

Aurora LD Limited

Aurora Hyde Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

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 Hyde Lodge is a residential care home providing accommodation and personal care. The service provides support to up to eight people. At the time of our inspection there were seven people using the service.

The service also has an independent flat which has its own kitchen and access to a shared outside garden area. One person was living in this part of Aurora Hyde Lodge at the time of the inspection.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

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 promoted people's independence including accessing the local community and clubs and activities that were important to them.

Right Care:

People were supported to receive person centred care that promoted their independence and placed people at the heart of the support they received. Care plans contained important information that reflected people's individual needs including their likes and dislikes and their individual support needs.

Right Culture:

People were supported by staff who were described by relatives as kind and caring. At the time of the inspection relatives felt improvements were being made to the staffing situation. The manager confirmed they were working hard to ensure staff vacancies were filled. Rotas were flexible and staff were allocated reflecting what activities and support people required that day. Staff felt it was a nice place to work with a good staff team which supported each other.

Actions were being taken to address shortfalls identified as part of the inspection. Where external reports had identified health and safety concerns actions were being taken to address and undertake the work required.

Rating at last inspection and update

The last rating for this service was Outstanding (published February 2018). At this inspection we found the

service was now Good.

Why we inspected

The inspection was prompted in part due to concerns received about the service including staffing and the care and support people were receiving. A decision was made for us to inspect and examine those risks.

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from Outstanding to Good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aurora Hyde Lodge on our website at www.cqc.org.uk.

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 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 Hyde Lodge

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was undertaken by one inspector.

Service and service type

Aurora Hyde Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a manager in post who planned to become the registered manager.

Notice of inspection

This inspection was announced on the first day of the inspection we gave the service notice. The second day of our inspection was unannounced. The inspection took place on 10 February 2023 and 3 March 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed three people's care plans including additional information relating to their individual support needs. We observed how staff supported people during our inspection and we spoke with one person. We spoke with the operations manager, the manager, deputy, two shift leaders and three support staff. We reviewed paperwork relating to the day to day running of the service, along with external reports.

In between our visits we gained feedback from six relatives and tried to contact five health professionals however we were unable to gain their views.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The provider had undertaken various environmental checks such as window safety checks and fire door checks. Two external reports had identified certain actions required to improve the environment. These included improvements to fire safety and materials that might pose a hazard. The operations manager confirmed they were working with others to address these shortfalls and some work was planned in the next month. We shared this information with the local authority and the fire service so they could follow up these environmental actions with the provider.
- Day time fire drills had been conducted. Records confirmed this. People had personal evacuation plans in place. One person's plan required additional information relating to the arrangements in place over night. Action was taken during our inspection to update this personal evacuation plan.
- People's care plans contained important information relating to any risks and how to support the person with their individual needs such as epilepsy and other individual health conditions.
- During the inspection we identified a risk assessment required for a communal bathroom and certain items. The manager took action to address this following our inspection.
- Some improvements were required when handling laundry to prevent the risk of cross contamination to clean laundry. We fed this back to the manager who confirmed they would address this shortfall.
- People were supported by staff who were familiar with their individual support needs. Staff were able to give examples of these such as any phobias and other daily support routines.
- Checks were in place for personal appliance testing checks and water temperatures checks. And the provider had a current gas certificate.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who had a good understanding of abuse. Staff we spoke with were able to confirm the different types of abuse and who to go to if they had concerns. One member of staff when asked if they felt people are safe confirmed, "Yes 100%".
- Some staff required training to safeguard people from abuse however the manager confirmed they aimed to get all staff trained by March 2023.
- At the time of the inspection relatives told us the care was supportive and safe. One relative told us they would recognise if their loved one was unhappy as they would not present themselves with happy smiles.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- People's care plans contained important information relating to mental capacity assessments and professionals involved.
- Mental Capacity Assessments (MCAs) and best interest decisions were in place in people's care plans. Deprivation of Liberty Safeguards (DoLS) authorisations were in place and if expired new referrals had been made.
- Staff were able to demonstrate how they offered people choice to make decisions about their care. This included giving people visual choice of what they would like to wear using communication aids such as pictures and communication boards so that their wishes were sought in line with their wishes.

Staffing and recruitment

- The service at the time of the inspection was using agency staff. The manager confirmed they aimed to book the same agency staff on an on-going basis.
- People were supported by enough staff with their one to one care. This consisted of a mixture of agency and staff employed by the service. We undertook an out of hours visit and found people supported by the providers recommended amount of staff for the night shift.
- The service had experienced some issues with staffing however feedback gained as part of the inspection was the staffing situation was improving. One member of staff told us, "It's a great staff team". They went on to say things are improving with new staff starting. A relative told us, "Staffing is much better".
- Rotas confirmed people's support needs were covered by enough staff. The deputy confirmed staff were allocated depending on the support people required that day and how they wished to spend their time.
- The manager and operations manager had an on-going recruitment drive in place and improvements were being made weekly with new staff starting.
- Systems were in place to ensure risks and checks were undertaken prior to staff working with vulnerable people. We reviewed one new member of staffs file. They had a Disclosure and Barring Service (DBS) check in place and other suitable pre employment checks. A Disclosure and Barring Service (DBS) check provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were stored safely and where required, temperature checks were undertaken.
- Stock was monitored and recorded.
- Medicated toothpaste was unavailable to people on the first day of our inspection. This was due to the dentist having no stock. Following our inspection, the service confirmed they had received the prescribed toothpaste and people were also planned to receive a dental appointment within the next month.
- During the inspection we observed one member of staff administer medicines to a person safely and as required.

Preventing and controlling infection

- When the need arose advice was sought in relation to how to manage COVID-19.
- Staff had access to plenty of personal protective equipment such as gloves, aprons and surgical face

masks.

- The environment was clean with no odours.
- Visiting arrangements were in place for family to visit as they wished.
- People were being supported to visit their family and have access to the community with staff support.

Learning lessons when things go wrong

- Incidents and accidents were logged and there was an overall analysis in place. Systems were in place for monitoring and taking any action to prevent similar incidents from occurring.
- Some staff had received training in certain interventions to keep people safe. Staff knew what might trigger a person's anxiety/behaviour and what actions they would take. Where new staff were planned to start over the next few weeks the deputy confirmed they would be setting up more training to ensure staff had the knowledge and skills to support people's safety.

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.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. We found evidence that people were well cared for by staff that were kind, caring and who supported people with good outcomes and care. However, the service no longer met the threshold for the rating of Outstanding. This did not indicate a decline in standards at the service.

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 supported by staff who respected them. During the inspection we observed staff talking to people calmly and in a positive manner.
- Relatives felt people received care from staff that were kind and caring. One relative told us, "I've no concerns". Another relative told us, "I'm very happy. Staff are very caring, lovely people, kind and nice. So grateful that the staff look after (name) as well as they do". Another relative told us, "Staff deserve a medal, they care so much. They are incredible and amazing".
- People's care plans had important information relating to their individual needs. This included the person's sensory needs and any identified religious needs. People's rooms had sensory equipment which included visual aids, pictures and other sensory equipment specifically allocated to that person.
- Staff spoke about people inclusively respecting their individual needs and wishes. Staff gave examples of how they give people choice about their care. Staff had access to equality and diversity training however at the time of the inspection some staff had been identified as requiring this training. The manager confirmed this was on their action plan to achieve.

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

- People were supported by staff to express their views and make daily decisions. One member of staff told us that they support people to make daily decisions including what they wanted for breakfast and how they wished to spend the day.
- During the inspection the manager confirmed people were supported through various communication aids. Care plans confirmed the specialist equipment people needed and staff were familiar with these and how to support people.
- Staff gave people visual choices through pictures, objects of references and communication aids so that they could express their views and make decisions about their care.
- People had access to an independent advocacy service. Care plans confirmed the support arrangements in place for people.
- People were supported by staff to express their wishes around meal choices. Meals were planned for the week although should people wish to have an alternative meal choice that day their allocated member of staff would support them with their wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff gave examples of how to support people with their individual care needs. This included offering people choice of what to wear, what meal choices they would like and how they wished to spend their time.
- Staff told us that people had choice about their personal care routines. This was reflected in people's individual care plans with a detailed daily care routine. Staff we spoke with knew people's daily routines well including recognising when to adapt their approach to support the person.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. We found evidence that people were supported by staff with good communication, their individual support needs wishes. However, the service no longer met the threshold for the rating of Outstanding. This did not indicate a decline in standards at the service.

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

- People received personalised care that reflected their individual needs. Care plans contained important information such as people's family information, involvement of medical professionals and any diagnosis.
- People's care plans were current and up to date and were reviewed when required. However, some relatives expressed a wish to be more involved in reviews of their loved one's care. We fed this back to the manager so they could review this feedback from relatives.
- People were supported by staff who were passionate about ensuring people were at the heart of the care and support they received. One member of staff told us how important it was that as a staff team they supported each other to ensure people's care experience was the best they could give.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were supported with their communication in-line with The Accessible Information Standard. Staff knew people's individual communication needs well.
- Staff supported people with various communication aids which reflected their individual needs. We observed various communication aids such as pictures and talking boards and prompts around the environment and in people's rooms. This enabled people to express and communicate their wishes with staff.

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

- People were supported to maintain important relationships with families and to be part of the community. Relatives told us that they visited people and that people also spent time at home with them.
- One relative shared with us how they valued the support provided by the service and staff. The person had been supported to attend picnics, special family occasions and holidays by the service. They told us, "It's a wonderful place".

- Another relative shared with us how important they felt the relationship with care staff and their loved one was. They told us, "Carers are 1st class, staff are amazing".
- People were supported to access activities to avoid social isolation. On the day of the inspection most people were supported to access the community by attending a sensory club. This was a regular club that people could attend once a week.
- People had access to an activity planner. This included various activities people could attend such as bowling, swimming, cycling, art, cinema and local places of interest.
- No-one at the time of the inspection was accessing employment or education support. However, two people were potentially going to start working towards goals so that they could access voluntary work.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. Relatives felt able to raise concerns with staff or the manager. Some relatives expressed a wish about getting more information about their loved one's care and support with better communication. We shared this with the manager so they could review this arrangement for relatives.

End of life care and support

- No one at the time of the inspection was receiving end of life support.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- During our inspection we identified some shortfalls which were required to the environment. This included some health and safety improvements. Following our inspection, the operations manager confirmed some actions were still required following reviewing external contractors' reports. They sent us an action plan identifying shortfalls and actions required including dates for completion of work required.
- At the time of the inspection the service had a manager who was new to the service. The operations manager confirmed the manager was in the process of registering with us. We will continue to monitor this.
- The manager was enthusiastic and was keen to make improvements to the service. They told us one area they were working hard to improve was the recruitment of new staff to the service. They confirmed this was a high priority for them.

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

- Staff told us the culture of the organisation was positive with a strong emphasis on teamwork. One member of staff confirmed how they felt recognised for their hard work and contribution along with how supportive colleagues were.
- People received care that was person-centred and care plans sought to achieve positive outcomes for people. Daily records confirmed individual goals for people to promote good outcomes that were inclusive and empowering. Individual outcomes included one person who was gaining skills in buttoning and unbuttoning items of clothing which was specific to promoting their individual planned outcome.
- People had their views sought daily which included if they were happy with their care. This was recorded as a pictorial outcome for the person such as a smiley or sad face.
- Staff had their views sought through satisfaction surveys. Staff we spoke with during the inspection felt it was a nice place to work. One member of staff told us how good the provider and manager were at supporting the staff team. They told us, "They are working on improving (Staffing)".
- Relatives had their views sought through a satisfaction survey in January 2023. Feedback about the leadership, quality of the care and staff support was positive with a score of 4 out of a maximum of 5.
- Team meetings were an opportunity for staff to discuss people's care including any changes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager and operations manager were open and honest about improvements they were making to the service. This reflected relatives and staff's views of what the service had experienced in the last six months regarding staff leaving and the service using agency staff. Both the manager and the operations manager were working hard to recruit into the vacancies.
- The new manager was keen to get to know families and take the service forward in their own way. They were supported by the operations manager along with a team of senior managers and business improvement staff.
- Business meetings were being held and the operations manager and senior managers attended these. Following our inspection, the operations manager confirmed some improvements were required to ensure better systems were in place when actions were identified relating to reports completed by external companies.

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

- The manager and staff worked in partnership with others including health and social care professionals, other agencies and stake holders.
- People were supported by health care professionals. Care plans contained details of those involved in their care. Feedback from relatives was referrals and support from health care professionals was positive. One relative told us, "Social work, dentist and hospital support is all great".
- The manager was keen to get to know people and their families. Within the first few weeks they had sent an introductory letter to families introducing themselves. They confirmed during the inspection they would continue to build on getting to know families as this was important to them.
- Systems were in place to record incidents and learn from them. The manager was passionate about getting to know the service and ensuring people received good quality care.