

# Aurora Options George Lane

## Inspection report

103 George Lane,  
Lewisham,  
London,  
SE13 6HN

Tel: 0208 265 8671

Website:

Date of inspection visit: 1 September 2015

Date of publication: 03/11/2015

### 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 was carried out on 1 September 2015. It was an unannounced inspection.

This was the first inspection of regulated activity carried on by the home's new provider, Aurora Options, since it registered with the Care Quality Commission to provide the service on 6 October 2014.

George Lane provides accommodation and personal care for up to four people with learning disabilities. The care home was a two-story, domestic-style property located

on a quiet residential street. People's bedrooms were on the ground floor, mezzanine and first floor. There was kitchen, dining room and living room on the ground floor and a garden to the rear of the building.

The service had a registered manager 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

# Summary of findings

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.

At the inspection we found there were sufficient staff to meet people's needs. Staff received the training and supervision required to support people effectively. Staff knew how to safeguard people from abuse. Risks of harm were assessed and managed to ensure people were safe.

People's rights were upheld in line with legislation and nobody was subject to Deprivation of Liberty Safeguards (DoLS).

Care plans were individualised and reflected people's choices and aspirations. People and their families were involved in the review of care plans. People chose the activities they participated in and were supported by staff to follow their interests.

People were supported to have their health needs assessed and to access healthcare services. Detailed health records were maintained and were reflected in care plans. We found the ordering, storage, administration and auditing of medication was safe.

People who used the service and their families told us the staff were caring. People told us they liked living in the home. Staff understood people's communication needs and spoke to people with dignity and respect.

The service had procedures in place to monitor quality assurance. The views and suggestions of people, relatives and staff are sought to improve service provision

# 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.

Appropriate safeguarding procedures were in place and staff were conversant with their application.

Medicines were managed safely. Staff received training in medicines administration and medicines records were audited.

Good



### Is the service effective?

The service was effective.

People were supported to access appropriate services to meet their healthcare needs.

Staff understood how to protect people's rights by putting into practice the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Good



### Is the service caring?

The service was caring.

People who used the service and the relatives we spoke to told us the staff were kind and caring.

Staff knew people well and understood their communication needs.

People were provided with care that was personalised to their individual needs.

Good



### Is the service responsive?

The service was responsive.

People participated in activities of their choice at home and within the local community.

People were involved in planning care to meet their needs.

Good



### Is the service well-led?

The service was well led.

The service had effective quality assurance and information gathering systems in place.

The views of people, their relatives and staff were sought to improve the quality of the service.

Good



# George Lane

## 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.

This unannounced inspection took place on 1 September 2015. It was carried out by one inspector. Before the inspection we reviewed information we held about the service and used this to plan the inspection.

We spoke to three people who lived in the home, three relatives and two staff. Following the inspection we spoke to a director.

During the inspection we reviewed the care plans, risk assessments, skills teaching programmes and health files for all four people. We saw supervision minutes for three staff, team meeting minutes and training records. We also read quality audits, health and safety checks, medicines records and the communication book.

We undertook general observations of support and interactions between people and staff in communal areas.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, “I feel safe all the time here.” Another told us, “It’s good here, I’m not worried at all”. Relatives of people using the service told us that they had confidence in the care home’s ability to keep people safe. One relative said, “I have never had a doubt that they will keep [person’s name] safe”.

Staff assessed risks. Records showed that each person had an individualised risk management plan which they were involved in developing. Risk assessments took into account personal preferences and specific needs and corresponded with care plans. For example, one person wanted to travel around their local community independently. Risks were managed by ensuring the person’s familiarity with routes and communicating with staff in the home when in the community. Risk assessments were regularly reviewed.

Training records showed that staff had received safeguarding training. A member of staff told us how they would identify abuse and neglect and the action they would take to keep people safe. This included whistleblowing to the local authority as well as to the regulator.

Relatives told us there were sufficient numbers of staff to meet people’s needs and ensure their safety. A relative told us, “There is always enough staff about. When we visit George Lane some staff are doing things with people at

home and at the same time some staff are out and about with people”. The rota matched the levels of staff at the time of the inspection. We observed that there were enough staff to support people to do the activities they chose.

People had consistently received their medicines safely as prescribed. Staff had completed medicine administration record (MAR) charts. These showed that people received the right medicine, at the right dose and at the right time. Some people were prescribed ‘as required’ medicines. Staff had clear guidelines on the circumstances in which they should support people to receive their ‘as required’ medicines.

Records included information on the purpose of and potential side effects of each medicine. A member of staff said, “This gives us the knowledge about what people’s medicines are for and what to look out for if they are reacting negatively to taking it”. Staff told us they would contact a person’s GP for advice if they were concerned about a person’s medicines. People’s medicines were stored securely to prevent misuse.

Staff had taken steps to protect people from the risks of fire. Staff had completed regular fire alarm tests and practice drills. Each person had a personal emergency evacuation plan (PEEP), which detailed the specific support that was required in order to ensure a safe evacuation in the event of a fire at the home.

# Is the service effective?

## Our findings

People told us the staff who supported them were capable and skilled. A person said, “They look after me well. They know what they are doing.” A relative told us, “I think the staff know their stuff. You can tell by the way they have helped our [person’s name] improve. That couldn’t happen without patience and really knowing about care”.

People were supported by staff who were trained to meet their needs. Records showed that within the last year, training had included safeguarding, risk assessment, health and safety and food hygiene. A member of staff told us, “We have mandatory training and developmental training. We discuss what training we are going to do with our manager and feed it back to the team once we’ve done it. So everyone learns from each course”.

Staff told us they received one to one supervision meetings with the registered manager every eight weeks. Records confirmed this. Staff said, “We use supervision to discuss how to improve the quality of people’s lives”. The registered manager also provided staff with annual appraisals to evaluate the effectiveness of staff in meeting people’s needs”.

People told us they liked the food they received. One person told us, “I choose what I want to eat and sometime I help make it. I like the dinners most.” Another person said, “I might have a cooked breakfast, or cereal or I might have toast. It depends how I feel. Staff ask me what I want and I tell them”. Menus showed choice and variety at meal times.

A relative told us “I don’t have any concerns about food the home serves up. There’s plenty of fruit and vegetables”. People had free access to the kitchen to make drinks and snacks. We observed people being offered a choice of drinks throughout the day.

Care records showed that people had access to the healthcare they needed. For example a person with complex health needs was supported by staff to attend regular hospital, optician and chiropody appointments. People had an annual health check with their GP to monitor their wellbeing. Personalised health plans were regularly reviewed for changing needs.

The Care Quality Commission monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). These safeguards are part of the Mental Capacity Act 2005. They are a legal process followed to ensure that people are looked after in a way that does not inappropriately restrict their freedom. The provider had a policy and procedure in place regarding the MCA and DoLS and staff demonstrated a good knowledge of MCA principles. A member of staff told us, “We always assume that a person has capacity about everything they do”.

People gave consent to care and treatment appropriately. Records showed that staff had completed Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) training. Staff told us, “We involve people in all of the decisions that affect them. They make their own choices and we support them”.

# Is the service caring?

## Our findings

People told us that the staff who supported them were caring and kind. A person said, “The staff are happy and kind. We talk a lot and do nice things together.” A relative told us, “Staff are really good, they know [person’s name] really well. They have worked with them for ages. I would say they’re a hundred per cent caring with [person’s name] and you can see they’re better off for it.”

Staff spoke slowly and calmly to people whilst supporting them to develop their skills. Staff gave people prompts, directions and praise when supporting them with household activities. This resulted in people completing tasks independently. We observed staff interacted with people in a pleasant and friendly manner, to which people responded with smiles.

Staff supported people in line with their preferences and encouraged them to be as independent as possible. For example, a member of staff asked a person when they wanted to eat lunch and what food they wanted. A person told us, “Staff ask me what I think and ask me to choose things. That’s good isn’t it? I can do the things I like.”

Staff ensured people’s wellbeing. For example, staff had noted in a person’s care records that they became anxious in crowded places. Daily notes and team meeting minutes showed staff had planned how to support the person to follow their interests whilst avoiding crowded places.

People told us their privacy was respected. One person said “I’m alright to go to my room when I want and I can stay there how long I want. Staff knock on my door when they want to come in”. Relatives told us, “We can visit whenever we want. We don’t need to make an appointment and they always make us feel welcome.”

# Is the service responsive?

## Our findings

Staff assessed people's needs and planned and delivered appropriate support. Staff involved people in the development of their support plans. Records showed staff asked people about their likes, dislikes, preferences and aspirations. Risk assessments were discussed at meetings attended by people, relatives and staff. Plans were developed to meet people's needs and then regularly reviewed.

Most people's records included full details of their support needs and how staff had planned and delivered their care. However, we found that one person did not have a support plan to meet all of their personal care needs. This was brought to the attention of a senior and they acted promptly to ensure a plan was in place to fully meet the person's needs.

Staff supported people to follow their individual interests. Staff arranged monthly meetings with people. Notes of these meetings showed staff asked people about their hobbies and interests and made plans about the support needed to follow them.

People told us that there were enough staff to support them to participate in activities of their choice at home and in the community. For example, one person told us, "I love going to the club on a Tuesday. The staff take me and it's really good fun".

People told us that they were supported in a range of activities in the community. A relative said, "Definitely no complaints on that score. [Person's name] is always out and about. Sometimes when we turn up unexpected she is out doing things with staff, so we are pleased when we see her and pleased when we don't."

Relatives told us that people chose the décor and furnishings of their rooms. One relative said, "It looks much better now and [person's name] really feels ownership of it."

The service had a complaints procedure in a format that could be used by people who have learning disabilities. Team Meeting minutes showed the registered manager and staff discussed how to ensure people knew how to make a complaint. A person told us, "I can complain to the manager or the head office or the social worker. I have the telephone numbers in my room".

People and their relatives were asked for their views of the service. Questionnaires were sent to relatives and surveys to people. Among the feedback received was a request for improved communication from the home to people's families. One relative told us, "Now they are very good at keeping us informed about what's going on. They phone us and we have had meetings."



# Is the service well-led?

## Our findings

Relatives and staff said they felt the home was well led. People knew the registered manager by name. A person told us, “She is very nice. I can always talk to her about things”. Relatives said, “She is available and approachable and listens to what we have to say”. A member of staff told us, “She encourages feedback from everyone and is keen for us to share new ideas so that we continuously improve”.

A range of quality and monitoring audits were in place. These included health and safety checks, medicines audits and checks of people’s finances. The service had a detailed statement of purpose and mission statement. Staff demonstrated good knowledge of the providers’ vision.

Daily records completed by staff about people were detailed and reflected their care plans. These were checked for quality by the registered manager.

People who use the service, their families and staff were asked for their views about the care being delivered. People also participated in a bi-monthly ‘service users involvement group’. Staff told us, “The group have for example, reviewed the welcome pack, devised a 3 month probation review form for new staff, made suggestions for the Driving Up Quality Code, and are working on an annual audit for the service”.

Staff were aware of their roles and responsibilities and told us, “We have access to a manager 24 hours a day. If our manager is not on duty we have an out-of-hours manager we can phone”. Staff meetings were held monthly and minutes were available for those unable to attend. Minutes showed the frequency of meetings and staff sharing ideas about improving the service. We noted that the registered manager took the opportunity to remind the staff about the complaints procedure at team meetings.