

Mentaur Limited

Aurora

Inspection report

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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



Overall summary

This inspection took place on 12 November 2015 and was unannounced.

Aurora provides care and support for up to eight people with a learning disability. There were eight people living at the service when we visited.

The service has a registered manager. 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.

Staff had been provided with training to recognise the signs of potential abuse and to keep people safe. People felt safe living at the service.

There were processes in place to manage identifiable risks within and outside the service to ensure people did not have their freedom restricted unnecessarily.

Recruitment checks were carried out to ensure that staff were suitable and fit to work with people at the service.

There were systems in place to ensure people's medicines were managed safely and given at the appropriate times.

Summary of findings

There were processes in place to ensure that staff were provided with induction and essential training to keep their skills up to date and to support them in their roles.

People's consent to care and support was sought in line with the Mental Capacity Act (MCA) 2005.

People were supported to prepare their meals and to maintain a balanced diet.

People were registered with a GP. If required they were supported to access other healthcare facilities with support from staff.

Positive and caring relationships had been developed between people and staff who treated them with kindness and compassion.

The service had systems in place to ensure that people's views were listened to and acted on.

Staff supported people to maintain their independence and to promote their privacy and dignity.

Before people came to live at the service their needs had been assessed to ensure the care provided would be personalised and responsive to their identified needs.

The service had a complaints procedure which was accessible to people and their relatives to enable them to raise a concern if they needed to.

There was a positive, open, inclusive and transparent culture at the service.

The leadership at the service was visible and as a result staff were inspired to provide a quality service.

The service had a quality assurance system in place to monitor the care provided and to drive continuous improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Systems were in place to keep people safe from avoidable harm and abuse.

There were risk managements plans in place to protect and promote people's safety.

Suitable and sufficient numbers of staff were employed to meet people's needs safely.

People's medicines were managed safely.

Good



Is the service effective?

The service was effective

Staff were trained to carry out their roles and responsibilities appropriately.

People consented to be supported with their care and support needs in line with current legislation.

Staff supported people to eat and drink and to maintain a balanced diet.

People were supported to access other healthcare facilities if required.

Good



Is the service caring?

The service was caring

People had developed positive and caring relationships with staff.

Staff ensured people's views were acted on.

People's privacy and dignity were promoted by staff.

Good



Is the service responsive?

The service was response

People's needs were assessed prior to coming to live at the service.

The care provided to people was appropriate to their needs.

People were provided with information on how to raise a concern or complaint.

Good



Is the service well-led?

The service was well-led

The culture at the service was open and inclusive.

The leadership at the service was visible and inspired staff to deliver a quality service.

The service had quality assurance systems in place which were used to drive continuous improvements.

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.

The inspection was unannounced and was carried out on 12 November 2015 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 service.

Before the inspection the provider completed a Provider Information Return (PIR). This 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. We checked the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. In addition, we asked for feedback from the local authority that has a quality monitoring and commissioning role with the service.

We spoke with three people who used the service and a visitor. We also spoke with three support workers, the operations manager and the registered manager.

We looked at two people's care records to see if they were up to date. We also examined two staff recruitment files and other records relating to the management of the service including quality audit records.

Is the service safe?

Our findings

People told us they felt safe living at Aurora and knew what to do if they were worried or had any concerns. One person said, “I feel safe here, I like the company.” We observed that people looked comfortable in the company of staff and with each other.

Staff told us they had undertaken safeguarding training and had a good understanding of the different types of abuse that people could experience. They told us they would report any concerns or incidents to the registered manager. We saw there was a safeguarding poster displayed in the service. It contained information with the various telephone numbers of the different agencies that staff and people could contact in the event of suspected abuse or poor practice.

Staff told us they were issued with a copy of the provider’s whistleblowing policy and had signed to confirm that they understood the contents. They told us they felt confident to report concerns to the registered manager and were confident that the appropriate action would be taken. We saw evidence that whistleblowing was regularly discussed at staff meetings.

The registered manager told us that the organisation operated a zero tolerance on abuse. He also told us that there was a safeguarding group which consisted of senior managers who met regularly to discuss safeguarding matters; and to implement any actions deemed relevant to ensure people were kept safe. We saw evidence that safeguarding was a regular agenda item at staff meetings and residents’ meetings. It was also discussed during staff one to one supervision. We were told by the registered manager that staff received six-monthly e-learning training on safeguarding to update their knowledge and skills. We saw evidence to confirm that staff competencies had been assessed by the registered manager to ensure the training had been embedded. We also saw evidence which confirmed that potential safeguarding concerns were raised with the local authority. If needed action plans were put in place to minimise the risk of occurrence.

The registered manager discussed the arrangements which were in place for dealing with emergencies and for ensuring the premises were managed appropriately to protect people’s safety. He said, “A few years ago we had to put the emergency plan into action as we had a leak in the

basement. It all went smoothly.” We were told staff were required to report maintenance issues. We saw regular checks on the passenger lift, gas and electrical equipment were carried out to ensure they were fit for use. The fire panel was checked on a weekly basis and people had been provided with Personal Emergency Evacuation Plans (PEEPs). We saw there was a contingency plan in place which provided guidance for staff on the action to take in the event of an emergency such as, fire, electrical and gas failure and adverse weather conditions. A senior manager was always on call to provide advice and support to staff if needed.

There were also individual risk management plans in place to protect and promote people’s safety. One person said, “I have a risk assessment for when I am cooking”. Another person said, “I have started smoking again and my key worker has put a risk assessment in place to protect me.” Both people said they had been involved in the development of their risk management plans. We saw evidence that the plans had been signed by people to confirm their involvement and agreement with the contents and they were reviewed on a quarterly basis to ensure they were still current. We found there were also risk management plans in place in relation to the environment and these were reviewed on a six-monthly basis or as and when needed.

People told us there were sufficient numbers of staff available to meet their needs and to promote their safety. The registered manager and the operations manager explained that the staffing numbers were based on people’s needs and that the rota was flexible. We were told us that there were normally three staff covering the morning shift. The number was increased to four staff in the afternoon and one waking staff at night. We looked at the staff rota for the current week and following two weeks and found that it reflected the appropriate staffing numbers. We found that the skill mix of staff was taken into consideration. For example, there was always a senior person allocated to lead the shift and a ratio of male and female staff to meet people’s diverse needs.

The registered manager was able to describe the service’s recruitment process. We were told that the organisation operated a two tier interview process. Potential staff members were interviewed under the first tier process by the organisation’s human resource officer. If found to be suitable a second interview which involved the registered

Is the service safe?

manager would take place. We saw evidence to confirm that staff did not take up employment until the appropriate checks such as, proof of identity, references and satisfactory Disclosure and Barring Service (DBS) checks had been obtained. We looked at a sample of staff records and found that the appropriate documentation required had been obtained.

There were systems in place to ensure that people received their medicines safely. People told us they received their medicines at the prescribed times. Staff told us that they had been trained in the safe handling of medicines and training was regularly updated. We saw evidence to support this.

We found that people had consented to be supported by staff with their medicines. For example, they had signed a consent form which was written in an easy read format to make them aware of what they were consenting for. At the time of this inspection one person was self-administering some of their medicines. There was a risk management

plan in place to support this activity. We saw medicines were dispensed in monitored dose blister packs and were stored appropriately. Two staff members were involved in the administration of medicines to promote people's safety. There was an audit trail of all medicines entering and leaving the service. A specimen signature of staff who administered medicines was in place. This ensured that any discrepancies could be addressed promptly.

Daily temperature checks of the room where medicines were stored were undertaken to maintain their conditions. We checked the Medication Administration Record (MAR) sheets and found the sheets had been fully completed. We checked a sample of medicines and found that the stock levels and records were in good order. When medicines were prescribed to be administered 'as required' (PRN) we saw there was a protocol in place for staff to follow. Any administration of PRN medicines had to be authorised by a senior manager.

Is the service effective?

Our findings

People told us that staff had the right skills and knowledge to carry out their roles and responsibilities. Staff confirmed they had received training including induction to enable them to carry out their roles and responsibilities appropriately. One staff member said, “I have had a good induction. I had to read all the clients’ support plans to get to know them. I also had to read the home’s policies and procedures and familiarise myself with the layout of the home.” From our observations we found that people received care from staff who had been provided with the appropriate training and understood their needs. Staff communicated effectively with people and treated them as individuals.

The registered manager told us that new staff were required to complete a two week induction training. They were also expected to shadow experienced staff members until they felt confident. In addition they were provided with essential training such as, moving and handling, fire awareness, Non Abusive Psychological and Physical Intervention (NAPPI) safe handling of medicines, safeguarding of vulnerable adults, autism awareness, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), food safety and emergency first aid. We saw evidence, which demonstrated that the staff team had completed training, which was regularly updated.

There was a supervision framework in place. Staff told us they received regular supervision and support which enabled them to discuss their training needs as well as the needs of the people who used the service. The registered manager told us that staff received six-weekly supervision; however, for new staff this was more frequent. We saw written evidence to demonstrate staff had been provided with regular supervision.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found there was no one living at the service whose liberty was being restricted. The service had policies and procedures in relation to the MCA and DoLS. Staff we spoke with said they had attended training and demonstrated a good understanding of MCA and DoLS.

People told us that staff always gained their consent before assisting them with support. One person said, “They always explain what they are going to do.” The registered manager told us that people signed consent forms to agree to be supported with their needs. In the files we looked at we saw consent agreement forms had been completed. We observed staff during the inspection asking people for their permission before providing them with support.

Staff told us that as part of their ongoing training they had been provided with challenging behaviour awareness training. We found where people displayed behaviours that challenged others risk assessments had been put in place to guide staff on the action to take and what may trigger the behaviour. We saw evidence that staff were able to access the service of a special team known as the Intensive Support Team (IST) for support and advice if required.

People told us that staff supported them to prepare their meals. One person said, “I choose what I want to eat and staff support me to prepare it.” Staff confirmed they supported people to choose the daily menus and to prepare their meals. We found that some people were very independent and were able to prepare their meals without staff support; however, they were encouraged to eat a healthy diet. Three people had food allergies and staff were careful to ensure that they did not purchase food with ingredients that might affect their allergies such as nuts. We observed that the fridge and freezer were both well stocked. There was nothing to suggest that people were restricted in their access to food or drink in any way. We observed throughout the inspection they had access to hot and cold drinks whenever they wished.

People told us that staff supported them to maintain good health and to access health care facilities. Staff told us people were registered with a GP who visited the service annually and carried out health checks. We saw evidence that staff supported people with annual dental and optical appointments. We found people had medical diaries and health action plans, which staff kept up to date. If required

Is the service effective?

people had access to therapists who were able to support them with their emotional and psychological needs. Each person had a special sheet in place which was called a

'grab sheet.' The sheet contained information about people's physical and medical needs. The purpose of the sheet was to ensure if a person was admitted to hospital they would receive the appropriate care and treatment.

Is the service caring?

Our findings

People told us they had developed positive and caring relationships with staff. We observed that staff treated people with kindness and compassion. When speaking with people staff maintained eye contact and came down to their level. People looked comfortable and at ease in the company of staff. We found that people dressed how they wished.

The registered manager was able to demonstrate how the service ensured that people mattered. Examples given were regular group and one to one meetings were held with people to ensure they were listened to and issues raised were addressed. As a result of listening to people we found that staff were able to support a person to save sufficient funds to enable them to have a holiday in Disney Land. Another person had requested a move to live near their family member and staff had started the process with support from an advocate to assist them.

Staff were confident that they were aware of people's preferences and personal histories. One staff member said, "We operate a key worker system and provide one to one time with them on a weekly basis to discuss matters that are important to them." Another staff member said, "During my induction I was given time to read the clients' support plans to find out about them." We found that staff knew people well and demonstrated a caring attitude towards people.

Staff were able to demonstrate how they responded to people's concerns and well-being in a caring manner. They told us that any changes in people's behaviour were recorded and monitored to identify what could have triggered the changes. Information relating to people's well-being was passed on to staff during handovers to ensure the action taken by staff was consistent and person-centred. If required medical advice was sought

The registered manager told us that people were able to express their views and were listened to. Examples given were one person requested to change their college and staff supported them to get another placement elsewhere. Another person expressed a wish to do a fashion and beauty course at college and funding was sought for them to secure a placement.

People were given the information and explanations they need at the time they need them. Staff provided people with information relating to developing personal relationships. If needed staff supported people to access specialist advice around the use of contraceptives.

The registered manager told us that people were made aware of the advocacy services that were able to speak up on their behalf. He said, "There is one person currently using the services of an advocate." We saw information on how to access the services of an advocate was displayed on the notice board at the service.

People told us that staff ensured their privacy and dignity were respect and promoted. One person said, "Staff always knock before entering my bedroom." All the people we spoke with said that they had been issued with keys for their bedrooms. Staff told us that people's bedrooms were single occupancy with en suites. One staff member said, "Most people are able to perform their personal care without support." This ensured their privacy was promoted.

The service had processes in place to ensure that people were treated with dignity and respect at all times. The registered manager told us that staff had signed up to be dignity champions. A dignity champion was someone who believed that being treated with dignity was a basic human right. Therefore, all staff ensured that people's dignity and human rights were upheld.

We found that the service had processes in place to ensure that information about people was treated confidentially and respected by staff. For example, the service had a confidential policy which staff had to adhere to. Information about people was shared on a need to know basis. People's support plans were kept in a locked filing cabinet and the computer was password protected.

People told us that family and friends were able to visit without restrictions. One person said, "My friend visits me often." Staff confirmed that people's visitors and friends were able to visit without restrictions and they were made to feel welcome. We observed during our inspection that a person was visited by a friend. They were able to go out for a coffee. We were told this was a weekly occurrence.

Is the service responsive?

Our findings

People told us they were involved in the development of their support plan. One person was keen to share their support plan with us. We saw it contained much of their own writing and pictures with information about themselves. All the people we spoke with told us that they were able to discuss their support plans during weekly meetings with their key workers. In the care files we looked at there was evidence that weekly meetings took place and people were given the opportunity to amend their support plans if they wished.

The registered manager explained that people's needs were assessed before coming to live at the service. He explained that information was obtained from people, their relatives and other support agencies involved in their care needs. Information gathered at the assessment process was used to inform the support plan. We were also told that people were provided with a transition period. This meant they spent weekends, or overnight stays to get a feel of the place before moving in on a permanent basis.

We found people's views on how they wished to be cared for including information relating to their independence, health and welfare was recorded in the support plans. The support plans we looked at were personalised and contained information on people's varying levels of needs, their preferences, histories, goals and how they wished to be supported. We found that the plans were evaluated on a monthly basis with people and their key workers to ensure outcomes had been met. Yearly reviews of people's care needs were carried out involving the person, their key worker, family members and social workers. This ensured people were provided with as much choice and control over their care and support needs and the opportunity to discuss any concerns they may have.

People told us they were supported by staff to follow their interests and to take part in social activities of their choice. We found people had individual activity plans in place and attended day centres and activities of their choice outside the service.

The registered manager and staff were able to tell us how people were supported to develop and maintain relationships with people that mattered to them to avoid social isolation. For example, some people had friends outside the service. We were told that people went on shopping trips and visits to the local library. They also attended night clubs and discos in the local area.

People told us they knew how to raise a complaint. One person said, "I will tell the manager." We saw that people had been issued with a copy of the service's complaints procedure. It was also displayed in an appropriate format in people's bedrooms and on a notice board in the service. The procedure outlined the systems in place for recording and dealing with complaints. The registered manager told us that complaints were used to improve on the quality of the care provided. We saw there were two complaints recorded and they had been investigated in line with the provider's policy and to the satisfaction of the complainants.

The registered manager told us about the arrangements in place to enable people and their family members to provide feedback on the quality of the care provided. He told us that surveys were regularly sent out and they were analysed to ensure areas identified as requiring attention were addressed. We saw evidence that feedback provided was positive.

Is the service well-led?

Our findings

People told us they liked the manager and there was a positive, open and inclusive culture at the service. One person said, “We have regular meetings and he listens to us.”

Staff told us that regular staff meetings were held and the manager updated them with any changes that were occurring in the service. One staff member said, “The manager is approachable, he allows us to be involved in the development of the service.” We saw evidence that regular staff meetings took place and the manager had taken on board constructive comments.

Staff told us they understood the service’s values and vision and we saw that these values underpinned staff practice. For example, one of the values was promoting independence. We found that staff supported people to clean their bedrooms and do their personal laundry. Some people’s goals were to move on to more independent living. Evidence seen in people’s support plans confirmed that the staff were empowering people to achieve their goals and to maintain their independence.

The registered manager told us that staff were encouraged to discuss any areas of concern or their developmental needs during supervision. Where required, feedback was given to staff in a constructive and motivating manner. This ensured staff were fully aware of the actions they needed to take.

Staff told us there was good leadership and management demonstrated at the service. One staff member said, “The manager leads by example and works on the floor. This inspires us to deliver a quality service.” The registered manager told us by working shifts they were able to work alongside the staff team and observe their practice. This was to ensure they were delivering care in line with best practice and people’s support plans.

Systems were in place to ensure legally notifiable incidents were reported to the Care Quality Commission (CQC) as required by law. Our records showed that the registered manager had appropriately reported incidents. We also saw evidence that accidents and incidents were recorded and analysed to identify any trends. Where trends were identified measures had been put in place to minimise further occurrences.

The provider was committed to providing a quality service. For example, the service had been awarded a five star Food Standards Agency (FSA) hygiene rating. This demonstrated that the service had good food hygiene standards.

There were systems in place to monitor the quality of the care provided. The registered manager told us that monthly health and safety audits were carried out as well as medication, care plans and infection control audits. We saw where areas had been identified as requiring attention action plans had been put in place to address them and they were kept under regular review.