

Aurora Options

The Aurora Options - 94 Burnt Ash Hill

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

We carried out this comprehensive inspection on 2 and 3 November 2015. The inspection was unannounced.

The Aurora Options provides accommodation and personal care for people with learning disabilities. The care home is a detached two-storey property located on a main road, close to local amenities.

The service had a registered manager in post at the time of the inspection. 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.

People felt safe. Staff knew the procedures to follow should abuse be suspected. When a safeguarding concern was raised the service acted appropriately to protect people. Risks to people were identified and up to date plans to minimise these risks were in place.

Summary of findings

The service had a robust recruitment and selection process in place. Appropriate checks were undertaken before staff began work. These checks included obtaining references from previous employers to show successful applicants were safe to work with vulnerable people.

People's medicines were managed safely. People had access to healthcare professionals when required.

People were protected against the risk of abuse. Staff were able to demonstrate solid knowledge of identifying abuse and the appropriate steps to raise their concerns. The service had comprehensive policies and procedures relating to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. These aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not deprive them of their liberty and ensures that people are supported to make decisions relating to the care they receive. Services

should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and lawful manner

People's care records were up to date and reflected their current needs and aspirations for the future. People were listened to and their choices and decisions were acted upon by staff. This included what activities they participated in and where they wanted to live.

There was a complaints procedure in a pictorial format and on DVD that was understood by people who used the service. The providers had quality monitoring systems in place to monitor practice.

The registered manager demonstrated an open management style and helped create a friendly, homely atmosphere in the service.

Staff received training and support to provide people's care and support effectively.

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. People told us they felt safe.

Staff understood their responsibilities for keeping people safe from avoidable harm. Staff knew how to report concerns. When a concern was raised the appropriate actions were taken.

People's needs were assessed to minimise the risk of avoidable harm.

The provider determined the suitability of staff before they started work at the service.

People were protected against the risk of poor medicine management

Good



Is the service effective?

The service was effective.

Staff received training and support to provide people's care and support effectively.

People were protected from having their liberty restricted. Staff had sound knowledge of their responsibilities in relation to the Mental Capacity Act 2005.

People's nutritional needs were met and they were supported to engage with health and social care professionals.

Good



Is the service caring?

The service was caring.

People were treated with kindness and dignity. People's privacy was respected.

People were actively encouraged to make choices and decisions and staff promoted independence.

Good



Is the service responsive?

The service was responsive. People had personalised and detailed care plans which reflected their preferences for how their care and support needs should be met.

People were aware of how to make a complaint. A complaints procedure was available in easy read pictorial form and in DVD format.

Good



Is the service well-led?

The service was well-led. The registered manager operated an open and inclusive service.

People and their relatives were encouraged to give feedback to the service and this was acted upon.

The provider had robust quality assurance processes in place to maintain standards and drive improvements.

Good



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Detailed findings

Background to this inspection

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

This inspection took place on 2 and 3 November 2015. The inspection was carried out by one inspector and was unannounced. During our last inspection in July 2013 we found the provider satisfied the legal requirements in each of the areas inspected.

Prior to the inspection we reviewed the information we held about the service, including notifications that we had received. Notifications are information about important events the provider is required to tell us about by law. We used this information to plan the inspection.

During the inspection we spoke with five people, three staff and the registered manager. We looked at documents that related to people’s care and support. We read the care records, risk assessments, medicines administration and health records of each person. We also looked at documents relating to staff and management. We read training records, personnel files, supervision records, shift rotas and team meeting minutes.

We read quality assurance information from both the provider and local authority commissioning and responses to separate surveys of people, their relatives and staff. We undertook general observations of how people were treated by staff and were supported with activities. We also looked at the environment of the home. This included the communal areas and with their permission, people’s bedrooms.

Following the inspection we spoke with three relatives and with health and social care professionals.

Is the service safe?

Our findings

People told us they felt safe. One person told us, "I always feel safe here". Another person said "I'm not worried or scared, they look after me nicely". Relatives of people living at the told us they were confident in the ability of staff to keep their family members safe. One relative said, "The staff know the dangers and risks and they use their systems and common sense to make sure everything is alright. I feel reassured"

People were protected against the risk of abuse. Staff knew how to recognise the signs of abuse and how to report their concerns. Staff received training in safeguarding. One care worker told us, "I would report it to my manager. If they weren't available I would call head office. If they didn't act on it straight away I would contact safeguarding at the council or the police." We looked at records and found staff followed procedures to keep people safe when a safeguarding alert was raised at the service. The appropriate authorities were informed, an investigation undertaken and people kept safe by the outcome.

People were protected from avoidable harm by having their risks assessed. Staff regularly reviewed risk assessments with people and updated them to reflect changing needs. One care worker told us, "We did a risk assessment with [person's name] as they progressed towards independent travel. We looked at what could go wrong, for example if the train was delayed or cancelled there was a risk of boarding the wrong train. To manage the risk [person's name] always confirm their travel plans with station staff and inform us by phone." The manager said "Whenever we can we work with others to reinforce risk management plans. As an example we got neighbourhood police to explain the risks around opening the front door and the importance of asking for I.D. cards from visitors".

People were supported by sufficient numbers of staff who could meet their needs. One person told us, "Staff are always here to help me to do what I want. I like cooking and they help me." A relative told us, "There has never been a problem with staffing numbers, you can tell because the place is always a hive of activity." One member of staff said, "We increase the number of staff when we have a lot on, like appointments and activities". We looked at staff rotas that showed staffing numbers increased to support people to attend social clubs.

People were protected from the risk of being cared for by unsuitable staff. The provider ensured that successful applicants for positions at The Aurora Options were subject to appropriate pre-employment checks. Staff were not permitted to start work until and two satisfactory references had been received and checks had been carried out by the Disclosure and Barring Service (DBS). The DBS provides information about a person's criminal record and whether they are barred from working with vulnerable adults.

Medicines were managed safely. Staff who administered medicines had received training to safely manage people's medicine. One care worker told us, "I have done my medication training. It taught me to give the right medicine to the right person at the right time. I ask people permission to given them medicine and I leave a reminder note as stocks start to run low." Another member of staff said, "We train regularly on Medicines. We use the MAR charts to record that we give medicine as directed by the prescriber." We checked records against stocks held and found them to be correct.

People were protected from the risk of medicines misuse by keeping medicines stored securely in a locked cabinet. Medicine administration record (MAR) charts were completed by staff and audited by the manager. Where people were prescribed medicines 'when required' (PRN) staff had clear directions from the GP.

People were kept safe by frequent audits of their environment. People participated in weekly planned health and safety checks around their home with a member of staff. Records showed that during one health and safety check a person identified that a window was not opening properly. This was recorded, reported and repaired in an appropriate time frame.

Staff were aware of the procedures to follow in the event of an emergency such as a fire. Each person had an individualised Personal Emergency Evacuation Plan (PEEP) which detailed the support that people would require to respond to an emergency. This noted that some people, due to hearing impairments would not be alerted by the sound of fire alarm but rather by flashing lights and vibrating pillows. People and staff frequently practiced building evacuations to ensure that everyone knew how to leave the building safely.

Is the service effective?

Our findings

People and their relatives told us that staff were skilled and were able to effectively support them.. One person told us, "They [staff] know me well and know what I like. They know how to work with me and run a home. A relative said, "The staff are knowledgeable and motivated. You can tell that by talking to them and watching them and seeing the improvements they have made to [relative] quality of life."

Staff received training to meet people's needs effectively. Following the completion of an induction programme staff training was tailored to the specific needs of people. One member of staff told us, "When a person experienced a number of losses in their life I did bereavement training to support them in a more empathetic way." Another member of staff said, "I learned a lot from challenging behaviour training, particularly about supporting people as their anxiety levels rise."

Records showed that training was identified in supervision and discussed in team meetings. The manager recorded staff training on a matrix that showed when mandatory training was due and what developmental training had been undertaken. This meant that people received care and support from staff with up-to-date knowledge and skills.

People received support from staff skilled in meeting their communication needs. A member of staff told us "With one person we use communication cards. With another we use Makaton. We adapt to each person's individual communication needs rather than try to impose a communication system on people that suits us." Makaton is a signing system that supports spoken words. Another member of staff said "I did communication training to support a person who is hard of hearing. I now know how to use a picture book to help them make choices, particularly around menus, cooking and choosing activities".

People were supported to maintain their independence.. One person told us, "I do a lot of stuff for myself. I don't need to take staff with me everywhere but sometimes I ask them to come when I'm getting my eyes tested or going to the bank or to somewhere I don't know." Another person told us, "The staff are good at showing me how to do things I can't do for myself. They are patient like that".

The registered manager understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberties Safeguards (DoLS). These are legal processes to ensure that people receive care and support in a way that does not inappropriately restrict their freedom. At the time of the inspection no one was subject to a DoLS at the service. The registered manager told us, "Consent is at the core of how we deliver support. We presume capacity and have individual baseline assessments for comparison. People are further supported by independent advocates at their reviews."

People told us they made choices about their care and support. One person told us, "I do the things I want and staff help me plan how to do them." Another person said, "I like being independent. I like to do things for myself but sometimes the staff have to support me so we do them together like shopping or housework." A local authority commissioner told us, "People are being supported to develop or maintain independence through individualised support."

People told us they had enough to eat and drink and had choices as to what they ate and drank. One person said, "I really enjoy the food here. I have a good long think about what I want to eat and then I write it down on the menu." Another person told us "I like the food I eat. If I don't like it I ask for something else. I don't like pie. The other day the others had a pie but I had vegetables and fish." People were involved in meal preparation. One person told us, "I love cooking and staff help me do more and more for myself. Sometimes they don't even need to help me." Another person said, "I like my food. We take turns cooking. I am an expert at meatballs and everyone loves it. My staff help me make it."

People were supported to access healthcare services as their needs required. One person told us, "The staff make appointments for me over the phone. Sometimes they come with me. Sometimes they don't. I only ask them to come with me sometimes." Another person said, "Staff take me to the dentist. I get nervous there. I go to other appointments by myself."

People were supported to access community based healthcare professionals to support their needs. One person said "When I came out of hospital last year I wasn't able to walk and two staff had to help me. A

Is the service effective?

physiotherapist used to see me and tell the staff what to do. I used a zimmer frame, then a walking frame with wheels. The staff did exercises with me. Now look at me; I'm back to normal, walking by myself."

The registered manager held regular one-to-one meetings with staff when peoples' needs and staff development were discussed. An appraisal system was in place and staff

attended regular team meetings. A staff member said, "Communication is very important in this home. Staff communicate with each other through handover and reports, with the manager in supervisions and team meetings and it means that everyone is in the know about changes to people's needs."

Is the service caring?

Our findings

People were supported by caring and kind staff. One person told us, "I really love living here. The staff are ever so nice. I have lived here a long time and hope to live here a lot longer. I'm happy and it's homely." Another person told us, "They [the staff] are friendly and can be a lot of fun. They help me a lot with everything. They make things better." A relative said, "The staff have always been superb. They are supportive, encouraging and good natured."

People were supported to make decisions from choices about their daily living. The service supported people to access an advocacy service to promote independent decision making. Advocacy services are independent of the service and local authority. This meant that people were able to express their views on the delivery of care and support they received.

Staff understood what was important to people and were able to tell us about people's preferred pastimes. Care records showed that people were supported to participate in the hobbies and activities of interest to them. One person said "[person's name] expressed an interest in fishing. We tried it out and they really enjoyed it. Now we regularly support them to travel to Kent for a fishing trip." A member of staff told us, "[person's name] enjoys table tennis, so we supported them to join a club and also to purchase and use equipment here."

People were treated with respect and dignity at all times. One person told us, "Staff always speak nicely to me". A relative told us, "The staff are always polite and courteous".

Another relative said, "The staff are patient and thoughtful. Their [staff] caring ways are really clear to see". We observed staff speaking to people in a respectful manner, offering people choices and clarifying that people understood what they were being asked.

People told us their relatives and friends were able to visit whenever they chose to. Relatives told us that the staff were friendly when they visited. One relative said, "The staff couldn't be nicer when I visit. They are friendly, smiley and chatty. I am always made to feel welcome."

Staff respected people's privacy. One person told us, "Staff don't knock on my door. I don't like it. They go to the front door and buzz me on the intercom in my room so they can tell me what they want and I can decide to let them in or not." Another person said, "Staff don't knock my door because I don't hear very well. They ring a buzzer which flashes in my room and I tell them to come in. They never just walk in." We observed staff interacting with people in a calm and friendly manner.

People were supported by staff that respected and maintained people's confidentiality. Confidential information about care and support was only shared with professionals directly involved with people.

People's bedrooms were personalised and arranged as they chose. One person told us, "I like my room and the way it is. All my bits and pieces are just where I want them. I think it looks great." A member of staff said, "We discuss people's room with them all the time. It's important that they feel ownership of their personal space."

Is the service responsive?

Our findings

People received care and support that met their individual needs. People's needs were assessed prior to moving into the service and care records reflected individual choices about support. The manager told us that people's needs and support were regularly reviewed with people, their relatives and health and social professionals.

People were supported to pursue their interests and take part in activities. One person told us, "I really like the things I do. I go to exercise, knitting, sewing and crafts groups." Another person said, "I like my horse riding and dance classes but pottery is my favourite thing at the moment."

Care records detailed the activities that people routinely participated in. For example one person was supported to assist at a crèche whilst another person attended college and a number of social clubs. Records also reflected that people were supported when they chose to engage in an alternative activity. For example people were recently supported to site see at Buckingham Place and Aqua Shard.

Staffing levels were adjusted according to the activities people wanted to engage in. A member of staff told us, "Each day people tell us what they want to do. That could be anything from shopping and clubbing to coffee shops, from going to the gym to going into central London and we support that". The registered manager told us, "The level of support we provide is based on people's need, the risks and their choices. One person goes to college and we support them to go. Another person goes on an annual skiing trip to America and we just support them with planning, packing and joining the party they travel with."

People played an active role in the life of their local church. People were supported to attend church services and social events. Staff facilitated visits from members of the congregation when people chose.

People's choices included where they lived and who provided their care and support. Care records showed that following a resident's survey in April 2015, two people stated that they would like to live in a care setting where they would have greater independence. In response staff supported people to meet with a number of prospective providers and visit a number of potential new homes. Families were fully involved in the process and people were supported by advocates. Both chose to move and were being supported with their decision. A local authority commissioner told us, "Aurora Options are managing the transition arrangements well and have been very effective in working with the residents and their families in discussing how this will be a positive change in people's lives."

People were supported to hold residents group meetings each month when their views were shared. People also elect a representative to sit on an organisation-wide service user group which, among other activities, interviews prospective staff.

People were aware of how to make a complaint. The provider's complaints process is available in an easy read format as well as on a DVD, with acting roles played by people who receive a service from the provider. When two people had civic concerns staff supported them to complain to and meet with their constituency Member of Parliament.

Is the service well-led?

Our findings

People and relatives told us there was a relaxed and happy atmosphere in the home. One person told us, "I like living here. I always have. It makes me happy." A relative said "It is a really homely place. They have created a warm, welcoming environment. It is a nice place to be in."

The manager demonstrated a clear understanding of their role, the vision and values of the organisation and her expectations of staff. The manager was visible. People and relatives we spoke with knew who the manager was and were complementary about her. One person told us, "We always talk about how I am and what I am doing." Another person said, "She [registered manager] is really nice and is happy when I am happy."

Staff said they felt listened to and supported by the registered manager. One member of staff told us, "The manager is very supportive. She constantly asks us for our views and recognises how much knowledge and experience we have." Another staff member said, "I would describe her [registered manager] as open and supportive. She is always approachable there's a good rapport. When we have problems we raise them and they get addressed". Staff told us that their views were routinely sought. One member of staff said, "We have an annual staff survey but we also say what we think in supervision and appraisal." Another member of staff told us, "We bat a lot of ideas around in our team meetings. The manager encourages us to share suggestions on making improvements."

Staff were clear about their roles and each had specific responsibilities within the team. For example several staff

were keyworkers assigned to specific people and took the lead in arranging appointments, liaising with family, coordinating activities and updating care records. One member of staff told us, "I know what is expected of me. I get feedback during my supervision sessions and I get tested on my knowledge such as medicines. This helped me improve and highlighted the importance of balance checking."

People and their relatives were encouraged to give feedback to the service and this was acted upon. People were supported by staff at a local day centre to help them complete resident's surveys. This meant that people's views were gathered independently of the care home staff that the surveys were asking for feedback on.

There was a robust quality assurance system in place to drive continuous improvement within the service. The registered manager told us, "In addition to internal audits the managers of other services undertake audits. A recent audit noted that fire records were missing so we looked for them to ensure they were in the right place."

Records showed that staff recorded all incidents and accidents at the service. These were analysed by the registered manager and care records updated accordingly. The registered manager and provider fully cooperated with a safeguarding process with the local authority and used the experience to improve the quality of care people received.

The manager regularly sought advice from health and social care professionals. For example staff worked with social workers, community nursing and physiotherapy to meet people's needs and achieve positive outcomes.