

Azure Charitable Enterprises Keele Drive

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 14, 16 and 22 July 2015 and was announced. We announced the inspection to make sure that staff would be available at the office to assist us with the inspection. We contacted relatives following our inspection between 31 July and 3 August 2015.

Azure Charitable Enterprises provides support and a wide range of services to people with learning disabilities. They also work with people with a history of mental health issues, physical disabilities, those within the autistic spectrum and people who have an acquired head injury.

The provider has four regulated services which are registered with the Care Quality Commission (CQC); Hexham, Keele Drive, Newcastle and Azure Charitable Enterprises Washington.

We inspected Hexham, Keele Drive and Newcastle services between 14 and 22 July 2015. This report only relates to our findings at the Keele Drive inspection. Hexham and Newcastle reports can be found on our website at www.cqc.org.uk.

Summary of findings

Azure Charitable Enterprises also have a number of supported businesses that provide employment and training opportunities for people with a disability. These include a garden centre and nurseries, a printing service, a landscaping business and a community enabling support service. These services are not regulated by the Care Quality Commission because they are out of scope of the regulations.

Keele Drive in Cramlington provides personal care to people who have a learning disability. The service comprises of a row of eleven houses, ten of which had four bedrooms and the other, two.

The houses were owned by a Housing Association which was not connected to the provider and a tenancy agreement was in place for people who lived there. Keele Drive provides staff to support people who lived in these houses. There were 39 people using the regulated “support service” at the time of the inspection. Not all people needed support with personal care.

The service was last inspected on 5 November 2013. We found they were meeting all the regulations we inspected.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

People told us they felt safe. There were safeguarding policies and procedures in place. There was one ongoing safeguarding issue which was not connected to the care and support which staff provided. Staff knew what action to take if abuse was suspected.

People, staff and relatives told us there were enough staff to meet people’s needs. We observed staff provided support in a calm unhurried manner. There was a training programme in place. Staff were trained in safe working practices and to meet the specific needs of people who used the service. Many of the staff had worked at Keele Drive for a considerable number of years. This experience contributed to the skill which they carried out their duties.

There were systems in place for the safe management of medicines. Three staff checked the receipt of all medicines and two staff administered medicines.

People told us that they were happy with the service provided. We saw that people’s nutritional needs were met. People told us and our own observations confirmed that they were involved in the planning and preparation of meals.

The registered manager was aware of the Supreme Court judgement in relation to deprivation of liberty. The Supreme Court ruled that anyone who was subject to continuous supervision and not free to leave was deprived of their liberty. The registered manager told us that there was no one using the service that met the criteria mentioned above.

People and the relatives told us that staff were caring. People were supported to maintain their hobbies and interests and housekeeping skills were encouraged to help promote people’s independence.

People, relatives and staff told us that they were involved in making decisions about the running of the service. They explained that there was open communication and their views were listened to and acted upon. There was a complaints procedure in place.

There had been a number of external changes which had impacted upon the service. There had been a recent change in funding which had resulted in several staff redundancies. In addition, the housing provider which was not connected with Azure Charitable services had introduced a new concierge service which operated on a 24/7 basis. Concierge staff dealt with any tenancy related issues. Concierge staff now carried out some of the duties which Azure staff used to undertake such as house meetings and health and safety checks.

Staff informed us that they “loved” working for the provider and recognised that the changes and redundancies were not due to the provider but caused by changes in funding. They said that they still felt valued by the provider and were in the process of assessing the impact which the recent changes had on the service and people.

Summary of findings

We reviewed a number of internal audits and monitoring reports which demonstrated that the provider had systems in place to assess and monitor the quality of the service they delivered.

Summary of findings

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 safe.

People told us they felt safe. There were safeguarding procedures in place.

People, relatives and staff told us there were enough staff to meet people's needs. This was confirmed by our own observations.

There were systems in place for the safe management of medicines.

Good



Is the service effective?

The service was effective.

Staff told us that training was provided. They told us that they felt well supported and supervision and appraisal arrangements were in place.

People's nutritional needs were met. People told us that they were involved in the planning and preparation of meals.

The registered manager told us that people had the capacity to make a number of decisions in relation to their daily living.

Good



Is the service caring?

The service was caring.

People and relatives informed us that staff were caring.

All of the interactions we saw between people and staff were positive. Staff spoke with people respectfully.

We saw that people were involved in their care and support. This included staff recruitment, menu planning and organising social and recreational activities.

Good



Is the service responsive?

The service was responsive.

People were supported to maintain their hobbies and interests. They were actively involved in the local community.

People's independence was encouraged. Support plans documented how people's independence was promoted. They also included people's likes and dislikes so staff could provide personalised care and support.

There was a complaints procedure in place. Feedback systems were in place to obtain people's views.

Good



Is the service well-led?

The service was well led.

There had been a change in funding of the service which had resulted in several staff redundancies. Staff told us that they recognised that this was not due to the provider and still felt valued.

Good



Summary of findings

We reviewed a number of internal audits and monitoring reports which demonstrated that the provider had systems in place to assess and monitor the quality of the service they delivered.

Keele Drive

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one inspector. The inspection took place on the 14, 16 and 22 July 2015 and was announced. We contacted relatives following our inspection between 31 July and 3 August 2015. We announced the inspection because we wanted to ensure that staff were available to assist us with the inspection.

The registered manager organised a coffee morning which enabled us to meet people and also enabled people to socialise with others who used the service. We spoke with 20 people individually both at the coffee morning and in

their own homes. We contacted six relatives by telephone following our inspection to find out their opinions of the service provided. We conferred with a local authority safeguarding officer and a local authority contracts officer. We also consulted a team manager, a care manager and two community nurses from the local NHS trust.

We spoke with the chief executive, the nominated individual, the registered manager, three team leaders and three support workers on the day of our inspection.

We read three people's care records. We looked at a variety of records which related to the management of the service such as audits and surveys.

Prior to carrying out the inspection, we reviewed all the information we held about the home. We did not request a provider information return (PIR) prior to our inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

Is the service safe?

Our findings

We asked 20 people the question, “Do you feel safe with the staff that look after you.” All people answered “yes” in response to the question. One person said, “I like it here, I used to live on my own, but I feel safe here.” Other comments included, “I feel safe here, the staff are first class,” “I like living here. I feel safe. The staff are nice, they don’t shout.” One person told us that sometimes staff shouted at another person who used the service. We spoke with the registered manager about this comment. She spoke with the person who explained that staff sometimes had to speak louder when the person was not wearing his hearing aid. Another person said that she generally enjoyed living at the service but there had been some issues with another person who lived there.

Comments from relatives included, “He loves it there. He’s been there three or four years. I say to him ‘Are you happy?’ and he says ‘Yes’ and wants to go home. Yes, I think he does feel safe there” and “It’s like a little safe community. You can guarantee anyone who goes there will be safe and well looked after.” One relative told us however; that they felt further support and guidance should be provided to their family member with regards to their alcohol intake. We spoke with the registered manager about this feedback. She told us that the person had capacity to decide whether they wanted to drink. She said that the person did not drink alcohol excessively.

We spoke with a team manager, a social worker and a care manager from the local NHS trust. They did not raise any concerns about people’s safety. They told us staff always contacted them if there were any concerns.

The service was in the process of updating the safeguarding policies and procedures following the implementation of the new Care Act 2014 and the changes which this had introduced. We spoke with a local authority safeguarding adults officer. She told us that there were no organisational concerns regarding the service.

The registered manager told us and records confirmed that they had sent out a safeguarding survey to all staff to check their understanding of safeguarding and what actions they should take if they suspected abuse. The results of the survey demonstrated that staff had a good understanding of safeguarding vulnerable people.

We read the results from the local authority’s quality monitoring visit which was carried out in February 2015. This stated that there was “substantial evidence” to demonstrate that the provider was meeting the standard, “Helping me to feel safe and take responsibility.”

We checked medicines management. Some people told us that staff supported them to take their medicines; others said that they managed their medicines independently. One person said, “The staff give me my tablets.” A relative said, “They are spot on with medicines - they are dead on the dot with them. They are so efficient, I always feel guilty when he comes home that I am not so organised.”

We visited people in four houses and checked the management of medicines. We saw that three staff booked in medicines. This included two support staff and a team leader. Two staff administered medicines and both staff signed the medicines administration record. Accurate records were available for the receipt, administration and disposal of medicines. Regular medicines audits were carried out. No concerns were raised on any of the audits we checked.

People, staff and relatives said there were enough staff to meet people’s needs. One person said, “There’s enough staff to look after us.” Staff said that it was rare for agency staff to be used and normally they covered any shifts between themselves. The registered manager said that due to the changes in funding, it had been necessary to make several staff redundant.

During our visits to people’s homes we saw that they were supported to access the local community and staff carried out their duties in a calm unhurried manner and involved people in activities such as cooking.

We checked staff recruitment. We saw that Disclosure and Barring Service (DBS) checks and references had been obtained. We noted that these had sometimes been obtained after a staff member had started work. The registered manager explained that staff completed training before they had any direct contact with people and said that they always shadowed an experienced member of staff until their employment checks had been received. We looked at staff contracts and noted that all offers of employment were subject to satisfactory references and DBS check.

We noted that “disaster plans” were in place. These instructed staff on what to do in the case of an emergency.

Is the service safe?

These plans included details of emergency accommodation. The registered manager told us and staff confirmed that out of hours and on call arrangements were also in place should staff require immediate advice on any situation.

We read people's support plans which were known as 'life plans.' These contained risk assessments on a number of areas such as behaviour management, accessing the community and medicines. Information was available to inform staff what actions they should take to minimise

these risks. We read the service's statement of purpose. This stated, "The philosophy of risk assessing is not to prevent someone from undertaking an activity, but merely to assess whether there are any risks that need to be managed to enable the person to do what they wish to do. The risk assessment process involves all relevant parties and ultimately aims to enable the client to make an informed choice regarding the activity they wish to undertake.

Is the service effective?

Our findings

Relatives informed us that they thought staff were well trained. One relative said, “I don’t know what training they’ve done, but they seem to know what they’re doing.”

We noted that people completed questionnaires to provide feedback on the service. The registered manager had completed an analysis of the feedback which had been received. She stated, “You told us that the staff were good company, encouraged you to try new things, explained things to you and that staff were skilled.” We read the feedback which had been received from the most recent relatives’ survey. Comments from relatives included, “Staff deal with issues in an exemplary and professional manner,” “Keep up the good work” and “Everyone is most helpful.”

We read the most recent minutes from the management meeting which was held in June 2015. Training was discussed. We noted that the training manager had discussed the changes in safeguarding training which were going to be implemented following the Care Act 2014. She also gave management staff a short power point presentation on the new Care Certificate. The Care Certificate is an identified set of standards that care workers adhere to in their daily working life.

Staff told us that there was training available. The registered manager gave us information which documented that staff had completed training in safe working practices such as food hygiene and training to meet the specific needs of people who lived there such as learning disabilities, mental health, dementia and epilepsy training.

Many of the staff group had worked at the service for a considerable period of time. This experience contributed to the efficiency and skill with which staff carried out their duties. Staff told us that they felt well supported and had regular supervision and an annual appraisal. This was confirmed by records we viewed. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

We checked how the service followed the principles of the Mental Capacity Act 2005 which governs decision-making on behalf of adults who may not be able to make particular decisions. The registered manager was aware of the Supreme Court judgement in relation to deprivation of liberty. The Supreme Court ruled that anyone who was

subject to continuous supervision and not free to leave was deprived of their liberty. The registered manager informed us that no one who used the service met the criteria mentioned above. She also said that people had the capacity to make their own decisions in relation to all aspects of their life.

We checked whether people’s nutritional needs were met. People told us that they were happy with the meals and that they helped to prepare them. Comments included, “I do all my own cooking. Staff stay with me to make sure I don’t burn myself,” “I’m a coeliac sufferer. I manage by myself, but I need support when I’m doing hard things” and “We try to do healthy eating.” Two relatives informed us that they considered people required more support with making healthy eating choices. We spoke with the registered manager about this feedback. She informed us that people were involved with healthy menu planning. She said however, that people had capacity to make their own decisions about what they wanted to eat.

We noted in the recent survey that 97% of people agreed that staff supported them to be healthy and involved them in choosing their own food items. We visited people at tea time and saw them preparing their meals with support from staff.

We noted that people were supported to access healthcare services. We read that people attended GP appointments, visited the dentist, the optician and the podiatrist. Annual health checks were carried out. This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of people were being met to maintain their health. One person told us, “I’ve had operations. I’ve had an operation for an investigation. Staff take me to the hospital. I’m going at 12.10 to Wansbeck [hospital]...I see the chiropodist, but I’m alright about my eyes.” A relative said, “If he is poorly, they get the GP. He’s been to the dentist, opticians, and occasionally to the hospital. They see to all of that – it’s well organised.”

We noted that 95% of respondents who had completed the most recent survey agreed that staff supported them to keep well and attend medical appointments. We read the results from the local authority’s quality monitoring visit which was carried out in February 2015. This stated that there was “substantial evidence” to demonstrate that the provider was meeting the standard, “Helping me to keep healthy and feel good.”

Is the service caring?

Our findings

We spoke with people and relatives who told us that staff were kind and caring. One person told us, "It's grand, the staff are supportive and warm hearted – I like all the staff." Comments from relatives included, "The staff are caring," "To me, if he is happy, I am happy" and "They are lovely – they go above and beyond."

We spoke with health and social care professionals who were complimentary about staff. Comments included, "In relation to [name of manager] and the team, the clients are treated well and receive the very best of care and support," "I have always found that they always ensure that people's interests and welfare are high on the agenda" and "They always value and respect clients."

We read the feedback which had been received from the most recent relatives' survey. Comments from relatives included, "The care and attention given to [name of person] is excellent;" "Staff are dedicated and professional with their care" and "Thank you as always for the care and understanding shown."

We observed that staff communicated well and people reacted positively to all interactions. Staff knew people well and could describe their needs to us. We saw there was a partnership between staff and people. At meal times staff sat with people and ate their meals with them.

Staff spoke positively about the care and support they provided and about ensuring that people were at the forefront of everything they did.

We noticed that staff treated people with dignity and respect. They spoke with people in a respectful manner. One person told us, "I always have privacy when I have my showers. I can wash my body and clean my teeth."

We read people's care plans and saw that these were personalised. We saw that a 'pen portrait' was included in both people's support files. This gave information about people's background and their likes and dislikes. This information helped staff to provide more personalised care.

The registered manager informed us that no one was currently accessing any form of advocacy. She told us and records confirmed that there was a procedure in place if advocacy services were required. Advocates can represent the views and wishes for people who are not able express their wishes.

The registered manager told us that people were involved in all aspects of the service. This included staff recruitment, menu planning and organising social and recreational activities. People were involved in interviewing staff and easy read interview records had been provided for them to complete.

We noted that people completed questionnaires to provide feedback on the service they received. We saw that 100% of people in the 2014 survey stated that staff listened to them and they were happy with the staff who supported them.

We read the results from the local authority's quality monitoring visit which was carried out in February 2015. This stated that there was "substantial evidence" to demonstrate that the provider was meeting the standard, "Involving and caring about relatives and friends who support me."

Is the service responsive?

Our findings

People and relatives said that staff were responsive to people's needs. One person said, "The most important thing they help me with is my anger and seeing red." Comments from relatives included, "He has come on leaps and bounds," "He's a lot happier, now. Best move we've made -it's a service we don't want to lose" and "They monitor his diabetes and contact the diabetic nurse if there are concerns."

We read comments from the most recent survey of health and social care professionals. Comments included, "Good verbal communication between providers of services," "Good written information," "Staff are good at keeping health appointments and keeping professionals informed and up to date," "Staff have good knowledge of families" and "Staff are very person centred. Information was passed sensitively and quickly, the time taken with myself and the client allowed for a timeless transition."

We also spoke with health and social care professionals. They told us that staff were responsive to people's needs. One health and social care professional stated, "They go above and beyond." Other comments included, "They all work collaboratively" and "They are quite able to assess people's needs. They maintain regular contact and we have a good working relationship."

We saw that assessments were carried out before people started to use the service. The registered manager explained that there was a structured assessment process in place. This included reading a report from the person's social worker, visiting the person at home and organising visits for them to attend the service both during the day and overnight. This procedure meant that people were assessed to ensure that the service could meet their needs.

We saw that each person had a support plan which people and staff referred to as a "Life plan." These plans aimed to maintain the individual's welfare and took into account physical, mental, emotional and social needs.

People informed us and records confirmed that there was an emphasis on meeting social needs and that the service promoted their hobbies and interests. One person told us, "I hope you don't mind, but I've got to go. I'm going to get tickets for Annie, then I'm going to the dentist to get a crown...I work four days a week at Morrisons at Blyth, I work on the tills." Other comments included, "I work at the

British Heart Foundation," "I work at doggy care exercising dogs and taking them for walks," "I must be the oldest goal keeper at Cramlington United at 67," "I'm doing a diploma in independent living," "I work at Bargain Buys. It's an eight hour contract stacking shelves" and "I like it that we can go wherever you want." One person enjoyed showing everyone at the coffee morning his Frank Spencer impersonation from 'Some mothers do ave em.' There were lots of "Ooohh Bettys" which made everyone laugh.

Two relatives informed us that more activities could be provided. We spoke with the registered manager about this feedback. She told us that the local authority had reassessed people's needs and Keele Drive staff were only able to provide support for people's assessed needs such as medicines management; personal care or housekeeping. She said however, that she organised monthly "Boogie nights." These were held at a venue in the local community and were open to anyone. She told us, "We have to do it [Boogie nights] all in our own time, but we try and think of clever ways to make sure that people are able to socialise within the limitations [of the funding]."

People told us that they went on holiday. They explained that they chose where they wanted to go and planned their holidays from start to finish. This included going to the bank to check their money. One person told us, "I go [on holiday] all over. I go out by myself." Another person informed us that she had been Lanzarote; others had been to Spain, Florida and Blackpool.

We saw that people were encouraged to carry out housekeeping skills. Housekeeping skills are important because they help promote people's independence. One person told us, "I do my house jobs, hoovering, dusting and cleaning. The staff help me with them." A relative said, "They have a rota for everything – shopping, work, housework. It promotes [name of person's] independence, with things like managing money."

There was a key worker system in place. The appointment of key workers meant that each person had a designated member of staff who helped ensure that people's needs were met in a personalised manner. The registered manager explained that, "We look at relationships and key interests when choosing key workers. It would be no good if one client loved fishing and the staff member didn't." One person told us, "[Name of staff member] is my keyworker; she helps me with my life plans." Another said, "Key

Is the service responsive?

workers, they help you with whatever you need.” A relative informed us, “[Name of person] has a lovely keyworker she is really good for him. She is just like a mother to him - brilliant.”

We noted that 'hospital passports' were in place. These contained details of people's communication needs, together with medical and personal information. This document could then be taken to the hospital or the GP to make sure that all professionals were aware of the individual's needs.

There was a complaints procedure in place. No formal complaints had been received in the past 12 months. The

registered manager told us however, that the complaints procedure was changing since the introduction of the new concierge service by the housing provider. She said that any tenancy related complaints would now go to the housing provider. She said any complaints related to people's care and support would come to them. She said that they were in the process of changing the complaints procedure. One person with whom we spoke informed us that she had made a complaint in the past. She told us, “They made it all better.” Another person said that she had made a complaint when people in the house next door were making a noise until 3 am. She said, “The staff sorted it out.”

Is the service well-led?

Our findings

The registered manager started working at the service as a volunteer in 1993, before she became a support worker in 1994. She was promoted to team leader in 2001 and in 2006 she was promoted to manager and registered with CQC in line with legal requirements. She had completed NVQ level 4 in Health and Social Care and The Registered Managers Award.

People, relatives and staff were complimentary about the registered manager. One person said, “[Name of manager] is an excellent manager.” Another person said, “[Name of manager] is a good manager. I’ve known her since she was little. We read the results from the most recent survey of health and social care professionals. One health and social care professional had stated, “I have worked with [name of manager] on several occasions and found everyone honest, open and helpful.” Another had commented, “Azure is providing a good service.” We also spoke with health and social care professionals. One stated, “[Name of manager] is very dedicated.”

There was a well-defined management structure in place from the board down to the delivery teams. There was a chief executive and a board of nine directors, all of whom had a wide depth and breadth of experience in their relevant fields.

We spoke with the chief executive who spoke enthusiastically about Azure Charitable Enterprises and about his vision for the future. He had worked for Azure Charitable Enterprises for 18 ½ years. He said, “I’m on first name terms with everyone [people who used the service]” and demonstrated this by giving examples of individuals and any special interests they had. He explained that he got great satisfaction from seeing people progress and gain confidence in life skills following the support of the various services they accessed. He also spoke highly about the individual managers of the services. He said, “I rely on them all and meet regularly with all the managers from the support services” and “My door is always open. I have a very good team.”

He explained that the local authority had recently carried out a full review of people’s needs which had resulted in a reduction of funding. He informed us that because of the reduction in funding, they regrettably had to make several staff redundant. We read the service’s annual report. This

stated, “To ensure that staff can cope, certain responsibilities have been adjusted. This ensures that, despite the cutbacks, there is no reduction in the quality of provision. Azure in conjunction with the commissioning bodies were to monitor the revised arrangements closely to ensure the new arrangements were working properly.”

The registered manager explained that the service was changing direction. She said that at present they provided a “home for life” and this would still be the case for many people who lived at Keele Drive. However, she explained that she was considering making one of the houses into a service where people were supported to enable them to move on to independent living. She stated that this was the direction that the local authority was hoping the service would take.

Another change which had recently been introduced concerned the housing provider which was not connected with Azure Charitable services. They had introduced a new concierge service which operated on a 24/7 basis. Concierge staff dealt with any tenancy related issues and also carried out certain duties which Keele Drive staff used to complete such as ‘house meetings’ and health and safety checks. Staff informed us that they were working with the housing provider to ensure the smooth transition of this new concierge service.

Staff informed us that they still “loved” working for the provider despite the recent changes. They said that they recognised the changes and redundancies were not due to the provider but a result of external influences and changes in funding. They said they felt valued by the provider. One staff member said, “They are an extremely good company to work for.” Other comments included, “Morale hasn’t been as good of late, but that has nothing to do with them [provider]. Nothing has changed with how we support people; we still always do our best.”

People and staff told us that they were involved in making decisions about the running of the service. They explained that there was open communication and their views were listened to and acted upon.

We read minutes of staff meetings which were held regularly. Various meetings were held for managers, team leaders and support workers. We read the minutes from the most recent management meeting which was held in June

Is the service well-led?

2015. We noted that accidents and incidents, training, staffing, 'client related matters,' finances, forthcoming legislative changes and compliments and complaints were discussed.

During our visit we reviewed a number of internal audits and monitoring reports which demonstrated that the provider had systems in place to assess and monitor the quality of the service they delivered. Team leaders carried out quality monitoring checks on care.

documentation, medicines, finances and other processes. We noticed that a form was used to record the checks which had been carried out and document any actions that were required. We noted however, that this form did not record when the actions had been completed. These were documented in the quality monitoring books which were kept in people's homes. This meant it was difficult to quickly check whether actions had been completed. The registered manager told us that she would address this issue and add an extra column on the end of the quality assurance audits.