

Aurora Options

The Aurora Options - 94 Burnt Ash Hill

Inspection report

94 Burnt Ash Hill
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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

The Aurora Options - 94 Burnt Ash Hill is a residential care home that provides accommodation and care for up to six people with learning disabilities. At the time of the inspection the home was providing care and support to six people. 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.

At our last inspection of this service on 02 November 2015 the service was rated Good. At this inspection we found the service remained Good. The home demonstrated they continued to meet the regulations and fundamental standards.

The home had a registered manager in post. They were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014.

There were safeguarding and whistle blowing procedures in place and staff had a clear understanding of these procedures. We observed and people and staff told us there was always enough staff on duty to meet people's needs. Appropriate recruitment checks were carried out before staff started working at the home. People were receiving their medicines as prescribed by health care professionals.

Staff had the knowledge and skills required to meet people's needs. Action was taken to assess any risks to people. People's needs were assessed and care plans included detailed information and guidance for staff about how their needs should be met. People were encouraged to eat healthy meals and to cook for themselves. The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. Staff monitored people's mental and physical health and where there were concerns people were referred to appropriate health professionals.

People's care records included communication profiles that recorded their specific methods of communicating with staff. It was evident that staff knew people well and communicated with them effectively. People were supported to engage in relationships, practice their religion, attend their places of worship and enjoy aspects of their cultural background. Care records were person centred and included people's views about how they wished to be supported. The home had a complaints procedure in place and this was available in a format that people could understand.

The provider recognised the importance of regularly monitoring the quality of the service they provided to people. The registered manager and staff worked effectively with other organisations to ensure staff followed best practice. They took into account the views of people and their relatives through surveys and residents meetings. Staff said they enjoyed working at the home and they received good support from the registered manager.

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.

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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 checked 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 inspection was carried out on the 8 February 2018. The inspection was unannounced and carried out by one inspector.

Before the inspection we looked at the information we held about the service including notifications they had sent us. A notification is information about important events which the service is required to send us by law. The provider also completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service. We used this information to help inform our inspection planning.

We spoke with four people who used the service, three members of staff and the registered manager. We looked at records, including three people's care records, staff recruitment and training records and records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I do feel safe here. The staff help me if I need them." There were safeguarding and whistle blowing procedures in place and staff had a clear understanding of these procedures. Staff told us they would report their concerns to social services and the CQC if they thought a safeguarding issue had not been properly handled. They said they would use the provider's whistle blowing procedure to report poor practice if they needed to. Training records confirmed that all staff had received training on safeguarding adults from abuse.

There were enough staff on duty to meet people's needs. We observed a good staff presence at the home. One person told us, "We are alright with the numbers of staff, there are enough." We checked the staffing roster; this corresponded with the identities and the number of staff on duty. Staff told us there was always enough staff on duty to meet people's needs. The registered manager told us staffing levels were arranged according to people's needs and if extra support was needed for people to attend social activities additional staff cover was arranged.

Appropriate recruitment checks were carried out before staff started work. Staff recruitment records were held at the organisation's head office. The provider's human resources department provided us with information confirming that all staff had completed application forms that detailed their full employment history with explanations for any breaks in employment and that they had obtained criminal record checks, two employment references, health declarations and proof of identification.

Action was taken to assess any risks to people. Peoples care files included risk assessments for example on using public transport, eating and drinking and managing finances. Risk assessments included information for staff about action to be taken to minimise the chance of accidents occurring. People had individual emergency evacuation plans which highlighted the level of support they required to evacuate the building safely in the event of an emergency. Staff told us they knew what to do in the event of a fire and training records confirmed they had received training in fire safety.

Regular checks were carried out to ensure the safety of the home. For example we saw that the fire alarm system was checked by staff on a weekly basis. The fire alarm system, gas safety system and portable appliances had been checked by external engineers. We also saw the home had an infection control procedure and that infection control audits were carried out. Staff told us that personal protective equipment was always available to them when they needed it. We saw hand wash soaps and paper towels in all the bathrooms and stocks of gloves and aprons were available for staff use. Training records confirmed that all staff had completed training on infection control and food hygiene. We saw that incidents and accidents were recorded and monitored. The registered manager told us that if any trends were identified that action would be taken to reduce the likelihood of them reoccurring. Staff told us they talked about accidents and incidents in team meetings and what they can do to stop them happening again.

People told us they were supported by staff to take their medicines. One person said, "The staff help me with my medicines because I might forget to take it. I get it at the same time every day." People had medicines

administration records (MAR) that included their photographs, details of their GP and any allergies. They included the names of staff qualified to administer medicines. MAR records confirmed that people were receiving their medicines as prescribed by health care professionals. Training records confirmed that all staff received medicines training and they had been assessed as competent to administer medicines by the registered manager.

Is the service effective?

Our findings

Staff had the knowledge and skills required to meet people's needs. Training records confirmed that staff were up to date with training the provider considered mandatory. Training included safeguarding adults and children, emergency first aid, fire safety, food hygiene, health and safety, infection control, moving and handling, medicines administration and the Mental Capacity Act 2005 (MCA). Staff also completed further training relevant to people's needs, for example, equality and diversity, dementia, diabetes and Deprivation of Liberty Safeguards (DoLS). Staff told us they completed an induction, they were up to date with training and they received regular supervision. The registered manager told us that staff new to care were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.

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. 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 the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and staff demonstrated a good understanding of the MCA and DoLS. We found that the supervising body (the local authority) had authorised applications to deprive some people of their liberty for their protection. We saw that the authorisation paperwork was in place and kept under review and the conditions of the authorisations were being followed. Staff were aware of the importance of seeking consent from people when offering them support. A member of staff told us they would not do anything for people unless they asked them if it was okay with them. They said, "I wouldn't make someone do something they didn't want to do."

Care plans included assessments of people's dietary needs and preferences. Assessments indicated people's dietary requirements and preferences and support needs. For example we saw where a speech and language therapist's advice had been sought for a person with swallowing difficulties, eating and drinking support guidelines were in place for this person for staff to follow. People told us they enjoyed the food provided at the home; they chose what they wanted to eat and went shopping for food. People were encouraged to eat healthy meals and cook for themselves. One person told us, "I like to help staff with the cooking and shopping. My favourite is spaghetti bolognese. We all help with the washing up. "

People had access to a range of health care professionals such as a GP, dentists, opticians and chiropodists. Staff monitored people's health and wellbeing and where there were concerns people were referred to appropriate health professionals. Each person had a health action plan which contained important information about their healthcare needs and conditions. People also had hospital passports which outlined their health and communication needs for professionals when they attended hospital. We saw that

advice received from healthcare professionals at appointments was recorded and passed onto all staff.

We saw that the registered manager and staff worked effectively with other organisations to ensure staff followed best practice. The registered manager showed us feedback from a health care professional who had recently left their post. The health care professional said the team had been great to work with. Keyworkers had been proactive in making contact with them when things had changed for their client, and they had always been thoughtful and supportive when they had worked together.

Is the service caring?

Our findings

People told us they liked the home and the staff. One person said, "I have lived here for a long time. It's nice. I like my room and I like the staff." Another person told us, "I like it here. The staff are kind and caring. They treat everybody who lives here nice."

People's care records included communication profiles that recorded their specific methods of communicating with staff. We saw positive interactions between people and staff. It was evident that staff knew people very well and communicated with them effectively. They provided support in a sensitive way and responded to people politely, allowing them time to respond and also giving them choices. People had key workers to co-ordinate their care. Care records were person centred and included people's views about how they wished to be supported. We saw that minutes from keyworker meetings were kept in care records we looked at.

People told us their privacy and dignity was respected. One person said, "The staff always knock on my door and ask if it's alright for them to come into my room." Staff respected people's choice for privacy and independence and we noted some people preferred not to join others in communal areas but liked to stay in their rooms. One person told us, "I like to spend time in my room watching TV and listening to music."

Staff told us how they made sure people's privacy and dignity was respected. One said they knocked on doors and asked people for their permission before entering their rooms. They said people preferred to and received personal care from the same gender staff. They maintained people's independence as much as possible by supporting them to manage as many aspects of their own care that they could. Another member of staff told us some people could do most of their own personal care however they might prompt them, for example to change their clothes. Other people needed more support with washing and dressing. They offered people choice's with the clothes they wanted to wear or the food they wanted to eat. They made sure the clothing they chose to wear was suitable for the weather conditions. They also made sure information about people was kept confidential and locked away at all times.

People said they attended residents meetings where they were able to talk with staff and the registered manager about what was happening at the home. One person said, "I like the residents meetings. We can talk about what we want to happen at the home and where we want to go." We saw the minutes from the January 2018 residents meeting. The meeting was well attended by people and their comments and suggestions had been recorded. Issues discussed at the meeting included the installation of a new kitchen, viewing a hate crime DVD and staff recruitment at the home. One person fed back items discussed at a recent 'Thumbs Up Group' meeting. This group is run by the people living at the provider's care homes and helps shape how the service is run. Some people said they wanted to redecorate their rooms. The chair of the meeting confirmed this would be taken forward as an action. People were also advised that an inspection would be carried out by CQC sometime in the future and staff explained what the inspection was for. People said they would be happy to speak with CQC when they came.

Is the service responsive?

Our findings

People told us staff were responsive to their needs. One person said, "I get good support from the staff. I like them. They help me every day to do what I need to do."

Assessments of people's care and support needs were carried out before they moved into the home. These assessments along with referral information from the placing local authority were used to draw up individual care and support plans and risk assessments. Care and support plans described people's health care and support needs and included guidelines for staff on how to best support them. For example we saw information for staff for supporting one person with eating and drinking and another for supporting a person when they were upset. Care plans and risk assessments had been reviewed on a regular basis to reflect changes in people's needs. People's care plans also referred to their relationships, religion and their cultural needs. We saw that people were being supported to engage in relationships, practice their religion, attend places of worship and enjoy aspects of their cultural background. All of the staff we spoke with knew people very well; they understood people's needs and were able to describe their care and support needs in detail.

People were supported to partake in activities that met their needs. We saw that people had individual activities plans. These activities included cooking, gardening, going for walks, personal shopping, domestic tasks, visiting friends and relatives, attending day centres and clubs and going to their places of worship. One person told us, "I always have something to do, I keep very busy. I like going to clubs, arts and crafts, visiting my partner, going to church on Sunday and I like tidying up the kitchen and going shopping." Another person told us, "I like going to clubs where I can see my friends." A third person told us they were planning for their holiday.

People were able to communicate their needs effectively and could understand information in the current written word and picture format provided to them, for example the complaints procedure. The registered manager told us that if any person planning to move into the home was not able to understand this information they would provide it in different formats for example different written languages. The complaints procedure was available in formats that people could understand and was displayed in communal areas. One person told us, "I know how to complain if I want to but everything is always good here so I don't ever need to." The registered manager told us they had not received any complaints. However, if they did, they would write to any person making a complaint to explain what actions they planned to take and keep them fully informed throughout.

The registered manager told us that none of the people currently living at the home required support with end of life care. We saw that people's care records included a section relating to their funeral wishes. The registered manager said they would follow the provider's procedures and liaise with the multi-disciplinary team and the local hospice in order to provide people with end of life care and support if and when it was required.

Is the service well-led?

Our findings

The home had a registered manager in post. They were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and they demonstrated good knowledge of people's needs and the needs of the staffing team. Staff told us they were well supported by the registered manager and there was an on call system in operation that ensured management support was available when they needed it.

Staff told us they could express their views at team meetings. One member of staff said, "The meetings are good for expressing your views and sharing information. They also help with team work." Another staff member said, "We talk about people's needs, what needs to improve and health and safety. We also talk about accidents and incidents and what we can do to stop them happening again."

Throughout the course of this inspection it was clear from people, the registered manager and staff that the purpose of the service was to improve people's ability to live independently and to provide care and support that met people's needs and wishes. One member of staff said, "I like working here. I really like the residents. I have known them all for a long time and they can do a lot for themselves. The staff all work well as a team." Another member of staff told us, "It's a nice place to work, the people we support are lovely and the other staff are friendly. The registered manager is very supportive and listens to the people who live here and the staff."

The provider recognised the importance of regularly monitoring the quality of the service. We saw records confirming that regular health and safety, medicines, fire safety, incidents and accidents, complaints and care file checks were being carried out at the home. We saw reports from monthly unannounced spot check carried out by managers from the provider's care homes. The last visit covered health and safety, medicines, handover records and the environment. No issues were identified during the visit. The registered manager said these visits were carried out to make sure people were receiving safe and good quality care at all times. We also saw reports from monthly monitoring visits carried out by the provider. The December 2017 report covered health and safety and audits of people's finances and medicines and the frequency of residents and staff meetings. The report recommended that residents finances needed to be checked by the registered manager and residents meetings needed to be held more frequently. The registered manager confirmed with us that these recommendations had been met.

The provider sought the views of people using all of their services and their relatives through satisfaction surveys. We saw reports from the 2017 survey. The majority of comments from people and their relatives were positive. Where people or their relatives had raised areas where improvements could be made we saw that action had been taken to address them. For example people were supported to understand goal setting and the complaints procedure. The registered manager said the provider had also met with relatives to discuss support planning and encouraged them to make complaints about the service if they were not happy.