

Aurora Quality Care UK Ltd

# Aurora Quality Care UK Ltd

## 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 ●

# Summary of findings

## Overall summary

### About the service

Aurora Quality Care UK Ltd is a domiciliary care service providing support with personal care to people living in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection the service was supporting three people with personal care.

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

People received safe care from staff who knew them well. There were safeguarding policies in place and the registered manager and staff knew how to identify and report concerns. There were enough staff available to support people. Staff had the necessary training and experience. Risks to people were assessed, managed and reviewed. Medicines were managed in a safe way. There were infection control procedures in place.

People and their relatives told us staff who supported them were kind and caring and treated them with respect. Staff understood the importance of respecting people's diverse needs and promoting independence.

People had access to health and social care professionals where required in a timely way. People were supported by staff to maintain a balanced diet where this was part of their care package.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were trained and supported to understand their roles and responsibilities.

Auditing and quality assurance processes were in place to enable the service to identify where improvement was needed. The registered manager was open and transparent and created a culture which was friendly and welcoming.

The service worked in partnership with other agencies to make sure people received the right care and support.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The service was registered with us on 13/09/2018 and this is the first inspection.

### Why we inspected

This was a planned inspection based on the date of registration.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Aurora Quality Care UK Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 6 August 2019 and ended on 8 August 2019. We visited the office location on 6 August 2019.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We could not speak with people using the service via telephone however, we received feedback from two relatives about their experience of the care provided. We spoke with three members of staff including the registered manager and two care workers. We received positive feedback from one health care professional.

We reviewed a range of records. This included three people's care records and medicine administration 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.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives of people who used the service told us they felt the service was safe. A relative said, "Yes I feel the service is safe. I feel the care delivered by the service is good."
- There was a safeguarding policy and procedure in place which included information about the local authority, relevant local contact details and how to report safeguarding concerns.
- Staff received training in safeguarding and were knowledgeable about the different types of abuse and how to report them.
- The registered manager liaised with the local authority safeguarding team when required.

Assessing risk, safety monitoring and management

- The risks involved in delivering people's care had been assessed to keep people safe. Risks to people and the environment were assessed before people started to use the service.
- Risk assessments in place were personalised and had been completed with the person and where appropriate their family and other professionals.
- Procedures were in place to make sure care workers knew what to do in the event of an emergency. For example, if they could not gain access to a person's home.

Staffing and recruitment

- There were enough staff deployed to meet people's needs. A relative commented, "Yes there are enough staff." One staff member told us, "I feel there is enough staff available to support people. We have sufficient time allocated to travel to peoples' house as well."
- Systems were in place to ensure suitable staff were employed and the relevant checks were completed. Staff files included proof of the person's identity, right to work in the UK, references and Disclosure and Barring Service (DBS) checks to ensure staff were suitable for employment in the care sector.

Using medicines safely

- People received their medicines as they had been prescribed by trained staff.
- Medicines administration records (MARs) were kept in people's homes. The MARs showed which medicines people were prescribed and when they were given.
- The MARs were returned to the office every month and checked by the registered manager. This helped to ensure any errors were identified and action taken to reduce the risk of them being repeated.

Preventing and controlling infection

- Staff were knowledgeable about protecting people from the risk of infection and had access to disposable

gloves and aprons.

#### Learning lessons when things go wrong

- Accidents, incidents and near misses were reported and investigated by the registered manager.
- The registered manager understood the importance of investigating accidents and incidents, reporting to the relevant agencies and acting to reduce the risk of recurrence.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, mental health and social needs were comprehensively assessed prior to the start of their care packages.
- People, their relatives and where appropriate other health and social care professionals were included in the assessment.
- People's gender, sexuality, culture and religion were considered as part of the assessment process.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained and supported to carry out their roles.
- Relatives told us they felt confident staff had been properly trained to provide the support their family member needed. One relative told us, "Yes, I think the staff have had the training they need."
- Newly recruited staff received an induction programme which included the Care Certificate and then gained experience by shadowing more experienced staff. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high-quality care.
- Staff received supervision and an annual appraisal and told us they felt well supported. Staff had the support needed to enable them to develop into their role with the skills and confidence required to support people well. One staff member said, "I receive regular supervisions. The good thing is I don't have to wait for the supervision or any meeting to discuss any issues or concerns. I can contact the manager anytime."

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

- People were supported to eat and drink in line with their care plan.
- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required.
- Where people were at risk of choking whilst eating, referrals to the speech and language therapy team (SaLT) had been made and their advice was followed.
- A health care professional commented, "I've noticed the client has an exceptionally good and varied diet of fresh salads and home cooked foods. She [registered manager] monitors his weight. [Registered manager] notices when the client is having difficulty eating and drinking and seeks help without delay."

Staff working with other agencies to provide consistent, effective, timely care

- The service worked effectively with other professionals. For example, when people's needs changed they made referrals to other health and social care professionals to ensure people received the support they

needed.

Supporting people to live healthier lives, access healthcare services and support

- Staff were skilled in making sure people had access to support from health and care professionals when needed.
- People were encouraged and supported to be as independent as possible managing their own health, for example ringing for GP or district nurse appointments. If people were not able to manage their appointments, their family carers would usually do this, with staff supporting where necessary.
- Staff recorded any concerns around people's health, if appointments had been requested or made and the outcomes.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- None of the people supported by the service had a Court of Protection Order in place at the time of our inspection.
- Relatives told us staff consulted their family member and asked for their consent before providing care and support.
- People's capacity had been explored as part of their care assessments and best interests decisions had been completed where required. One staff member told us, "I give people choice and encourage them to make their own decisions. When people lack capacity, we get others involved to ensure decisions are taken with their best interests in mind."
- Staff completed MCA training and encouraged people to make their own decisions.

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness and compassion by staff. A relative told us, "I believe the staff are kind, caring and helpful."
- Staff we spoke with were knowledgeable about people's backgrounds and preferences. They were able to speak at length about the people they supported and what was important to them.
- The registered manager promoted equality and diversity. People's care records had information about their preferences which included their preferred name, race, religion and sexual orientation.

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

- People were encouraged to make choices about their day. The care plan we looked at considered choices and preferences throughout and staff provided support accordingly.
- Relatives said their family were asked regularly if they wanted to make any changes to their care plans and the plans were changed accordingly.
- The registered manager invited people and their relatives to the person's initial assessment and subsequent reviews of their care.
- People were supported access to advocacy services when this was required.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. One staff member told us, "I encourage people to do things they can, I work with them and I don't take over."
- People were treated with dignity and respect and staff ensured people's privacy when supporting with personal care. One staff member told us, "I respect people's privacy and dignity by giving them time when they are attending to their personal hygiene. I make sure doors, curtains are closed when required."
- People's right to confidentiality was respected. People's records were kept confidential and were accessible to authorised personnel only.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were personalised and detailed how the person wanted their needs and preferences to be met. Care plans were regularly reviewed and updated to reflect people's changing needs.
- Support networks were clearly set out so that staff knew the relationships that were important to people and who to contact.
- People were empowered to have as much control as possible and people were regularly consulted about their care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed. Care records included information about how to support people with their communication needs.
- The registered manager confirmed they could provide documents in different formats if required.

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

- The registered manager considered any risk of isolation during the assessment process.
- People were supported to maintain contact with their family and friends.
- People were supported to keep active and access the community where this was part of their care packages.

Improving care quality in response to complaints or concerns

- People were given information about the service and how to complain when they first started to receive support.
- People knew how to give feedback about their care and support. For example, people completed questionnaires and had regular reviews with staff.
- Complaints were responded to in line with the provider's policy and procedure.
- The registered manager also kept a record of compliments they received and shared this with the staff team.

#### End of life care and support

- No one was receiving end of life care at the time of our inspection. The registered manager was aware of the importance of people being involved in planning their end of life care.
- The registered manager told us they would work closely and sensitively with health professionals to make sure people received the right support at the end of their life to have a pain free and dignified death.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Relatives spoke positively about the service and the support they received. One relative said, "I do think the service is well managed. I know who the manager is and she does listen." Another relative said, "I am very impressed with the level of care and support."
- The registered manager promoted a positive culture across the service which was reflected by staff.
- The registered manager and staff team demonstrated genuine passion about the people they supported and the quality of the care they provided. A healthcare professional told us, "I have been extremely impressed. In truth I have not met such good quality home care in the community before. They are exceptional."
- The registered manager understood their legal responsibilities.
- Staff told us they thought the culture at the service was transparent and open, and the registered manager was available if they had queries or concerns and to discuss quality improvements.
- The relatives we spoke with said they would recommend the service to other people.

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

- All staff we spoke with understood their roles and responsibilities and there were clear lines of delegation.
- The registered manager submitted notifications about important events so that we could check that appropriate action had been taken.
- Staff felt supported by the registered manager. They had the opportunity to raise concerns by attending meetings and supervisions.
- There were systems in place to identify and manage risks to the quality of the care provided.

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

- The service actively sought feedback and involved people and their families. One relative told us, "I have completed questionnaires. I am very happy and I trust them completely."
- The service worked in partnership with other agencies to ensure people received care and support which was safe and met their needs. A healthcare professional commented, "They always try to be present if they know what time I will be visiting and if not available they always request feedback on my visit and want to

know what the plan is. The registered manager phones, emails and texts me to keep me updated with any changes or with signs and symptoms if she feels a visit may be needed."

#### Continuous learning and improving care

- The registered manager reviewed all accidents, incidents and complaints to learn lessons and improve care at the service. They communicated improvements to people's care in meetings to ensure staff were aware of any changes.