

# Azure Charitable Enterprises Newcastle

## Inspection report

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Date of inspection visit:  
17 July 2017  
18 July 2017

Date of publication:  
17 August 2017

## 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 17 and 18 July 2017 and was announced. A previous inspection, undertaken in September 2015, found there were no breaches of legal requirements and rated the service as Good overall. At this inspection we found the service was continuing to meet all legal requirements.

Azure Newcastle provides personal care to people who have a learning disability; some individuals also have a physical disability. The service provides staff to support people in their own homes and can include 24 hour and overnight support. At the time of the inspection 11 people were receiving support from the service.

The service had a registered manager who had been formally registered with the Commission since April 2013. 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.

Safeguarding procedures were in place. There had been two recent safeguarding matters formally dealt with. Safety checks were undertaken on people's homes on a regular basis, including discussion with people about fire safety. Risk assessments were in place related to the environment and the delivery of care.

Appropriate staffing levels were maintained to support people's individual needs. Suitable recruitment procedures and checks were in place to ensure staff employed had the correct skills and experience. Medicines were not always managed and administered in line with NICE guidance. We have made a recommendation about this. People were supported to access adequate food and drink.

Staff said they were able to access the training they required and records confirmed mandatory training was up to date. Staff told us, and records confirmed there were regular supervision sessions and that they had an annual appraisal.

The registered manager had a good understanding of the Mental Capacity Act 2005. A number of people had restrictions in place linked to the Deprivation of Liberty Safeguards. Some people had restriction placed on them by the Court of Protection and copies of these orders were kept on file. Where people did not have capacity to make decisions then best interests decisions had been taken and documented. People had access to health care professionals to help maintain their wellbeing and staff responded to any health concerns.

We observed good relationships between people and staff and saw care provided was personal and responsive to people's needs. Questionnaire responses from relatives of people indicated the service as good. Questionnaire responses from people who used the service were positive. Staff demonstrated a genuine interest in people as individuals and were empathetic in their approach. People were treated with dignity and respect.

People had individualised care plans that addressed their identified needs. Reviews of care needs were undertaken, although changes were sometimes only noted through hand written items added to the text. Individuals were supported to engage in a range of events and activities linked to their interests, both in their homes and in the community. Two formal complaints had been received and dealt with since the last inspection.

The registered manager showed us records confirming regular checks and audits were carried out at the service. Staff were positive about the leadership of the service and the registered manager. The provider was meeting legal requirements in relation to notifying the CQC of events and displaying their current quality rating. Records were complete and up to date.

## 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 and remained Good.

We noted the management of medicines was not always in line with NICE guidelines and have made a recommendation about this.

### Is the service effective?

Good ●

The service was effective and remained Good.

### Is the service caring?

Good ●

The service was caring and remained Good.

### Is the service responsive?

Good ●

The service was responsive and remained Good.

### Is the service well-led?

Good ●

The service was well-led and remained Good.

# Newcastle

## 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 17 and 18 July 2017 and was announced. The provider was given 48 hours' notice due to the service being a supported living service, assisting people in their own homes. We wanted to be sure there would be someone at the offices to meet us. The inspection was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths.

We visited three homes of people who used the service and spoke with or observed four people who were receiving care. People who used the service were not always able to speak with us directly but we perceived them to look happy and relaxed in staff company and well cared for. We also spoke with the registered manager and five care workers who were on duty on the day of the inspection. Following the inspection we contacted three community professionals for their comments on the service and spoke directly with one of them.

We reviewed a range of documents and records including; four care records for people who used the service, four medicine administration records, four records of staff employed by the service, accidents and incident records, minutes of meetings, communication documents and a range of other quality audits and management records.

# Is the service safe?

## Our findings

At our inspection in September 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

At the previous inspection we found the provider was administering and managing medicines appropriately. At this inspection we found that, whilst overall management was safe there were some minor issues of note. Medicine administration records (MARs) were up to date. However, handwritten entries were not always signed to say they had been checked as being correct. Some people were receiving 'as required' medicines. 'As required' medicines are those given only when needed, such as for pain relief. Whilst these were recorded when used there were no clear care plans available for staff to follow. One 'as required' item had fallen out of date the previous month and this had not been identified by staff. Some people were also receiving homely remedies. Homely remedies are items that can be purchased over the counter by the public, such as cough mixtures. Whilst staff said they checked with the pharmacists when purchasing these items there was no clear indication the person's general practitioner had agreed to their use and agreed they were always safe to use alongside prescribed medicines. Staff we spoke with told us they would ensure GP approval was sought in the future.

We recommend the provider reviews medicines management processes to ensure they meet NICE guidelines.

At the inspection in September 2015 we found the provider was dealing with safeguarding issues appropriately. At this inspection we found this continued to be the case and the staff understood how to report any concerns. There had been two potential safeguarding matters since the previous inspection, both of which had been dealt with appropriately.

At the last inspection we found systems in place to deal with emergencies and support staff out of normal office hours. Staff confirmed there continued to be a good system for them to access advice and support.

Risk assessments were in place related to people's care support and activities. These were reviewed periodically to ensure they remained up to date and relevant. People rented the homes from independent housing associations, which were responsible for the upkeep of the home and facilities. Despite this, staff carried out weekly checks on smoke alarms or carbon monoxide detectors to ensure they worked correctly, along with checks on fridge temperatures and water temperatures. Staff also spent time with people ensuring they were aware of what to do in the event of a fire in their home.

People told us they felt there were enough staff to help them in their daily lives. Staff we spoke with said they felt staffing levels were adequate to allow them to support people appropriately. At the previous inspection we had found staff recruitment procedures were appropriate. At this inspection we found suitable systems continued to be in place and that safety checks, such as Disclosure and Barring Service (DBS) checks were undertaken and references requested. A community professional told us people were generally supported

by a consistent group of staff, who people were familiar with.

Where necessary any issues related to staff conducted had been followed up and investigated. Where appropriate disciplinary action had been instigated. Staff followed appropriate infection control procedures to maintain people's homes in a clean and tidy manner.

# Is the service effective?

## Our findings

At our inspection in September 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

Records showed, and staff told us there was access to a range of training and updating of skills. The majority of staff had recently undertaken refresher training with regard to mandatory training areas. Mandatory training is training the provider considers essential for staff to undertake their roles. Staff also told us, and records confirmed there was regular supervision and annual appraisals taking place within the service. Staff said they were able to raise and discuss any concerns within these meetings.

Staff spoke in detail about how they supported people to communicate and understand. Care records contained details of people's specific communications choices, such as what sounds or gestures meant. Documents aimed at people contained picture prompts or were in easy read format. In one person's home staff had placed pictures of items to cupboard doors in the kitchen to indicate where plates or baking equipment was kept.

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. 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 manager told us that because people lived in their own homes, supported by service staff, the individuals' care managers dealt with any DoLS or Court of Protection (CoP) issues. The Court of Protection is a court established under the MCA and makes decisions on financial or welfare matters for people who can't make decisions at the time they need to be made, because they may lack capacity to do so. She told us a number of people supported by the service had been subject to DoLS and applications were pending for other individuals. Evidence of this was available in people's care records. Some people had been subject to CoP orders, which also highlighted that relatives had been appointed to deal with any care issues. Copies of the orders from the CoP were also maintained in people's records.

Where people were unable to make decisions for themselves, or could not fully understand the issues, then there was evidence of best interests meetings taking place. We saw evidence of best interests decisions for people going on holidays, having annual flu vaccinations and to consider whether a contract for a Motability car should be renewed.

There was evidence in people's care records they were supported to attend health care and social care



appointments, to maintain their wellbeing. One person we visited had attended the chiropodist that morning for a regular foot care appointment. We saw this need was covered in their care plan. People's care records contained copies of hospital passports. Hospital passports are documents that detail important information for health staff, should a person be admitted in an emergency or have to attend Accident and Emergency. A community professional told us they had witnessed staff supporting people to attend GP appointments and accompanying people to meetings with consultants.

At the previous inspection we had noted people were supported to access a range of food and fluids and staff supported people to eat as healthily as possible. At this inspection we found staff continued to support people in this area. People were encouraged to go shopping to make personal choices about food. Staff had a good understanding of people's needs, such as where people were diagnosed as being diabetic. They demonstrated how they supported individuals through the use of specialist ingredients and regular monitoring.

## Is the service caring?

### Our findings

At our inspection in September 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

People told us they liked the staff and said the staff looked after them well. When we visited people in their home we observed there to be good relationships between staff and people. Staff had a good understanding of people as individuals and were able to describe their personal history, family contacts and how they liked to be supported on a day to day basis. People looked happy and relaxed in staff company and shared jokes with them. Staff complimented people on how nice they looked or commented on such things as them having a nice smile. A community professional told us, "They care for people really well and always seem to have the people's care as a priority. If they need to ask for help and advice they will do so."

Staff demonstrated people were involved in care decisions. They described how people chose the activities they wanted to participate in. They said that, with the exception of certain set activities, such as clubs or events, people could make daily choices. On the day of the inspection, as it was a sunny day, one person had decided to go for a picnic in Morpeth. People had been asked to complete surveys about their care. We noted these were in an easy read format to help people understand the various questions.

We spoke with staff about equality and diversity. Staff told us people were generally well accepted in the community. They said local shops and services often knew people individually and would support them when they went shopping. They also told us neighbours were friendly and accepting of people and would often stop for a chat and ask how people were when they were out. Staff said they encouraged people to attend local events, and not just events for people with a disability, to encourage them to be part of the local community. One person told us they visited three different local churches each week and said they had also been to Newcastle cathedral.

The manager told us some people being supported had access to advocates, which was usually arranged by the person's care manager. An advocate is an individual independent of local organisations who represents people when they are unable to, or have difficulty in expressing their views. They ensure people's rights and views are protected in any decisions made. She said for certain formal meetings people had also been supported by Independent Mental Capacity Assessors (IMCAs), to ensure their views were fully considered.

Staff spoke about how they supported people to be as independent as possible. They described how they encouraged people to take responsibility for cleaning their rooms and the wider home, if possible. Some staff told us certain individuals liked to help with cooking. In one setting both people were described as being quite independent and were able to go out locally or on the bus. Staff told us one person, who we did not meet, had a voluntary job and was also in a relationship. People showed us their rooms in the houses we visited and told us staff respected their privacy.

## Is the service responsive?

### Our findings

At our inspection in September 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

At the previous inspection we had found the service was responsive to people's needs. At this inspection we found there had been a full assessment of individual care needs prior to the person commencing using the service. The manager told us she liaised with community based and other services about people's needs prior to the person being supported. Based on this assessment people had individual care plans designed to support them in the community and address their health and social needs. Care plans covered a range of areas including; communication, behaviour support, personal care, work and leisure and food and drink. Care plans contained good detail for staff to follow. For example, people's morning regime and what prompts they required with their personal care. One person was prone to possible seizures if they became over excited. Care records indicated how staff should manage situations to avoid the individual becoming too excited, but also detailed action they should take if a seizure occurred.

There was evidence care plans had been periodically reviewed and updated. We noted in some instances changes to care plans were made by adding amendments of notes to the main body of the record or within the margins. Whilst these changes were usually dated and signed, it meant the records were not always clear to follow. We spoke with the manager about these changes. She agreed changes should be fully incorporated into care records and said she would look at how the amendments could be more appropriately incorporated into the records.

At the inspection in September 2015 we found people were supported to engage in a range of activities personal to them. At this inspection we found this continued to be the case with people going out on a range of trips and visits, or attending clubs and events. Staff told us how one person really enjoyed attending a local Zumba class, whilst another person, living at the same address, had a preference for trips out into the country in the car. People were also supported to go on holidays. Staff told us how one person had visited Spain as part of a celebration of their 60th birthday. People's calendars contained pictorial representations of activities that were planned for that week, to help them recognise what activities they had coming up. People's rooms also contained photographs from a range of past holidays or trips out. The manager told us that on some occasions people from around the district also met up for social events or would attend one person's home for an event such as a birthday celebration. Where appropriate people had regular contact with relatives. A community professional confirmed that people were supported to access the local community and that activities were tailored to people's particular likes and interests.

People's choice was supported. People were encouraged to make choices about their food, how their own home was decorated, where they went on holidays or trips and what clothes they wore. The need for choice was incorporated in a range of care plan areas with staff instructed to ensure people were given the opportunity to make selections, if at all possible.

At the previous inspection we had found the provider had a complaints policy in place and was dealing with any concerns appropriately. At this inspection we found complaints continued to be managed safely and in line with the provider's policy. We found there had been two formal complaints since the last inspection. Both had been investigated and dealt with appropriately. The provider had also received a range of cards and emails complimenting staff and the service provided.

## Is the service well-led?

### Our findings

At our inspection in September 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

At the time of our inspection there was a registered manager in place. Our records showed she had been formally registered with the Commission since April 2013. The registered manager was complying with the service registration requirements. The service was displaying its current quality rating in the public area of the provider's headquarters and on the provider's website. The CQC had received appropriate notifications of events, DoLS applications and safeguarding issues, in line with legal requirements.

The registered manager told us she was also the registered manager at one of the provider's other services, Azure Charitable Enterprises – Washington which was a care home for people with learning disabilities, and told us she had sufficient time and resources to manage both services.

At the time of the previous inspection we found appropriate checks and audits were undertaken on the quality of the service. At this inspection we found this continued to be the case, with a range of monthly checks carried out by the team leaders within the service and these audits over seen by the manager. Monthly audits looked at achievements and new developments, goal outcomes for people using the service, health and safety issues, competencies and supervisions. Staff told us the manager also visited people's homes on a regular basis and one staff member told us the provider's chief executive and some of the board members had also recently carried out a visit to the person they supported, to check everything was satisfactory.

Staff we spoke with were complimentary about the manager and the team leader and said they felt well supported in their roles. Comments from staff included, "Things are addressed. The team leader offers support and the manager visits now and then. She comes down for team meetings. We could easily contact her if necessary" and "(Team Leader) is very supportive. They are easily contactable; no problem. There is always someone on the end of the 'phone." Staff also told us they felt the company overall was a good employer. One staff member told us, "It's a good work life balance. But overall, if they (people who used the service) are happy, we are happy." A community professional told us they found the manager approachable and open to suggestions. They told us, "If I need to ask for something to happen, then it happens. I've no concerns." Overall about the service they told us, "It's been a positive experience and a good group of people to work with."

The provider had sent out questionnaires in September 2016 to families and professionals and also to people who used the service. Because the manager covered two services (Newcastle and Washington) questionnaires were sent to people using both services. Nine relatives had responded – answering questions with the responses: 'Always/ Sometimes/Never.' There were no 'Never' responses and only two questions attracted a 'Sometimes' response, these being about receiving information and always being confident in staff skills. The concern over staff skills seemed to centre around the occasional use of agency staff. An

overview of the responses was sent to all relatives. Ten people had responded to easy read questionnaires, although we noted that in the majority of cases staff had helped to complete the forms. People were asked to indicate 'Yes/No' or 'Not Sure' to a range of questions. Overall the responses to questions were positive, the lowest score being whether people were involved in choosing support workers. The manager told us they tried to involve people in this process, but it was not always successful. She said the provider was looking at this matter further. There were high scores for help with deciding care, support with health, being listened to by staff and staying safe.

Prior to the inspection the CQC had sent questionnaires out to people who used the service, community professionals and staff. We received limited responses to these questionnaires, but those we did receive were positive about the service.

With the exception of the minor issue over the written additions to care plans as part of the review process, records were up to date and contained good detail.