fire. One member of staff told us, "I am a fire marshal" and explained where the fire exits and assembly point were. Personal Emergency Evacuation Plans (PEEPs) were in place for each person. Staff and people living at the service regularly undertook fire safety awareness training and were involved in fire drills. Staff told us that topics relating to safety, including fire safety, were discussed at the weekly 'residents' meeting'. Equipment used in the service was regularly checked to make sure it remained safe and fit for purpose.

There were enough staff on duty to make sure people were kept as safe as possible and that their support needs were met in a timely manner. The registered manager explained that there was a very stable staff team who all worked well together and covered other staff members' leave and sickness. This meant that there was continuity of support for the people who lived at Aurora. The provider's recruitment process continued to ensure that new staff were suitable to work at the service. All required checks were carried out before the new staff member started work.

People's medicines were managed safely. Protocols for 'when required' medicines gave details about when staff should give these medicines. Body maps were in place, describing exactly where on the person's body prescribed creams were to be applied. Medication administration records showed that staff had signed to

show that a medicine had been given or a code used to explain if it had not been given. All staff who gave people their medicines had undertaken training to do so and their competence was regularly assessed.

Staff had been trained and were competent at ensuring that people were protected from the spread of infection. People and relatives told us that the service was always clean. Staff always wore disposable gloves for tasks such as personal care, applying creams to people's skin and for cleaning. A relative praised the staff for acting promptly to isolate a person if they had a possible infection. They said, "It helps to stop [the infection] spreading."

Incidents and accidents were recorded, analysed and discussed with staff so that the team was involved in learning any lessons from the incident.

Is the service effective?

Our findings

The service continued to be effective. Holistic assessments of people's needs were carried out prior to them moving to Aurora. Support plans were personalised to each person's diverse needs so that the support delivered effectively met those needs.

Technology, such as each person having a mobile phone, was used to help support people and keep them safe.

Staff continued to receive appropriate training, supervision and support to make sure they could carry out their roles and responsibilities. New staff received appropriate induction, both through training sessions and from shadowing experienced staff, to be able to support each person in the way they wanted to be supported. People and their relatives were confident that the staff were well trained. A relative said, "I believe the staff are well trained from my observations of their interactions with all the residents." Another relative told us, "I think the staff are well trained."

Staff supported people with their meal choices and were fully aware of people's dietary needs, allergies and their likes and dislikes. Each person was responsible for doing their own shopping and getting their own meals. People used their Sunday meetings to decide whether they were going to pool resources and cook meals for each other or have a take-away.

Staff supported people to maintain, or improve, their health. People often made and attended their own medical appointments or staff supported them to do this. One person told us, "I go to the dentist every year and the [registered] manager is getting somebody to do an eye test."

A relative told us how well staff supported their family member to apply creams "exactly as GP prescribes." They added that staff were very good at taking their family member to medical appointments and putting any instructions into practice. Staff were very clear about the way in which they were to support one person should they become acutely unwell and they knew at what point to call for an ambulance.

The premises had been adapted and had been a care home for many years. There were bedrooms on the ground floor, which were fully accessible to people who needed to use a wheelchair. There was a lift to the first floor. However, people with mobility issues were not able to access parts of the first floor or the second floor, which included the office. The kitchen, which was open-plan in the lounge/dining room area was very small and people told us they found it difficult to assist staff with the preparation of their meals. Some areas of the service were in need of refurbishment: one person told us the settee needed to be replaced as the fabric was torn.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether staff were working within the principles of the MCA. Staff told us that everyone living at Aurora had capacity to make their own decisions. Staff recognised that people had the right to make what

others might have considered to be unwise decisions. Staff asked for people's consent before assisting them with any task. Some people were not able to manage their finances so 'best interest' decisions had been made by a group of people including the person's relatives and their care manager (social worker).

Is the service caring?

Our findings

People told us they were happy living at the service and that they liked the staff. One person said, "Staff are really kind, really really helpful and really really nice to me." Relatives were also very happy with the service and the way staff treated their family member. One relative said, "[Name] is assured by the staff and is trusting in the staff."

The service continued to be caring. We saw that relationships between people and staff were based on mutual trust and respect. People and staff enjoyed each other's company and there was a lot of laughter and joking going on throughout the day.

Staff knew people well and people told us that staff made them feel that they mattered. One person said, "Staff understand me because they listen to me and get to know me. They know me well and I know them." A relative told us about a situation that could have spoilt a recent birthday party. They said, "I thought how well staff had handled the situation, sensitively and quietly, reading the situation very well, knowing the residents and acting quickly. [The] birthday party was not spoilt in any way."

Staff showed concern for people's well-being and responded to their needs for care and support quickly and sensitively. People, and their relatives when the person wanted them to be, were involved in all decisions about their care and support. People had choices in most aspects of their lives.

Everyone who lived at Aurora had relatives to advocate on their behalf. Nevertheless, there was information available to people about advocacy services if people wanted an independent person to act for them.

Staff respected people's privacy and dignity. People were enabled to use their own bedrooms whenever they wanted to and staff always knocked and waited for an answer before entering. One person told us they had asked for a key to their bedroom so that they would not have to worry about their property being stolen.

People were not supported to be as independent as they could have been with their meals. For example, staff prepared people's meals at lunchtime, even if the person was having a microwaved ready meal. Most people were not able to get their own food from the freezer as the freezer was on the second floor.

People confirmed that staff did not talk to them about other people and records were kept securely. This meant that people could be assured that their confidentiality would be maintained.

People's relatives and friends were encouraged to visit and were made to feel welcome, providing the person wanted this. Staff treated people's relatives as part of the family, welcomed them warmly when they arrived and involved them in whatever was going on. People had the final say on how much contact they had with their relatives and friends. One relative said, "Sometimes I drop in and [name] says 'Sorry I'm just off somewhere', or 'I'm busy'. That's what I like – it's the normal response you would expect from any [family member]."

Is the service responsive?

Our findings

People continued to receive personalised support that was responsive to their needs. The registered manager said, "Our focus is on our residents. We are always responding to their wishes." Initial assessments of people new to the service were used as the basis of a support plan for each person. Staff spoke with people's relatives to find out as much as they could about the person and especially what would help them settle in. Support plans were further developed as the person became accustomed to the service and staff got to know the person. Each person had goals that they working towards. Support plans included detailed, very personalised information based on the person's diverse needs. The plans were regularly reviewed.

We were given a number of examples that showed that staff had been very responsive to people's individual needs. Staff had taken two people on holiday. This had involved a lot of planning and risk assessing, but staff had not let obstacles get in the way. One of their relatives said, "Two staff with the two lads and they loved it. And that's what we want for him – the staff supported him to have a holiday with a mate. Perfect." The other person's relative told us, "They had a wonderful time and did a lot of the attractions." Staff had assisted one person to find supported employment. The person needed staff with them all the time. The person's relative told us, "Staff just stayed with him through the sessions: the manager was very responsive in that."

However, the service was not always as responsive as it could have been. For example, several people attended a disco once a month, which finished at 11pm. Because of staff changeover at 9pm (day shift to night shift) people had to return to the service at 9pm. Although two people told us they "don't mind", other people would have liked to have stayed until 11pm, along with everyone else who was attending.

People were supported to attend a wide range of activities in the community. Each person decided what they wanted to do and how often. The activities included college courses, day services and supported employment. Each person met with their keyworker each week and planned their timetable of activities for the following week. Staff were constantly searching out new opportunities to offer people, so that people led fun, interesting and meaningful lives. People were also able to choose to have time at home to relax and chill out.

Staff knew how to communicate with each person. When required, a support plan was in place, which gave staff detailed information about how to communicate with the person. Technology was used to enhance the service provided. For example, when two people went on holiday with staff they used communication technology and social media to keep in contact with their relatives.

The provider had a complaints process in place. One person told us, "I would tell my keyworker if I didn't like anything or someone upset me, or any staff, or the [registered] manager. I'd tell him because he's always helpful." One relative said, "If I have any concern or opinion I just come in and say it as it is. Staff do the same – we are always in contact....I would not hesitate to complain but I've never had to." There had been no complaints raised since our previous inspection.

End-of-life care had not yet been required. The registered manager said that if the situation arose then the conversation about people's wishes would be had with them and their families. They would discuss whether the person's needs could continue to be met at Aurora. Other healthcare professionals would be involved in supporting the person to decide on the support they wanted.

Is the service well-led?

Our findings

The registered manager and staff were clear about their aims and objectives to provide people with an inclusive, empowering environment where high quality support was provided when needed.

Staff felt respected and valued by the registered manager and by the organisation. The registered manager ensured that there was an open culture within the service where people and staff were fully included in what was going on.

People and their relatives were satisfied with the service they received at Aurora. One relative said, "[Name] has grown in confidence and independence a great deal, which is quite gratifying, and he has a good life. It is not just great for him but reassuring for the whole family that he is happy and safe, and we can rest easy."

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager showed good leadership skills, whilst empowering staff to take responsibility for their work. A relative told us, "The manager is about a lot and very approachable." Another relative said, "[The registered manager] is into problem-solving rather than missing opportunities." A member of staff told us, "The manager is a good manager. He supports both staff and service users and is pro-active in terms of how he carries out his responsibilities." The registered manager was aware of their legal responsibility to uphold legal requirements, including notifying the CQC of various matters.

People and their relatives had a number of opportunities to comment on the way the service was run and to put forward ideas for improvements. People told us there was a weekly meeting where they could make suggestions about improvements to the service. People had also been given a written questionnaire (with easy-read pictures) to complete. One relative told us, "I think the home is well run, very effective from day to day by the [registered] manager and [the provider]."

Staff also had opportunities to put forward their ideas. Staff felt well supported and that their views about the running of the service were listened to. One member of staff said, "[Senior staff] listen and if they think it's a good thing, they do it."

There were links with the local community. Situated quite near to Bedford town centre, people were able to access all the facilities the town had to offer.

The provider had a quality assurance system in place. A range of audits were undertaken to monitor the service being provided to people. For example, medicines were audited weekly. The registered manager told us a new audit tool had been compiled to ensure that the audit was thorough. A compliance audit, based on CQC's five questions, was completed annually. People who lived at Aurora were involved in the auditing.

The service worked in partnership with other agencies so that the best possible support was offered to people. This included colleges, providers of day services, businesses with employment opportunities and health and well-being services.