

Azure Charitable Enterprises

Azure Charitable

Enterprises - Washington

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 13 June 2016 and was announced. The inspection was announced to ensure people who used the service would be present.

Azure Charitable Enterprises - Washington provides accommodation and personal care for up to twelve people who have learning disabilities. At the time of the visit eleven people were living at the service. Azure Charitable Enterprises - Washington comprises of two separate houses each providing care for up to six people.

The service was last inspected in December 2013. We found they were meeting all the regulations we inspected.

A registered manager was in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 had completed safeguarding training and were confident in identifying and reporting safeguarding concerns.

The provider ensured all pre-employment checks were carried out before applicants started work. People were involved in the recruitment of new staff and the selection of their key worker.

People, relatives and staff told us there were enough staff to meet people's needs. Our observations supported that opinion.

Risk assessments were specific to the person and identified the risk and the actions needed to be taken to keep the person safe.

People were supported to maintain good health and had access to healthcare professionals.

Staff received a range of training, including moving and handling, first aid and fire safety, person specific training such as epilepsy training was in place to ensure people's needs were met.

Medicines records we viewed supported the safe administration of medicines. Medicines records were up to date and accurate

Staff had a good understanding of their responsibilities under the Mental Capacity Act (2005) (MCA). They were aware of the capacity of people they were supporting and described how decisions were made in people's 'best interests.'

Staff we spoke with were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs.

The service had a warm happy atmosphere with people's needs, wishes and interests the focal point to all activities.

People's independence was encouraged and staff supported people to achieve their goals.

Care plans were comprehensive and included clear information for staff to make sure each person's specific needs were met.

The provider had an effective quality assurance processes to monitor the quality and safety of the service provided and to ensure people received appropriate care and support.

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.

We found there were sufficient staff on duty to meet people's needs.

The provider had a robust recruitment and selection procedure in place.

Risk assessments were completed individually for people using the service based upon their needs.

Is the service effective?

Good ●

The service was effective.

Training and development was up to date. Staff told us they regularly attended supervisions and appraisals.

Staff understood and applied the principles of the Mental Capacity Act 2005 .

People were involved in the planning and preparation of meals.

Is the service caring?

Good ●

The service was caring.

People said they were cared for by kind and caring staff.

Staff treated people as individuals with dignity and respect.

Staff were knowledgeable about the people they supported and were aware of their preferences, interests and family structure.

Is the service responsive?

Good ●

The service was responsive.

People were supported to maintain links to their families and the local community.

People's independence was encouraged. Goal plans were in place to support people in achieving identified aims.

Care plans were person centred and detailed people's preferences. People were involved in the planning and reviewing of their care and support.

Is the service well-led?

Good ●

The service was well-led

The provider had effective quality assurance processes to monitor the quality and safety of the service provided.

The provider had developed a clear vision and values which staff demonstrated.

The registered manager ensured statutory notifications had been completed and sent to the Care Quality Commission in accordance with legal requirements.

Azure Charitable Enterprises - Washington

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 inspection took place on 13 June 2016 and was announced. The inspection was announced to ensure people who used the service would be present. The inspection was carried out by one adult social care inspector. We were assisted by the co-ordinator as the registered manager was on annual leave on the day of our inspection.

Prior to the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

We also contacted the local authority commissioners for the service and the local authority safeguarding team, and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. None of the organisations raised any concerns about the service.

During the inspection we observed staff interacting with people and looked around the home, visited people's bedrooms with their permission and spent time with people in the communal areas.

We reviewed three people's care records and two medicine administration records (MARs) for people who used the service. We examined documents relating to the management of the service, including, supervision and training records. We spoke to five people and one relative. We also consulted with the provider's head office to verify staff recruitment records. We spoke to the coordinator, a team leader and three support

workers.

Is the service safe?

Our findings

People told us they were happy living at Azure Charitable Enterprises – Washington. A relative told us, "Yes, [Person] is safe. If he wasn't happy he would let you know." One person said, "I like it here." A support worker said, "People are safe here."

Risk assessments were completed individually for people based upon their needs. People had risk assessments for a range of identified person specific risks for example epilepsy, accessing the community and communication. Risk assessments outlined the hazard, identified risk and risk management and were reviewed monthly.

Medicines were managed safely. We saw medicines were stored in a locked medicine cabinet attached to a wall in a locked small cupboard under the stairs. Medicines records were up to date and accurate. This included records for the receipt, return and administration of medicines. A team leader told us, "Two staff count and check in all the medicines and both sign."

We reviewed medicines administration records (MAR) for two people. We saw two signatures were present when staff administered medicines. The MARs we viewed showed no gaps or discrepancies. Regular audit checks of medicine administration records and checks of stock were carried out.

We saw staff had received appropriate training for administering medicine and competency reviews were conducted. This included staff answering questions about their practice and being observed administering medicine. We observed a support worker administering medicines. They advised the person what the medicine was for and asked if they preferred to take the tablet in their hand or from a spoon. One person told us, "They get me my tablets I have no pain now."

Staff and relatives told us they thought there were enough staff to meet people's needs. One support worker told us, "There is enough staff." Another support worker said, "We are here to see people live a full life. The staffing levels allow us to do that." The co-ordinator told us staffing levels were set by the needs of the people. They advised two people were supported 1:1 with a further five staff present to support people between the two houses. Overnight there was a sleep in staff member in one house and a waking staff member in the other house. We saw from rotas these staffing levels were maintained. Throughout our inspection we found staff were constantly available to support people in day to day routines, chosen activities and out in the community.

Staff had a good understanding of safeguarding. We saw all staff had completed comprehensive safeguarding training. One support worker told us, "I would raise a safeguarding if I ever had any concerns." The provider had a safeguarding process and we saw safeguarding concerns had been investigated and reported to the Local Authority safeguarding team.

The provider operated a safe and effective recruitment system. The co-ordinator advised the provider had a recruitment team at Head Office which conducted all pre-employment checks prior to applicants

commencing work. We asked for information for four current staff. We found two references and a Disclosure and Barring Service check (DBS) were obtained before an applicant was allowed to support people. DBS checks are used to evidence if people have been convicted of an offence or are barred from working with vulnerable adults.

The provider ensured checks were in place to maintain the safety of the home. We found all records were completed and up to date, including regular assessments for fire alarms, fire equipment, electrical safety, water temperatures and gas safety.

We saw each person had a personal emergency evacuation plan (PEEP) this detailed the type of assistance required, evacuation procedures and safe routes. Drills were regularly carried out. The co-ordinator told us, "We place a pretend fire around the home and simulate an emergency so people know all the exit routes." We saw fire discussions were held at house meetings and involved all people living at the service.

A disaster plan was in place to ensure people would continue to receive care following an emergency. The plan identified potential risks such as loss of electricity, gas or water and outlined actions to be taken.

Accident and incidents were reviewed by the registered manager and collated at the Head Office to identify any trends or patterns for further investigation.

Is the service effective?

Our findings

Training and development was up to date. The co-ordinator told us, "We have a training department which delivers the majority of the training." All staff had completed first aid, moving and handling, equality and diversity, safeguarding and food hygiene. One support worker told us, "The training is spot on." Another said, "It's the best training I have received." The co-ordinator advised us the training programme was built around people's needs and confirmation of the learning took place either via testing or simulations. They said, "We conduct simulated seizures and have practise tools for the administration of Buccal Midazolam." Buccal midazolam is a rescue medicine used to stop seizures.

We saw supervisions were conducted every six to eight weeks and involved discussions regarding people living at the service, training and any other issues. Staff confirmed they regularly took part in supervisions. One staff member said, "I can discuss any issues but I don't have to wait, I can speak to [team leader] anytime." Yearly appraisals were also up to date.

People were involved in all areas of their nutrition from the planning of menus, growing vegetables, shopping and preparing meals. People told us they were happy with the meals. One support worker told us, "We support people to make healthy choices; we encourage people to prepare their own meals."

We observed staff supporting people to make their own breakfast and lunch, with people selecting their sandwich combinations. The three week menu was designed by people living at the service. We noted even if a person was not part of the shopping trip people were asked what items they wanted for the week ahead.

Staff told us people had their main meal of the day sat at the table together, with breakfast and lunch as and when people preferred. Care records we viewed included information about people's dietary preferences and clearly described the support they needed at mealtimes.

People were supported to access healthcare professionals. One person told us, "They look after me." Another said, "I go to bed and they know I am poorly." Within people's care records we saw annual health checks were monitored and arranged. We saw evidence of co-operation between care staff and healthcare professionals including chiropodist, optician, occupational therapists, and GPs to ensure people received effective care.

We saw from records staff supported people to attend meetings with their healthcare professionals and ensured any directions were implemented into care plans. During our visit one person was supported to the dentist.

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.

People can only be deprived of their liberty so that they can 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 whether any conditions on authorisations to deprive a person of their liberty were being met.

The co-ordinator advised us at the time of the inspection one person was subject to a Deprivation of Liberty Safeguards (DoLS). We saw mental capacity assessments and best interest conversations and documentation were in place where required.

Staff had a good understanding of the main principles of the legislation. They understood the importance of gaining people's consent when providing support, ensuring people were encouraged to make decisions about their care when they could and providing the support necessary for people to make decisions.

Is the service caring?

Our findings

People and relatives we spoke with told us staff were caring. One person said, "They are nice." A relative told us, "They are lovely with [person], they do a good job, with some you can see it's a vocation."

We observed many happy interactions between staff and people. The atmosphere in both houses was relaxed and calm with a homely feel. The service felt like a family unit with kind supportive staff placing the people they supported first.

Staff we spoke with clearly knew people well including their life history, interests and needs. All conversation revolved around the people living at the service. Staff chatted with people about their interests. One person enjoyed listening to music and buying CDs. Staff knew their favourite singers and chatted about the person's forthcoming birthday plans. Another person had a keen interest in gardening and staff discussed their own allotment and what had been planted. People told us about the meal they attended on the previous night to celebrate the Queen's 90th birthday and recalled what they had to eat. Staff involved people in the completing of daily records and discussed what had happened throughout the day.

Staff constantly encouraged people to be as independent as possible. One person who had only been at the service a short time told us how they had made a cup of tea safely. They were overjoyed and so proud of their achievement. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them. We observed staff encourage people to carry out routine household tasks, such as supporting a person to clean their own room. One person told us, "Its sparkling and I did my ironing."

People were treated with dignity and respect by staff. Support workers were able to describe how they provided care in a respectful and dignified manner. One support worker said, "I always make sure I use hand over hand." Another said, "I ask before doing anything and everything is at the person's pace."

Staff spoke with people in a respectful manner and were knowledgeable about people's preferred methods of communication. Within one person's care records it detailed, 'Staff are to give me choices and use pictures. Staff were able to describe people's gestures and mannerisms and what that meant. We observed one person was sitting in the conservatory. Staff advised this meant they didn't wish to be spoken to and staff asked people to give the person space.

The co-ordinator told us people were involved in all aspects of the service, including the recruitment of new staff and organising social activities. They advised people carried out an informal interview with applicants prior to the formal interview. Also people's views were considered when selecting their key worker.

Each person received a resident's guide when they moved into Azure Charitable Enterprises – Washington which included information about complaints, safeguarding and gaining access to local advocacy services. We saw within one person's care records the home had obtained an independent mental capacity advocate (IMCA) to support the person in a decision in relation to their care.

Is the service responsive?

Our findings

Care records contained comprehensive information about people and how they wished to be supported for. We reviewed three people's care records and saw these contained personalised information about the person. Each person had a number of dedicated files covering such areas as personal information, finances, goals, medicine, holidays and a life plan which contained all support plans.

All care records were thorough and well-written and included support plans for personal hygiene, communication, medicine and eating and drinking. Support plans were written in a person centred way and outlined the support people wanted, giving staff clear directions. For example, nutrition, 'I use a teaspoon to eat with to ensure I do not put an excessive amount in my mouth'. Epilepsy, 'When I am in a seizure staff are not to overcrowd me and calmly sit beside me.' We saw when people's needs changed their care plans reflected the changes and detailed risk assessments were introduced if required.

Each person had a hospital passport. Hospital passports are created to support people with a learning disability and provide hospital staff with information they need to know about them and their health when they are admitted to hospital.

One support worker told us, "We are encouraged to read the plans and we discuss people's support at team meetings." We saw life plan meetings were held quarterly and the structure of the meeting was dictated by the person. One relative told us, "I have been involved in a few meetings to talk about [person]'s care."

A range of activities were available designed to promote people's independence and embrace people's interests. One person told us they had been supported to work in the provider's own garden centre. The person had also built their own green house in the garden and had planted a vegetable patch which they maintained. A relative told us, "[Person] loves country and western; they make sure he gets to do his line dancing."

People told us they were supported on holidays. One person told us they were planning a holiday to Edinburgh to visit the zoo. We saw in another person's goal file they were planning a trip to York. The co-ordinator advised that people decide the theme of each social evening. They said, "We have had tea dances, line dancing, [person] loves cowboys. People plan the event and even make flyers." On the day of our inspection people were colouring in flags of the countries playing in the Euro football tournament for decoration for a forthcoming party.

People were supported to maintain family relationships and community links. The co-ordinator advised other local Azure Charitable Enterprises services joined together for activities such as a walking group and a women's group. We noted one person was supported to maintain their religious beliefs and attended their local church each Sunday.

A weekly activities board was available in the lounge; it displayed photographs of the activities and people living at the service. This gave people a visual reminder of the day.

The provider had a complaints process and procedure in place. An easy read format was available for people outlining the process. We reviewed the complaints and noted none referred to the service provided but were in relation to incidents involving people which were dealt with appropriately. A relative told us, "I have no complaints at all. If I need I would speak to [co-ordinator]."

Is the service well-led?

Our findings

People and relatives told us they were happy with the service they received. One person said, "I am happy." A relative told us, "I think they do a good job."

Azure Charitable Enterprises had a clear mission statement, 'Improving the lives of people who are disabled or disadvantaged.' Azure Charitable Enterprises also had a number of supported businesses that provide employment and training opportunities for people with a disability. These included a garden centre and nurseries, a printing service and a landscaping company. One person had been supported to work in the garden centre and had used their acquired skills to develop an area of the garden at Washington.

Azure Charitable Enterprises had defined visions and values which included, 'Choice - ensuring clients get the right support which enables them to make choices and express preferences. Dignity – understanding the clients' needs and treating them with respect, valuing each person as an individual. Independence – assisting clients to take measured risk, to make their own decisions and ultimately act for themselves where capacity allows. Fulfillment- enabling clients, where possible, to realise their own aims and supporting them to achieve their goals in all aspects of their daily living.'

One relative told us, "[Person] can't wait to get back there; they let him live a great life." Our observations and conversations with staff confirmed staff's desire to ensure people living at the service had fulfilling and independent lives. One support worker said, "We work together with people to achieve their goals be it making a cup of tea or going on a full day out."

The provider had a process for monitoring and assessing the quality of the service. Team leaders were responsible for carrying out monthly quality audits in such areas as care records, medicines, finances, health and safety and fire safety. We saw these were thorough and when issues were identified an action was created and information cascaded to staff. The co-ordinator told us, "The team leaders swap houses and audit each other's then the registered manager reviews all the audits."

We looked at what the provider did to seek people's views about the quality of the service. The provider conducted a yearly survey; questionnaires were given to people living at the service. These were in a pictorial format with traffic light responses for yes, no and not sure. We reviewed the results from the 2015 survey and saw the responses were overall positive. Twelve were issued with nine returned. Eight people responded yes to the question, 'Are you involved in deciding how you are supported?' Nine people said yes to the question, 'Do you feel that support staff listen?'

We saw people also had the opportunity to talk about the service at monthly 'House meetings'. These were regularly held and included subjects as activities, keyworker role and house rules.

Staff had structured opportunities to share information and give their views about the service people were receiving. We saw regular team meetings were held. One support worker said, "We discuss people's care and goals." Another said, "We can take things to the meeting for discussion."

We observed staff worked well together and supported each other. One support worker said, "I constantly ask questions but staff don't mind. I've been made really welcome." Another support worker said, "I know I can go to [co-ordinator] with anything."

The registered manager had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.