

Aurora Options

George Lane

Inspection report

103 George Lane
London
SE13 6HN

Date of inspection visit:
30 October 2017

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08 January 2018

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

We conducted an inspection George Lane on 30 October 2017. The inspection was unannounced.

At our last inspection on 1 September 2015 we rated this service "Good". At this inspection, we found the service remained "Good".

George Lane provides accommodation and personal care for up to four people with learning disabilities. The care home is a two storey property located in the Lewisham area. At the time of our inspection, there were three people using the service.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff followed safe practices for administering and storing medicines. Staff had completed medicines administration training within the last year and were clear about their responsibilities.

Risk assessments and care plans contained clear information for staff. These included specific goals for each person which were evaluated every month with the person's key worker.

Staff demonstrated knowledge of their responsibilities under the Mental Capacity Act 2005. People's rights were protected and their liberty was only deprived in accordance with legal requirements.

Staff demonstrated an understanding of people's life histories and current circumstances and supported people to meet their individual needs in a caring way.

People using the service and their relatives were involved in decisions about their care and how their needs were met. People had monthly 'resident's meetings' where they discussed activities and issues affecting the running of the home. People had annual care plan review meetings with their social worker, key worker and relatives to review their goals and update their care plan and risk assessments in line with their current needs.

Recruitment procedures ensured that only staff who were suitable, worked within the service. There was an induction programme for new staff, which prepared them for their role. Staff were provided with appropriate training to help them carry out their duties. Staff received regular supervision. There were enough staff deployed to meet people's needs.

People who used the service and their relatives gave good feedback about the staff. Staff respected people's privacy and dignity and people's cultural and religious needs were met.

People were supported to maintain a balanced, nutritious diet and were assisted in developing their cooking skills. People were supported effectively with their health needs and were supported to access a range of healthcare professionals.

People's relatives and staff felt able to speak with the registered manager and provided feedback on the service. They knew how to make complaints and there was a complaints policy and procedure in place.

People were encouraged to participate in activities they enjoyed. People had a separate activities schedule which was discussed with them and updated when needed.

The organisation had adequate systems in place to monitor the quality of the service. Feedback was obtained from people through monthly residents meetings and key worker meetings. There was evidence of auditing in different areas of care provided and action plans were in place and monitored on a monthly basis to secure improvement.

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 remained good.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

The service remained 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 and sustaining improvements previously made to the service, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection took place on 30 October 2017. This inspection was carried out by a single inspector and was unannounced.

Prior to the inspection we reviewed the information we held about the service. We contacted a representative from the local authority safeguarding team and spoke with one more healthcare professional who worked with the service to obtain their feedback.

We communicated with three people using the service and four relatives of people using the service. Due to people's specific communication needs we were able to communicate using gestures and did obtain one word answers to some of the questions we asked. We also spoke with two care workers, a senior care worker and the registered manager of the service. We looked at a sample of three people's care records, three staff records and records related to the management of the service.

Is the service safe?

Our findings

Care was planned and delivered to help ensure people's safety. We saw detailed risk assessments which covered specific risks relevant to the person's daily habits, routines or social preferences so staff could help them to safely manage these. For example, we saw one risk assessment which covered the risk of two people sharing a taxi to attend the same activity. The risk assessment specified what the specific risks were in relation to two people sharing a vehicle and included practical advice for care staff on what to do as well as contingency plans if these techniques did not work. There was also an additional one page profile on each person's file that provided a quick guide to all of the details of specific risks involved in providing care for people.

People were involved in making decisions related to positive risk taking that helped them to increase their independence. For example, some people's goals included developing their cookery skills. We saw action plans which specified how staff could help people to achieve this goal by helping them to manage the risks of individual activities. We saw this taking place on the day of our inspection as one person was encouraged to prepare a hot drink for themselves. Staff helped to manage the risk of scalding by supervising the completion of this task.

People's relatives told us they felt their family members were safe using the service. The provider had a safeguarding adults policy and procedure in place. Staff told us they received training in safeguarding adults as part of their mandatory training and demonstrated a good understanding of how to recognise abuse, and what to do to protect people if they suspected abuse was taking place. Staff also confirmed they knew how to escalate concerns if they felt they were not being listened to, by accessing the provider's whistleblowing procedure. Whistleblowing is when a staff member reports suspected wrongdoing at work. Staff can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone's health and safety is in danger. Staff were knowledgeable about the different types of abuse and explained the systems that were in place to manage the risk of financial abuse. One staff member told us, "It's very important that we keep all receipts as we need to account for where people's money is. These are also checked by the manager every month." A member of the safeguarding team at the local authority confirmed they did not have any concerns about the safety of people using the service.

Staff received emergency training as part of their mandatory training which involved what to do in the event of an accident, incident or medical emergency. Staff told us what they considered to be the biggest risks to individual people they cared for and they demonstrated an understanding of how to respond to these risks. For example one staff member told us, "One of the biggest risks for the people here is road safety. It is very important that people go to activities of their choice, but we have to be very careful when escorting them and make sure people are safe." People had specific Personal Emergency Evacuation Plans (PEEPs). PEEPs are bespoke 'escape plans' for people who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency. We found the PEEPs included specific details of the types of risks involved with trying to evacuate the people using the service and included specific instructions for staff about what to do in the event of an emergency.

Relatives we spoke with told us enough staff were provided to meet the needs of their family members. One relative told us, "There are as many staff as people living there" and another relative said, "There are always enough staff."

The registered manager explained that they assessed the numbers of staff that were needed on a weekly basis. She said there were sometimes necessary variations in staffing numbers due to the activities people were participating in which could necessitate higher staff numbers. We looked at the staff rota for the month of our inspection and saw that an appropriate number of staff had been scheduled for the week. We also saw the number of staff on duty reflected what was on the rota. We noticed that staff did not appear rushed when conducting their duties and they had time to talk to people. Staff confirmed that they felt there were enough of them on duty at any time. Comments included "There are enough staff" and "There's enough of us on duty. It's never been a problem."

We looked at the recruitment records for three staff members and saw they contained the necessary information and documentation which was required to recruit staff safely. Files contained photographic identification, evidence of criminal record checks, references including one from previous employers and application forms which included details of people's employment history. This helped to ensure that staff were suitable to work with people using the service.

Staff continued to follow safe practices for administering and storing medicines. Medicines were delivered on a monthly basis for named individuals by the local pharmacy in 28 day blister packs. Medicines were stored safely for each person in a locked cupboard and we saw the temperature for refrigerated medicines was controlled, monitored and recorded on a daily basis. The temperature was at a safe level on the day of our inspection.

We saw examples of completed medicine administration record (MAR) charts for three people for the month of our inspection. We saw that staff had fully completed these. We checked the medicines available for three people and counted the amounts stored. We saw these tallied with the records kept.

We saw copies of monthly medicines checks. The monthly checks we saw did not identify any issues and included a check of the amounts of medicines stored as well as the accuracy of records kept.

Staff had completed medicines administration training within the last two years. When we spoke with staff, they were knowledgeable about how to correctly store and administer medicines.

Is the service effective?

Our findings

People rights were protected in line with the Mental Capacity Act 2005 (MCA) as the provider continued to meet the requirements of the Act. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and found that the provider was meeting the requirements of the MCA. Staff had received MCA training and were able to demonstrate that they understood the issues surrounding consent. We saw that where people using the service were being deprived of their liberty mental capacity assessments had been conducted appropriately and lawful DoLS authorisations were in place.

People's relatives told us staff had the appropriate skills and knowledge to meet their needs. Relatives said, "They're good" and "They know what they're doing." The registered manager told us, and staff confirmed, that they completed training as part of their induction as well as ongoing training. Records confirmed that all staff had completed the provider's mandatory training in various topics as part of their induction. These topics included safeguarding adults, behaviour that challenged and food hygiene. Staff completed additional training which was relevant to the care of the people they were supporting. This included training in epilepsy and communication techniques including sign language and Makaton.

Staff confirmed they could request extra training where required and they felt that they received enough training to do their jobs well. Records reflected that staff training was up to date. One staff member told us, "We get ongoing training, face to face and online. We get more than enough."

Staff told us they felt well supported and received regular supervision of their competence to carry out their work. We saw records that indicated staff supervisions took place every two months. The registered manager told us annual appraisals of staff performance were conducted once they had worked at the service for one year and we saw evidence of these. Staff told us they found supervision sessions were useful to their roles. One staff member told us, "These are useful. You can talk about anything you want."

People were encouraged to eat a healthy balanced diet. People's care records included information about their dietary requirements and exactly what support they needed in this area of their lives. Where necessary, people were referred for specialist advice from a dietitian and we found their advice was incorporated within the person's care plan. For example we found one person's goal was to lose weight. We found specific advice had been sought from a dietitian to help the person meet this goal and their advice had been incorporated into their care plan and was monitored at monthly key worker review meetings.

Care records contained information about people's physical and mental health needs and these were also recorded in greater detail in specific health files. The service had up to date information from healthcare practitioners involved in people's care. When questioned, staff demonstrated they understood people's health needs. For example one staff member had detailed knowledge about the health needs of people we asked them about. They were able to describe their health conditions and how they managed these.

We saw separate hospital passports were contained within people's health files. These included information about their health needs as well as other matters including how they communicated and what their likes and dislikes were in relation to various matters. We were told that people carried this document with them if they were admitted to hospital in order to ensure that hospital staff were aware of the person's individual needs.

Is the service caring?

Our findings

People's relatives gave us good feedback about the care workers. Comments included "Staff are nice and polite" and "They're all really lovely."

Staff demonstrated a good understanding of people's life histories. They told us that they asked questions about people's life histories and people important to them when they first joined the service and we saw these details recorded in people's care records. Staff members we spoke with gave details about people's lives and people important to them. They were well acquainted with people's habits and daily routines. For example, staff were able to tell us about people's likes and dislikes in relation to activities as well as things that could affect people's moods.

People's future goals were targeted towards developing people's skills and encouraging them to be as independent as possible. This included helping people to access activities they enjoyed and to participate more with the running of the home. Staff spoke passionately about promoting people's independence. Their comments included "People's goals are very important to us" and "We help people to live the lives they want."

Relatives confirmed that staff respected people's privacy and dignity. They told us "They treat [my family member] with respect" and "They knock on doors and are very polite." Staff also explained how they promoted people's privacy and dignity. For example, one staff member said, "We're very discreet when we assist people with their personal care." Our observations demonstrated that people were treated with respect. For example we saw staff knocking on people's doors and waiting for a response before entering. We also found specific advice recorded within people's care records about risks to people's dignity which emanated from specific behaviours they had. The advice recorded included reminders to care staff to deal with issues quickly and to be mindful of the person's feelings.

Care records demonstrated that people's cultural and religious requirements were considered throughout their stay at George Lane. People's cultural and religious requirements were recorded in their care plans and staff supported people to attend church on Sundays if they wanted to. We saw that attendance at church groups was included in some people's activity plans.

Is the service responsive?

Our findings

We found that the provider continued to review people's needs on an annual basis. This assessment was comprehensive in its scope, and included reviewing people's support needs in areas such as daily living, medicines, access to the community, maintaining good health, finances and meeting people's cultural and religious needs. The care records we looked at included a care plan which was a comprehensive overview of their health and social care needs and indicated their likes and dislikes in relation to a number of areas including food and drink, activities, their preferred routines and a separate action plan which monitored their progress with their goals.

People's goals were considered in depth and reviewed on a monthly basis by their key worker. This was recorded in specific action plans and we saw there was a separate action plan known as 'Ten steps' for each of the person's goals. This plan included specific steps that staff and people using the service needed to meet in order to meet their goal and this was monitored every month.

People were encouraged to express their views and be involved in decisions regarding their care. We saw all care records were written from the perspective of the person and the notes from key worker's monthly evaluations indicated discussions were held to review people's progress with their goals. People's goals were also monitored by the registered manager in monthly audits to ensure that people were making progress as far as possible.

Relatives confirmed that they were involved in decisions and kept informed about their relative's care. They told us "They do keep me informed of what's going on" and "I've always been involved and they always tell me what's happening."

People were encouraged to participate in activities they enjoyed and people's feedback was obtained to determine whether they found activities or events enjoyable or useful. We saw from people's care records that some of their future goals related to social activities. For example, one person was encouraged to access facilities in the local area and care workers researched local activities to find those which people would enjoy. Each person had their own activities plan which indicated what type of activities they did on a daily basis. Most people attended a local day centre and in the morning of our inspection we noted all people were out of the home attending these. People also accessed different activities depending on their preferences and personal tastes. This included dancing groups, coffee mornings and attending church. We saw care records included details of activities people had tried in the past and had not liked. The registered manager told us they learned from these experiences and used this knowledge to help people find activities that were more appropriate.

Relatives we spoke with confirmed they would speak with the registered manager if they had reason to complain. One relative told us "I've never had a complaint, but I'd be happy to ring up if there was anything I was worried about." The service had a complaints policy which outlined how formal complaints were to be dealt with. This was also available in an easy read format. The service had never received a formal complaint, but the registered manager explained that they took action to deal with informal complaints

promptly.

Is the service well-led?

Our findings

The service had an open culture that encouraged people's involvement in decisions that affected them. Staff told us the registered manager was available and listened to what they had to say. Their comments included "She is very easy to talk to" and "She's approachable and very understanding." We observed the registered manager interacting with people using the service throughout the day and conversations demonstrated she knew people well and spoke with them regularly.

Information was reported to the Care Quality Commission (CQC) as required. We spoke with a member of the local authority and they did not have any concerns about the service.

Monthly 'Resident's meetings' were held for people using the service. Minutes were kept of each of these meetings and we saw details of further actions which were taken in response to feedback given. This included changes to the decoration of the home and the garden area.

The provider had good links with the local community. People who used the service participated in activities at other organisations such as local day centres. People regularly visited these organisations and we saw their care records detailed the type of activities they participated in. This included the local 'speaking up' group which was an advocacy project for people with learning disabilities in the local community. Staff also encouraged people to participate in an internal 'Thumbs Up' group which disseminated information from the provider and encouraged people's involvement in provider issues.

We looked at accident and incident records. There was a clear process for reporting and managing these. The registered manager told us they reviewed accidents and incidents to monitor trends or identify further action required and we saw evidence of this.

Staff demonstrated that they were aware of their roles and responsibilities in relation to people using the service and their position within the organisation in general. They explained that their responsibilities were made clear to them when they were first employed. Staff provided us with detailed explanations of what their roles involved and what they were expected to achieve as a result. We saw people's job descriptions were also included in their files.

General quality audits were completed by the registered manager. These were incorporated within a comprehensive annual service plan that was reviewed every three months. The service plan was split into sections which covered different areas of the service. It included monitoring of service user objectives to ensure that actions were followed up, monitoring of staff training and development and environmental checks. The plan included an action plan which gave details of further actions required and time limits for these to be completed.

The provider worked with other organisations to ensure the service followed best practice. We saw evidence in care records that showed close working with local multi-disciplinary teams, which included the GPs and dietitians. The provider held meetings with various professionals to provide what one senior member of staff

called "joined up care". They told us they conducted regular meetings with professionals in order to develop effective strategies to provide people with the best care.