

Azure Charitable Enterprises

Azure Charitable

Enterprises - Washington

Inspection report

18a Bede Crescent
Washington Old Village
Washington
Tyne and Wear
NE38 7JA

Tel: 01914191867

Website: www.azure-charitable.co.uk

Date of inspection visit:

20 January 2020

22 January 2020

Date of publication:

10 March 2020

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

About the service

Azure Charitable Enterprises – Washington, is a care home providing personal and nursing care to 10 people at the time of the inspection. The service can accommodate 12 people across two separately built houses which are connected via an adjoining communal garden area. Each 'house' has its own facilities

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People and their relatives told us people were safe living at the home and they were protected from abuse. Assessments had been completed and reviewed to make sure people and the environment were safe. People's medicines were handled safely. New staff were recruited safely, and enough staff were employed to support people. The homes were clean, tidy and staff had access to adequate amounts of protective equipment.

People's needs were fully assessed before they received their package of care. People received care from staff who were skilled and experienced to care for people.

Staff received regular supervisions sessions to support them in their role. People were supported to eat and drink enough to maintain a healthy lifestyle. Where necessary staff referred people to their GP, and other medical professionals to make sure people were supported to remain well. People had access to various communal areas in the homes as well as a large garden area.

Staff cared for people with great care and respect. Staff knew the people they cared for very well. One relative told us, "The care [person's name] gets is brilliant! I can't fault them, they look after [person's name] so well."

Families (and people where able), told us they were involved in the decisions made about the care they received. Staff provided care which was centred around people's individual needs. Care plans were reviewed on a regular basis and where necessary changes to people's care was made. People were supported to maintain both family and personal friendships. The provider had a complaints policy in place and any complaints had been handled in line with their policy.

The registered manager and staff had a good understanding of their roles and responsibilities. Staff had a good working relationship with various external professionals who supported them to care for people well.

People, their relatives and visiting professionals, told us the service was well-led and spoke well of the registered manager. Staff told us they enjoyed working at the home and they felt valued, supported and listened to in their role.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvements (published 13 March 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Azure Charitable Enterprises - Washington

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Azure Charitable Enterprises - Washington, is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced as we needed to be sure people would be available to speak with us.

What we did before the inspection

We reviewed information available to us since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from commissioners and professionals who work with the service, including the local authority safeguarding adults' team. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This

information helps support our inspections.

We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection

We spoke with the registered manager, two team leaders, two support staff (including one agency member of staff), two people and one relative. We reviewed a range of records. This included two people's care records and medication records. We looked at records related to the management of the service.

After the inspection

We continued to receive information from the registered manager to confirm the inspection findings. We also spoke with two relatives and three visiting professionals via the telephone.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure the safe handling of people's medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's medicines were managed safely.
- Staff who administered people's medicines had received appropriate training and their competency in this area checked. Staff told us they felt confident to administer people's medicines. People also told us staff gave them their medicines on time.
- Regular audits of people's medicine administration records (MAR) were complete. This allowed the registered manager to identify any issues and to promote the application of best practice in medicines management by staff.

Assessing risk, safety monitoring and management

- Risks to people had been identified and appropriate risk assessments had been completed to keep people safe and these were reviewed on a regular basis.
- Any accidents and incidents were recorded by staff which were then reviewed by the registered manager. Identified actions were recorded and signed as completed.
- Appropriate premises safety checks were carried out on a regular basis as required.

Systems and processes to safeguard people from the risk of abuse

- Staff protected people from abuse.
- The provider had a safeguarding policy in place which was regularly reviewed. Safeguarding issues had been logged and notified to the local authority as required.
- Staff had received appropriate safeguarding training and staff we spoke with confirmed this. Staff were confident in their ability to recognise and report any safeguarding issues.
- People and their relatives told us people received safe care. Comments included, "Yes I feel very safe here, and "Yes, my brother is safe living there. Staff keep him safe."

Staffing and recruitment

- Staffing levels were appropriate to meet people's needs. Staff we spoke with confirmed this.

- The provider had a safe recruitment process in place. This ensured only suitable staff were employed to work within the service. The registered manager told us people living at the service were invited to be part of the interview process for new staff.

Preventing and controlling infection

- Infection control procedures were in place. Staff had received training in infection control which they applied in practice in their roles. Staff also received regular observed supervision sessions regarding infection control.
- Staff had access to personal protective equipment including gloves and aprons to help prevent the spread of infection.

Learning lessons when things go wrong

- Incidents and accidents were reviewed and used as a point of learning in an effort to prevent any re-occurrence and to affect changes to policies and processes, where necessary.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- People needs were fully assessed prior to moving into the home. People and their relatives had been involved in the creation of care plans and relatives we spoke with confirmed this.
- Care plans included detailed information about people, and this supported staff to care for people the way they wished. Information included people's personal preferences, their health details and life history.

Staff support: induction, training, skills and experience.

- Staff had the appropriate skills and experience to care for people.
- Staff told us they received regular training and records confirmed this. All new staff, including agency staff, attended an induction programme to support them in their role.
- Relatives we spoke with told us staff had the right level of skills and experience to care for their loved ones safely. One person we spoke with told us, "I like [staff name] they look after me well." Professional feedback was also positive, and comments included, "One person I visit had quite complex care needs. Staff always ensure the person is relaxed and happy for when I visit."

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

- People were supported and encouraged to eat a healthy and varied diet, which catered for people's individual and specific needs. People told us they enjoyed their meals. One person told us, "I can get snacks, I like the food and I had sausages for breakfast." One relative told us, "Oh yes [person's name] eats really well, they have put a stone on in weight since they started to live there."
- Where required, people's weights were monitored and if necessary, people were referred to the appropriate healthcare professionals.

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

- Staff worked with a range of external agencies to make sure people received effective care. This included working with local GP surgeries, chiropodist, and local pharmacy.
- People told us staff took them to see their GP if they were unwell. On the day of inspection one person was waiting to go out and they told us, "I am going to the doctors with [staff name] as I am not well." One relative told us, "They always make sure [person's name] goes to the GP if they are unwell. They also go for their jabs and things."
- When a change in people's needs occurred, staff ensured they contacted the appropriate healthcare professionals for their advice and support.

Adapting service, design, decoration to meet people's needs

- The service had been designed to create an environment where people could spend time in either of the two houses. There were areas within each house where people could either spend time alone or they could sit together and enjoy each other's company.
- The service had an outside garden for people to access and enjoy.

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, 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether these principles were being met.

- Where people lacked capacity, records showed capacity assessments had been completed and decisions had been made in people's best interests.
- Staff had a very good understanding of the MCA and applied this throughout their work.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and independence were respected and fully promoted.
- Staff were very aware of encouraging people to remain as independent as possible and this practice was evidenced throughout the inspection. One relative told us, "Staff encourage [person's name] to be independent but still make sure they are safe."
- The registered manager shared with us how they had recently supported one person to purchase a technology system to support this person's independence. This had allowed this person to be self-sufficient and to be able listen to their chosen music whenever they wanted.

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

- People were cared for by staff who fully respected and cared for them very well. We evidenced lots of genuinely caring and positive interactions throughout the inspection. People and their relatives told us, "[Staff's name] is my friend, I like him." One relative shared with us, "The care [person's name] gets is brilliant! I can't fault them, they look after [person's name] so well. I know 'care' so I take note."
- Some staff had worked in the service for a great number of years and they knew the people they cared for very well. One relative told us, "My [person] is very happy living at the home and they tell me they are happy. When they come home for a visit, they are always keen to get back to 'their home'. It is lovely when they go back home as, as soon as [person's name] walks in, everyone (staff included) are absolutely 'beaming' to see they are back home."

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

- People and their relatives had been involved in the creation of care plans. This ensured people's preferences and choices were available for staff to follow.
- At the time of inspection no one was supported by an advocate. However, the manager told us information regarding advocacy services was available for people to access if needed.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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 supported to maintain and develop relationships which were important to them both inside and external to the home.
- People were supported to access the community and a variety of activities. This included local discos, day trips to other services and visitor attractions elsewhere in the country. The registered manager also shared with us how people had recently enjoyed attending a sugar craft course. People had been able to make their own Christmas decorations and baked goods which they then sold on their own stall at local Christmas fairs.
- Care plans did include some information regarding 'goal setting' for people to achieve. The registered manager acknowledged this was an area which required further work and was a task they had already included on their own development plan as an action.

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

- People received care from staff which was personalised to each person. Care plans included detailed information about people's personal likes and dislikes, including which things were important to them. This important information allowed staff to care for them in their chosen way.
- Relatives told us they attended regular care plans reviews which also included their loved ones. This ensured care plans were both relevant and up-to-date. One professional who was also involved in reviews told us, "Staff are very receptive when we do reviews, they are very open and always seek advice."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. One complaint had been received since the last inspection which had been dealt with appropriately.
- All relatives told us they had not raised any concerns but they knew who they would speak to if needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified via a pre-admission assessment. Where required technology was also available to support people with their communication.
- Information was available in various formats for people to use and to support people with their understanding.

End of life care and support

- Care plans included people's funeral plans.
- At the time of inspection, no one was receiving end of life care. The registered manager assured us training would be made available for staff if required.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created, promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure effective quality monitoring systems were in place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- A range of quality assurance audits had been completed by team leaders on a monthly basis. These audits were then reviewed by the registered manager. Any actions identified, were noted and followed up to completion which were then signed off as completed by the registered manager.
- The registered manager had notified the CQC of incidents in line with regulations and their legal responsibilities.
- The registered manager shared with us how the provider was intending to introduce a new electronic care planning system into the service in late January. It was hoped this new system would support a more efficient approach to care planning in the service, which in turn would enhance the current quality assurance processes.

Working in partnership with others

- The registered manager and staff worked in close partnership with other professionals to support good outcomes for people. Comments received from visiting professionals included, "The staff there are first rate, very helpful," and "We don't go out all that often now, but they are on the phone to us straight away if needed."

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

- People, staff and relatives were encouraged to engage with the registered manager and provide their feedback. Relatives told us they were invited to complete regular questionnaires regarding their loved one's care. A review of the analysis of questionnaires completed by people and their relatives in 2019 was positive
- Staff told us they felt listened to and comments included, "I feel involved in the service, I feel listened to; my ideas are taken on board. [Registered manager's name] is lovely. They will always listen to you – people

think the world of [them]," and "[Registered Manager's name), is excellent - the best manager we have had."

- The manager held regular team meetings and staff confirmed this.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People received care which was very person-centred. All staff were very enthusiastic to make sure the home was a place where people were felt safe and were happy to live. Their aim was to make sure people lived the best possible lives they could.
- The registered manager reviewed any matters brought to their attention. Where necessary investigations were carried out and actions taken to address any issues.
- Relatives told us they were well informed. Staff were open and honest if things had gone wrong which included offering appropriate apologies.