

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:

21 January 2021

04 February 2021

Date of publication:

08 July 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Azure Charitable Enterprise provides care, support and accommodation for up to 12 people. There were 10 people living at the home at the time of our inspection. Accommodation is provided from two separate houses which are adjoined by a garden area.

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

The provider did not have a robust system in place to monitor the infection and prevention control procedures within the service. This meant people were not always protected from the risk of infection in relation to the COVID-19 pandemic.

We have made a recommendation regarding IPC governance issues within the service.

Staff did not always follow government guidance in relation to the use and disposal of used PPE. Unused PPE was stored inappropriately which posed a risk of cross contamination. There was a lack of evidence to support an effective cleaning regime was in place within the service.

People's medicines were managed safely. Premises safety checks were completed on a regular basis. Staffing levels were at an appropriate level to ensure people received safe care. Recruitment processes were safe.

The registered manager and team managers completed a range of quality audits within the service. Any identified issues were followed up with appropriate actions. The service worked with various external professionals to ensure people received appropriate care. Staff felt supported by the registered manager and team managers. Relatives had no concerns about the care people received and they felt involved in people's care.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, 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 providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right support:

- Staff supported people to be as independent as possible across various aspects of their lives. For example, one person had expressed a wish to decorate their own bedroom with the assistance from staff. Staff had supported this person to achieve this goal.

Right care:

- The service provided an environment which allowed people to live their lives in a way which supported their dignity, privacy and human rights. Each person's needs had been assessed and adjustments had been made to support improved outcomes for people.

Right culture:

- The registered manager and staff team worked very hard to ensure people's happiness and well-being were pivotal to the care provided. Feedback from relatives was very positive in relation to the registered manager and the approach of staff. The service had adopted a creative approach during the COVID-19 pandemic with regards to activities within the service. This included the creation of an in-house shop and café which people made use of during the lockdown period.

The service had been through a difficult period during COVID-19. The level of commitment demonstrated by the registered manager and all staff members has been acknowledged. Those issues identified as part of the inspection have been shared with the registered manager and they have taken action to address the shortfalls identified.

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

Rating at last inspection

The last rating for this service was Good (published 11 March 2020).

Why we inspected

We undertook this targeted inspection to review the infection and prevention control procedures (IPC) within the service and this was following a COVID-19 outbreak.

Due to the level of concerns identified regarding IPC issues, a decision was taken to widen the scope of the inspection. This meant the inspection became a focused inspection which included the key questions of safe and well-led.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well led key sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Since the inspection, the provider has submitted an action plan to us. This sets out the steps they have taken to address the issues identified during the inspection regarding IPC issues.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We identified one breach of the regulations relating to safe care and treatment. Full information about

CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Azure Charitable Enterprise 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. Registered managers 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

The inspection was announced. We gave the service 24 hours' notice of the inspection. This supported staff and ourselves to manage any potential risks associated with COVID-19

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 and infection control nurse. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to 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 the registered manager and three members of staff. We reviewed various documents in relation to people's care. We also looked at medicine records and maintenance records.

After the inspection

We spoke with three members of staff and two relatives. We also sought clarification from the registered manager to validate evidence found.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Preventing and controlling infection; Assessing risk, safety monitoring and management;

- An effective infection control system was not in place. Staff did not always follow government guidance regarding the safe use of PPE and disposal of waste. Staff had not followed national guidelines regarding the process they should follow for people who were visiting the service. All of these factors posed a risk of cross infection to the people living at the service, members of staff and visitors.
- The provider had failed to provide safe and suitable storage facilities for hand paper towels. On the day of inspection, paper hand towels and a part used roll of toilet paper, had been placed together on an open window shelf above a toilet. During inspection, one person who was in isolation following a positive COVID-19 test, was seen to access this toilet. This posed a risk of cross contamination.
- There was a lack of documentation to support a robust cleaning regime within the service. Staff told us they carried out a 'deep clean' each day but did not have access to a structured cleaning schedule to follow or complete. Some areas of the service were not clean. This posed a potential risk of cross infection in the event that certain areas were missed as part of the cleaning regime .

This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a system in place to ensure COVID-19 testing was in place for both people living at the service and staff members.
- A process was in place to support any new admissions to the service. This included supporting people who may have been in hospital for a period of time to isolate upon their return to the service.
- Personal risks assessments had been completed for people which supported staff to care for people safely.
- Regular safety checks relating to electrical, gas and fire safety were completed. Where issues had been identified, action had been taken to resolve issues.

Using medicines safely;

- People received their medication safely. Staff had received medication training. This included competency assessment checks to ensure they were both confident and competent to handle people's medication.

Learning lessons when things go wrong

- A system was in place to review processes when things went wrong. A member of staff told us how changes had been made to one person's care plan following a particular incident and how this change had been successful.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. The provider had systems in place to keep people safe. Staff had received safeguarding training and they were confident in their ability to identify and act upon any safeguarding issues. One staff member told us, "If I saw or noticed anything safeguarding related, I would speak to [registered manager's name] about it. If nothing was done I would speak to my regional manager, local authority safeguarding or the Care Quality Commission."
- The registered manager had made appropriate safeguarding referrals to the local authority as well as notifying the Care Quality Commission of any safeguarding issues.
- Relatives felt people received safe care and had not raised any safeguarding concerns with staff or the registered manager. One relative told us, "Yes, [person's name] receives safe care. I have no problem with the level of care [person's name] receives. They are very, very well looked after."

Staffing and recruitment

- Staffing levels were at an appropriate level to care for people safely. During a recent COVID-19 outbreak in the service, staff had moved into the service to care for people and keep people safe.
- A safe recruitment system remained in place.

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 good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent.

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

- The provider had a system to assess and monitor infection control across its services. This had been updated and amended in response to the COVID-19 pandemic. However, this system had not been robustly implemented at the home to ensure an effective infection control system was in place. We identified shortfalls relating to infection control. The registered manager and provider took action to address the concerns we raised.

We recommend the provider continues to review the IPC system at the home to ensure best practice guidance is followed and embedded into practice.

- The registered manager and team managers had completed various audits to check the quality of care and service provided. Where issues were identified, actions were noted with an allocated date for completion.
- The registered manager had submitted various documentation to the Care Quality Commission which was in line with their regulatory requirements.
- Staff had a clear understanding of their role and recognised their contribution to the service. One staff member told us, "This is the first company I have worked for where the clients come first every time."
- Staff felt supported by the registered manager and team managers. They told us their managers were approachable and were always willing to listen to any ideas or concerns they had.
- People's care was regularly reviewed to allow for improvements to be made. For example, one person was now able to walk independently with a walking frame instead of having to rely on staff to support them. The addition of the walking frame had supported this person's independence, which in turn had resulted in less behavioural incidents occurring.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People received care which was person-centred and bespoke to each of them. Staff worked hard to make sure people lived the life they wished. One person had chosen to decorate and paint their bedroom and staff had supported and encouraged them to do this themselves (with staff assistance).
- The provider had recognised the impact of the COVID-19 pandemic on people and their inability to go out and about for their much-loved walks. To remedy this situation, the provider had purchased a car, which

meant people were able to get out for their walks, but in places which were less busy and the associated potential risks this posed.

- The provider had created a shop and café area within the service. The registered manager told us this was to support people to have a sense of normality during lockdown. They told us people had missed going to the shops and having 'special coffees.'
- People were encouraged to take part in house meetings where topics of discussion included for example, ideas for activities, future goals and whether people had any concerns.
- The registered manager had sent surveys to people, their relatives and staff. The majority of feedback from these surveys was very positive.

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 was aware of their responsibilities in relation to the duty of candour. They were very open and honest with people, their relatives and various professionals when things went wrong.

Working in partnership with others

- Staff liaised with health and social care professionals to make sure people received care which met their needs.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to have a robust process in place to support processes regarding infection and prevention control within the service</p> |

The enforcement action we took:

We imposed conditions on the provider's registration requiring action to be taken to improve the service.