

Azelea Care Solutions Ltd

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## Inspection report

Suite 4, 2nd Floor, AW House  
6-8 Stuart Street  
Luton  
LU1 2SJ

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Azelea Care Solutions is a domiciliary care agency providing personal care to people. The service provides support to older people and younger adults. They also offer support to autistic people and people living with a learning disability. At the time of our inspection there were 6 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not provide care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

### People's experience of using this service and what we found

People did not always have all risks assessed to ensure they were safe. This had not been identified in a timely way by the provider. The impact of this was reduced due to staff knowing people well and understanding all their needs and what to do if they were concerned.

Despite our findings, people told us they felt safe and were well supported by staff. People were safe as they received a continuity of care from the same staff teams who knew them well. Staff had received training in safeguarding adults and had a good understanding of the signs and symptoms of abuse. Staff knew how to report concerns and were confident to do so.

People received their medicines on time and correctly. Staff worked with local health professionals to ensure people had the right medicine and health support at the right times.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff had a good understanding of the Mental Capacity Act and how to support people to make decisions or report concerns of capacity where people's abilities had changed.

Staff supported people to have enough to eat and drink and to access a range of health professionals as they required it.

People told us staff were kind and caring and never rushed them. Staff supported people to review their care needs regularly involving their relatives and health professionals where relevant. People were supported to receive care that was in line with their preferred methods and needs, taking into account their abilities and cultural sensitivities.

The manager responded to complaints quickly and effectively and people told us complaints were resolved and the same issues did not reoccur.

Staff encouraged people to give feedback on the service and suggest ideas for improvements. The manager had created an open, person centred culture and a clear vision of personalised care that was shared by the staff team and experienced by people receiving care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 27 February 2022 and this is the first inspection.

#### Recommendations

We have made a recommendation about ensuring all risks to people have been assessed and have clear guidance for staff.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Azelea Care Solutions Ltd

## Detailed findings

### Background to this inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

This inspection was carried out by 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. However, the owner had applied to become registered and was acting as manager in the interim.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and we wanted to be sure there would be someone available to support this inspection.

Inspection activity started on 3 May 2023 when we began to review evidence using remote methods such as file sharing and video calls and spoke with people. The inspection ended on 1 June 2023 when we gave feedback about the inspection findings to the manager.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch England and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spoke with 2 people and 4 of their relatives. We spoke with 3 members of staff including the nominated individual who was acting as manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed 3 people's care records and medicine records. We reviewed 2 staff recruitment records and various other quality assurance documents and policies.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Not all risks to people had been assessed. For example, people with risks related to heart conditions and stroke or who were prescribed high risk medicines such as blood thinners. While staff were not responsible for people medicines, it was important they knew of the risks in order to identify any side effects and be able to forward the correct information to health professionals if required. We spoke to the manager about this and they took immediate action to begin reviewing risks and updating people's records where necessary.

We recommend the provider continue to assess all risks to people and take action to update their care records accordingly to ensure clear guidance for staff.

- Other risks to people, such as for dementia care, diabetes or risk of falls had been fully assessed and clear guidance was in place for staff about what the risk was and what to do in the event of an emergency. Staff had a good awareness of risks for people they supported.
- Risk assessments in relation to people's environment, in and around their homes had also been completed, these included those for fire safety and infection control. All recorded risks were regularly reviewed by the manager and changes updated.

### Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. Staff had received training in safeguarding and understood what to do to protect people from harm and report any concerns both internally and externally.
- People told us they felt safe. One person said, "I feel very safe with them, and very happy with the level of support I receive at the moment. They are very punctual." Another person told us, "I feel safe with the staff. They notice everything and record it and I know they pass on information about everything to do with me and my care."

### Staffing and recruitment

- People told us they had the same staff support them which gave a continuity of care. People and their relatives also told us staff were on time and they had not experienced missed or late calls.
- Pre-employment checks such as Disclosure and Barring Service (DBS) checks were carried out before staff started work to ensure they were suitable for the role. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- Not all people being supported needed help with their medicines as they were able to do this themselves or received support from their relatives. For people who did require support with medicines, this was given in ways that suited each person at the correct time. One person said, "They do all my meds. I am happy with everything and no mistakes have been made."
- Staff were trained to help people take their medicines. The manager completed competency checks to make sure staff understood this training and were able to give medicines safely.

#### Preventing and controlling infection

- Staff had completed training in how to reduce the risk of infection and they followed good practice guidance. They used personal protective equipment (PPE), such as gloves and understood how to help prevent the spread of infection. Staff told us they received plenty of supply of PPE from the provider.

#### Learning lessons when things go wrong

- Staff told us they were given the opportunity to reflect on their practice generally and when incidents occurred at team meetings and individual supervision. This gave them the opportunity to discuss what went wrong and what action they could take and how they could work differently to reduce the risk of reoccurrence.
- The manager was very reflective of the quality of service they provided and took learning from internal and external feedback to continually develop the service.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The manager worked with health and social care professionals when assessing and planning people's care. This enabled them to make sure they considered up to date guidance about how to meet people's individual needs.
- The information gathered at assessment was used to develop person centred care plans. These plans considered people's needs and choices and what decisions they were able to make for themselves.

Staff support: induction, training, skills and experience

- The manager provided a full induction programme for staff which included training, shadowing and mentoring by senior staff. Staff were then supported with continual learning and individual supervisions and appraisals. Staff told us they received good training which included written and verbal tests and observations of practice.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink if this was needed. Staff monitored people's dietary and fluid intake for people at risk of malnutrition or dehydration.
- Staff told us they had completed food hygiene training and they described how they supported people to maintain a good balanced diet and stay hydrated.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff recorded important information about people, their needs, daily routines and preferences at each care visit. The information was made available when people visited other providers of care, such as hospitals. This meant these details were available if the person was not able to tell others about their preferences and they did not have a staff member to help them with this.
- People and relatives felt the staff managed people's health needs well. A relative told us, "They will notify us if they are concerned about [my family member's] health or let us know if they think they need a doctor. When they had to call an ambulance, they stayed with [my family member] for the whole time." Another relative said, "They will recognise if [my family member] has an infection brewing and let us know."
- Senior staff made referrals to specialist health and social care professionals such as district nurses and occupational therapists when needed. The manager told us about how they supported people to access the correct services for any equipment or resources they needed to be safe at home.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met.

- No-one being supported required a DoLS. However, people were supported by staff who understood the principles of the MCA and DoLS and ensured that consent to care and treatment had been agreed. They knew how to support people to continue making decisions and who to go to if the person was unable to do so any longer. A relative said, "They do always explain what they are going to do. They always ask for [my family member] for consent."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated kindly by staff, who showed sensitivity in regard to people's needs, abilities and cultures. One person told us, "I get on brilliantly with staff. They are all female and I like this. They are very caring. They will change my sheets for me, which is an act of kindness. They will stay a bit longer if they have to."
- People told us staff were caring and made sure they had everything they needed. Staff were aware of people's individual needs and preferences and how to adapt the care to meet people's changing needs. A relative said, "They are patient and understanding. They work with us well as a family." Another relative told us, "Staff are interested in us both. They are very friendly with my [family member] who enjoys their company."
- The manager promoted a strong ethos around equality for both staff and the people they supported. This helped to develop a positive culture amongst the staff team of respecting diversity.

Supporting people to express their views and be involved in making decisions about their care

- People told us staff always gave them choice and asked their views on the care before care was delivered. People were encouraged to speak up and had confidence that if anything needed changing the registered manager would implement this.
- People were supported to review their care. Where they consented, people's relatives were also included. A relative told us, "We were involved in in-depth planning. I was impressed."

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to maintain people's dignity and promote their independence by encouraging people to try. One relative said, "There have been instances as a family when we have disagreed with their approach, but they always put my [family member] first. For example, because of my [family member's] condition, they can sometimes refuse to let [staff] touch them [when supporting with personal care]. [Staff] explained [my family member] had the right to refuse and used patience and understanding to persuade them."
- People spoke about how staff worked with patience and understanding to support people to do things for themselves in their own time. Staff referred to people using respectful language.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was personalised to ensure their choices were respected and independence promoted. People remained very much in control of their care. One person told us, "I am happy with the level of support provided. It is the continuity of seeing the same staff that I appreciate, so I am happy with these people." A relative said, "We receive absolutely wonderful care from Azelea. They are compassionate and caring. They are absolutely punctual. They try and send the same team for [my family member]. It is a small team but this is important to give them continuity of care because [they are living with] dementia."
- People had care plans in place, which were personalised and detailed. These gave staff enough guidance on how they wanted their care delivered. While the staff did not yet have a knowledge of the Right support, right care, right culture policy and its principles, they were applying them naturally due to the ethos of the service. The service were not currently supporting autistic people or people with a learning disability but were booked on training to develop staff awareness of the needs of people with this diagnosis.
- Additional information in care records about people's views of the world and life experiences gave staff a good foundation for conversation. This had helped to build trusting and respectful relationships between staff and people being supported.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service was not currently supporting anyone who had any specific or complex communication needs. However, the manager and staff understood how to ensure information was in accessible formats such as large print, audio or other languages should it be required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to maintain relationships where they chose this. Relatives were encouraged to be a part of people's lives and review their care.
- If required, staff would support people to go out into the community or for appointments.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were not happy with the care they received. They told us they would speak with the manager, other staff or their relatives if they had concerns. One relative told us, "I had to make a complaint regarding staff understanding of my [family member's] condition. There has been a massive improvement since the new manager took over and things have improved." Another relative said, "Touch wood we have never found a fault and had to complain."
- The manager had implemented a complaints procedures and fully investigated all complaints before giving feedback on outcomes and actions to the people involved.

#### End of life care and support

- Although the service was not currently supporting anyone receiving end of life care, the manager had, at the time of assessment, discussed the concept of death and dying with people as a way of opening further discussions about people's own wishes. People's wishes were recorded in their care plans.
- The manager told us that not all staff had yet received end of life care training. Until such time as all staff were trained, the manager had placed a self-imposed embargo on accepting packages of care for people at the end of their life. This meant people were not placed at risk of receiving poor care.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The location has a condition of registration that it must have a registered manager, but it does not have one. The manager has taken steps to apply to the CQC to become the registered manager but this process is still pending.
- Provider oversight had not been effective as it had not identified until this process, the shortfalls in relation to risk management we found at this inspection. The manager had recently undertaken a full audit of all aspects of care delivery and records and begun to take action to ensure they made the required improvements but these were not yet fully implemented.
- The manager and staff had a good understanding of the requirements and responsibilities of their role. The manager subscribed to newsletters in the care industry to keep their knowledge current. They then shared this information with the staff team.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager was committed to developing a person-centred culture within the service. They understood their responsibilities to ensure people received the care they needed and stepped in to support staff when this was required.
- People and staff spoke positively of the manager explaining how they were very supportive. One person said, "I saw [the manager] this morning. They are very hands on. They are understanding and very kind." Another person said, "[The manager] phoned up a little while ago They were very pleasant and friendly. They are a good manager." A relative told us, "[The manager] is lovely, they are on the ball. It is like your own family."
- Good communication was important to the manager and helped to ensure that people remained in control of their care and were able to let the manager know of any changes that were required.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager complied with legal requirements for duty of candour; they submitted notifications of significant events as required and understood the need to ensure they apologised for incidents and involved all relevant people in the process.
- The registered manager understood their responsibility under duty of candour to be open and honest and investigate when things go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff completed reviews of people's care, which also provided people and relatives with the opportunity to feed back about their care. People were also asked for feedback through phone surveys and face to face quality assurance visits.
- Staff told us they were well supported by the registered manager who provided a good quality of training. Staff told us they had the opportunity to follow up individually and as a team in supervisions and staff meetings if there was something they were not sure about. One staff member told us, "It is a good place to work, we are like family. The [manager] supports us well. They understand [the role]."

Continuous learning and improving care

- Processes to assess and check the quality and safety of the service were completed. The manager carried out audits and quality monitoring visits to people's homes. These showed they identified areas of the service that required improvement and made those improvements in a timely way. Records of complaints, accidents and incidents were analysed to find trends or themes.
- Staff told us they had opportunities to learn from their practice. One staff member told us, "About once a month we share information and our experiences and we go over things and support each other."

Working in partnership with others

- Staff worked in partnership with other organisations, such as the local authority social services and community health professionals. Records showed that the staff work closely with district nurses, social workers and GPs to ensure people's care was safe and consistent.