

# Azure Charitable Enterprises

# Keele Drive

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 30 July 2018 and was announced. We announced the inspection because the service is a supported living service and we needed to be sure people and staff would be available when we called. A previous inspection in July 2015 rated the service as Good overall. At this inspection we found the provider was continuing to meet the requirements in all domains and continued to be rated Good.

Keele Drive provides care and support to people living in a 'supported living' setting, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The service comprises of a community of eleven houses, ten of which had four bedrooms and the other, two. At the time of the inspection the service was supporting 39 people, not all of whom required assistance with personal care. Only one person was being supported with personal care at the time of the inspection.

Risks within the service were recorded, monitored and reviewed. The provider had a safeguarding policy in place and any issues had been dealt with appropriately.

Sufficient staff were employed to support people's personal care needs. Staff told us they worked as a team and supported one another. Appropriate recruitment systems continued to be operated.

Medicines in the service continued to be managed and monitored appropriately. Staff had received training on the safe handling of medicines. The person was supported to maintain their properties in a clean and tidy manner.

The individual's needs were assessed and care delivered in line with these needs. Staff had undertaken a range of training and had sufficient skills and experience to support people with individual care. The person told us staff supported them to have a healthy diet.

The service was working within the requirements of the Mental Capacity Act 2005. The individual was supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The service was aware family members had an active lasting power of attorney. The service was working with the housing association to ensure the home environment best supported people's needs.

The person told us they were happy with the staff and the support they received. Staff were committed to ensuring people they supported received good quality and personal support. They had good knowledge about the individual's backgrounds and care needs. The person told us they were supported to make day to day decisions about their care. Questionnaires completed by people who used the service were extremely positive about the support they received.

The person's privacy and dignity were respected. Staff spoke knowledgeably about how they promoted and encouraged people's independence.

Care records contained information that supported staff to deliver person centred care that met the individual's needs. Care was reviewed and the individual was involved in reviewing their care needs. As far as practical they were supported to access a range of events and activities, both within the service and outside. There had been no recent formal complaints about the service.

The person and staff spoke highly of the registered manager who they felt had the needs of people who used the service as her constant focus. Staff said the registered manager was approachable and offered good support and knowledge.

Staff questionnaire responses were extremely positive and they told us there was a strong and stable staff team at the service.

Regular audits and checks were in place to monitor the quality of the service. The service worked in partnership with a number of outside and local agencies. The service was meeting legal requirements by displaying the current quality rating and submitting notifications to the Commission.

## 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.

# Keele Drive

## 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.

Keele Drive provides care and support to people living in a 'supported living' setting, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of the inspection the service was supporting 39 people, although only one person was actively being supported with personal care needs.

This inspection took place on 30 July 2018. The inspection was announced. We gave the service 48 hours' notice of the inspection visit because only one person is being actively supported with care and we needed to be sure they would be in. The inspection team consisted of one inspector.

Before the inspection we reviewed information available to us about this service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts; share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. We contacted the local authority contracts team, the local authority safeguarding adults team. We used their comments to support our planning of the inspection.

We spoke with one person who used the service. Additionally, we spoke with the registered manager, a team leader and a support worker.

Because of the nature of the service we were unable to directly observe care and support offered to people. We looked at a range of documents including one care record for the person who used the service, one medicine administration records, two staff files, staff training and supervision records, and a range of audits and other management and meeting records.

# Is the service safe?

## Our findings

At our inspection in July 2015 we rated this domain as "Good." At this inspection we found the provider continued to meet the requirements of this domain and acted within the regulations related to this area.

The individual receiving support told us they felt safe with the service. The provider had a safeguarding policy in place and had dealt with any concerns in an appropriate manner. Systems were in place to support people with their finances and ensure proper records were kept.

Risk assessments with regard to the delivery of care and support were in place, were individual and contained good detail. Responsibility for the premises belonged to a housing association, although the provider carried out day to day checks to ensure the environment was safe. Fire procedures were in place and a personal emergency evacuation plan was available. There had been no recent serious accidents or incidents. Staff told us they had received training with regard to lone working.

The person receiving care told us there were enough staff to assist them. They told us they had a team of people who supported them on a regular basis. They said, "I've got help around. It's available 24 hours a day if needed. I've got people I can call on." Staff told us there were enough staff available to provide the required support. They said staff in other houses would also be available, if needed.

At the previous inspection we found staff recruitment processes to be safe and appropriate. At this inspection we found this continued to be the case, including the undertaking of Disclosure and Barring Service (DBS) Checks and the taking up of two references.

Medicines continued to be stored and managed appropriately. Systems were in place to ensure there were stocks available and for the disposal of medicines no longer required. Records regarding medicines were up to date and contained no gaps. Staff had received training with regard to the safe handling of medicines.

Staff supported the individual to maintain the home in a clean and tidy manner. The person was encouraged by staff to undertake housekeeping tasks as part of their daily routine, and as part of maintaining and developing their independent living skills.

## Is the service effective?

### Our findings

At our inspection in July 2015 we rated this domain as "Good." At this inspection we found the provider continued to meet the requirements of this domain and acted within the regulations related to this area.

The person's needs had been assessed and care and support was delivered in line with these assessed needs. They told us about the staff. They said, "They help with cooking and all kinds of stuff." The person also told us staff listened to them and supported them in the way they wanted. Records showed staff encouraged the person to be independent, but also offered advice and direct around certain decisions.

The individual told us staff knew how to support them. They said, "I don't get any strangers. I know them all and they all know what to do." Staff told us, and records confirmed that a range of training had been provided and undertaken. Staff told us some training was provided on line whilst additional training was delivered face to face. Individual staff records showed mandatory training was renewed in line with the provider's guidelines. Staff told us, and records confirmed they had regular access to supervision and an annual appraisal. Staff also told us they did not have to wait until supervision sessions to raise any issues and could speak with team leaders or the registered manager at any time.

The person told us staff helped them with making meals and cooking. They told us staff were also supporting them to try and eat more healthily. Staff had a good understanding of the individual's dietary requirements and the support needed. There was clear evidence the individual was supported to access a range of health services and to attend hospital and outpatient appointments. The individual was supported and encouraged to undertake daily exercises recommended by a physiotherapist.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had an understanding of the MCA and how it related to a supported living service. Family members for the individual held Lasting Power of Attorney (LPA) and copies of these documents were available in the person's file. LPA is a legal process that allows designated individuals the authority to make decisions on a person's behalf, if they do not have the capacity to do so themselves. Where appropriate the individual had given their consent, such as agreeing for staff to enter their property and assist them with medicines.

The houses that comprise Keele Drive were owned by a housing association which was not connected to the provider and a tenancy agreement was in place for the person who lived there. The provider was working with the housing association and the local authority to redesign the accommodation to better support the individual and their changing needs. The provider had put in place interim arrangements to ensure full access to facilities was available until the work was finally completed.

# Is the service caring?

## Our findings

At our inspection in July 2015 we rated this domain as "Good." At this inspection we found the provider continued to meet the requirements of this domain and acted within the regulations related to this area.

The service was committed to ensuring people they supported received good quality and personal support. Staff spoke enthusiastically about how they tried to ensure people could access a range of events and experiences. They also spoke about encouraging the person to be as independent as they possible could and supporting them to have full involvement in their care. They spoke about how the service supported inclusivity and told us they tried hard to make sure all people being supported by the service could enjoy the same experiences as everyone else. Staff told us, "This is a community. We have a vested interest in the clients. It's hard to explain, but we work with the people" and "You build up a trust with people. No two days are ever the same."

Staff had an exceptional knowledge of the background, support and individual preferences of the person they were providing care for. They told us the individual had been supported by the service for a number of years, before they required more intensive support and assistance. They said this meant they had a very good understanding of the person as an individual, rather than just the personal care tasks they were required to support them with. Staff said they understood how best to help and motivate the individual and encourage them to make improvements to their daily life. The individual told us they staff helped them in a variety of ways. They told us, "They staff are okay. They are good at doing their job."

The person told us they were involved in making decision about their day to day care. They told us, "Staff sit down with me and ask me what I want." Records showed that the individual had been asked about preferences and who else they would like to be consulted about their care. A monthly review process was undertaken when the person was asked if they were happy with the care and wanted to raise any issues and make changes. Records also noted a LPA was in place and that these individuals were actively involved in care decisions.

People across the service were encouraged to express their views across the service with the use of an annual questionnaire. Results from the 2017 questionnaire showed there was a high level of satisfaction with the service overall and the approach of staff.

The individual told us staff respected their privacy and that they were able to spend time alone, listening to music or playing games. Staff also talked about respecting the person's rights and preferences. They told us the provider had a policy that all staff should knock twice before entering a person's house, but then could if there had been no reply. Staff also spoke exceedingly knowledgeably about how the encouraged the person to be as independent as possible and helped them to maintain of develop their skills and abilities.

The individual told us their family played a big part in their life. They told us relatives were always welcome to visit them in their home and that they were supported and encouraged to go out with family members.



## Is the service responsive?

### Our findings

At our inspection in July 2015 we rated this domain as "Good." At this inspection we found the provider continued to meet the requirements of this domain and acted within the regulations related to this area.

Care records contained a wide range of information designed to deliver personalised support. Care plans had been developed to meet the person's varying needs around communication, behaviour issues, personal care, medicines and relationships. Care plans contained good quality and detailed information about the individual and how staff could best support them. Where appropriate, suggested staff responses to certain scenarios were included in care information, making the plan highly personal and responsive. Regular reviews of care were undertaken and included input from the person and other key individuals.

The individual told us staff supported them to go out shopping and to attend appointments. They told us they were frustrated at the moment because discussions were ongoing with the local authority about additional support time to assist them to go out and socialise. They said this was not the fault of the service and that staff and the registered manager were trying to sort this out.

Staff and the registered manager confirmed discussions were being had with the local authority about funding to support the person to gain improved community access. Staff spoke about taking people from the service out in their own time, or doing things at the end of shifts, to assist people getting out into the community. The registered manager said staff often used their own cars to transport people to events or take them out when other arrangements could not be made. Staff told us they wanted all the people who used the service to be able to make spontaneous choices, like anyone would be able to do. The person told us they could visit other people in the complex if they wished and had regular contact with their family.

The registered manager told us there had been no recent formal complaints. The individual we spoke with told us they had not had cause to complain. They told us, "I have made a complaint in the past, but nothing recently. I can speak to someone anytime if I have any concerns." A copy of the provider's complaints process was available to the individual. End of life wishes had been raised with the person but they had not wished to make formal plans at the current time.

# Is the service well-led?

## Our findings

At our inspection in July 2015 we rated this domain as "Good." At this inspection we found the provider continued to meet the requirements of this domain and acted within the regulations related to this area.

The home had a registered manager who had been registered with the Commission since October 2010.

Staff spoke highly of the registered manager and the contribution to the service. They explained she had originally started working at the service as a volunteer and had worked her way up to become the manager of the service. They told us this gave her a good understanding of the service and also the needs of the people who used the service. Staff told us the registered manager was very supportive and they could speak with her easily and at any time. Comments included, "If you've got an issue then [registered manager] will always support you. She will give you time" and "[registered manager] is good. I've worked with her quite a while. She knows the job inside out. She knows what she wants and has a vast knowledge. The job comes first and the clients are her main focus." The person receiving support told us the registered manager would pop in and speak to them on a regular basis.

People and staff continued to be actively encouraged to share their views through the use of team meetings and questionnaires. Staff told us they could raise issue in team meetings and any matters would be addressed. The 2017 'client' survey showed high levels of satisfaction with the service and a number of positive comments about the provider and the staff. The 2017 staff survey was also positive with staff saying they were involved in learning and development, felt recognised and valued and felt supported. Staff told us many staff members had worked at the service for a number of years and that there was a strong supportive staff group. One staff member told us, "If I didn't like it I wouldn't be here."

A range of checks and audit processes continued to be undertaken. Checks were carried out on medicines and people's care files by the service's team leaders. The registered manager then reviewed these checks and carried out addition spot checks of her own. There was evidence actions points had been noted and a record made when the matters had been dealt with of completed.

The registered manager spoke about how the service worked in partnership with a range of other organisations, and records confirmed this. There was evidence of the service working with the local community police service on helping people stay safe in the community and around hate crime. The service was working with Mencap on helping people to stay safe online and with the local authority on personal safety. The service had recently been approached by Remploy to assist them with a price of work on the CQC's duty of candour and garnering the views of people with a learning difficulty.

The registered manager also spoke about promoting inclusion, choice and independence as set out in 'Building the Right Support' guidance. She told us the service worked hard to ensure people had the same rights and opportunities as anyone else and were supported to live fulfilling lives.

The provider was meeting legal requirements of their registration. The service had notified the Commission

of significant events at the home, such as deaths, serious injuries and DoLS applications, as they are legally required to do. The service was displaying their current quality rating at the home and on the provider's website.