

Azure Charitable Enterprises Newcastle

Inspection report

Azure Business Centre
High Street, Newburn
Newcastle Upon Tyne
NE15 8LN

Date of inspection visit:
05 September 2019
23 September 2019

Date of publication:
17 October 2019

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

'Newcastle' provides care and support for people with a learning disability who live in their own homes. At the time of the inspection there were 12 people using the service.

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

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

There were systems in place to protect people from the risk of abuse. People appeared relaxed and comfortable with staff. There were enough staff deployed to meet people's needs. Safe recruitment procedures were followed.

There was a positive approach to safety and risk which was not restrictive for people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had a choice and access to sufficient food and drink. Staff supported people to buy, prepare and cook healthy food for their well-being. People were supported to have access to a range of healthcare professionals to ensure they remained healthy.

People were treated with kindness. Staff respected people's privacy and dignity and promoted their independence.

People's care was developed around their wishes, preferences and goals. Staff had explored what opportunities were available within the local and wider community to promote inclusion and supported people to attend social events.

A range of audits and checks were carried out to monitor the quality and safety of the service. Action was taken if any issues or concerns were identified.

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 good (published 17 August 2017). Since this rating was awarded, the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on our inspection programme.

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.

Newcastle

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 was carried out by one inspector.

Service and service type

This service provides care and support to people living in five 'supported living' settings so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager who had applied to become a registered manager with CQC. A registered manager 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

We gave a short period of notice of the inspection because some of the people using the service could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 5 September 2019 and ended on 23 September 2019. We spoke with staff on the 5 September 2019 by telephone and visited the office location on 23 September 2019.

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 professionals who work with the service. 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.

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 used all of this information to plan our inspection.

During the inspection

We visited three people at their homes. Due to the nature of their condition, some people were unable to communicate with us verbally and used different ways to communicate with us. We spoke with the nominated individual, manager, team leader and eight support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment. We reviewed a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the manager to validate the evidence we found. We looked at training data and contacted two relatives by 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to help protect people from the risk of abuse. People appeared comfortable and relaxed with staff.
- Staff were knowledgeable about what action they would take if abuse were suspected. No safeguarding concerns were raised by staff during our inspection.

Assessing risk, safety monitoring and management

- Risks were assessed and monitored. There was a positive approach to safety and risk which was not restrictive for people.

Staffing and recruitment

- There were enough staff deployed to meet people's needs. Agency staff were used on occasions. The same agency staff were requested to help ensure consistency of care.
- Safe recruitment procedures were followed.

Using medicines safely

- Medicines were managed safely. Medicines were reviewed in line with STOMP guidelines. STOMP is a national project to stop the over-use of psychotropic medicines in people with a learning disability, autism or both.

Preventing and controlling infection

- People were protected from the risk of infection. Staff had completed infection control and food hygiene training. They followed safe infection control procedures.

Learning lessons when things go wrong

- Accidents and incidents were reviewed, monitored and discussed at managers' and board meetings. This helped identify any themes or trends so action could be taken to reduce the risk of any reoccurrence.

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 has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were cared for by staff who were trained and supported.
- The provider had a designated training manager who organised and monitored staff training. Staff had completed training in safe working practices and to meet the specific needs of people.
- Staff told us they felt supported. There was a supervision and appraisal system in place.

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

- People had a choice and access to sufficient food and drink. Staff supported people to buy, prepare and cook healthy food for their well-being.
- People enjoyed eating out at cafes, pubs and restaurants. Staff ensured that people who had a swallowing difficulty were not discriminated against with regards to menu choices. Staff explained they took a blender to puree one person's food to make sure their chosen meal met their dietary requirements.

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

- People were supported to have access to a range of healthcare professionals to ensure they remained healthy.
- People received a learning disability annual health check with their local GP surgery and had a hospital passport. The information recorded in a hospital passport helps staff in hospitals and GP surgeries to make reasonable adjustments to support safe and effective care for people with learning disabilities.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent to care was sought in line with legal requirements.
- Applications had been made to the Court of Protection when staff had assessed that people's plan of care amounted to a deprivation of liberty.
- Staff had considered the least restrictive ways of working.

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

- People's needs were assessed and support plans were formulated to document what actions staff needed to take to meet people's needs.

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.

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

- People were treated with kindness. People appeared relaxed in the company of staff. We used a specific way of communicating with one person. They indicated they were happy and staff were caring. One person's relative said, "I think they look after her well. She always seems happy."
- People were supported to express themselves through their clothes and activities they chose to do. They were also encouraged to form friendships.

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

- Staff supported people to be involved in and agree decisions about their care.
- Two people had an independent advocate. An advocate helps people to access information and be involved in decisions about their lives.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and promoted their independence.
- Support plans recorded what aspects of care people could manage independently and what they needed support with.
- Housekeeping skills were encouraged to promote people's independence.
- Staff supported people to take risks in a safe way to maximise their independence, choice and control.

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

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

- People's care was developed around their wishes and preferences. Goals were set to help promote positive life outcomes for people.
- There was extensive information for each individual which was located in a number of files. This meant that certain information was not always easy to locate. In addition, it was not always clear when reviews of support plans and risk assessments should be carried out. The nominated individual told us they were introducing a new computerised care management system which would ensure information was easily accessible and would also alert staff when reviews and other actions needed to be carried out.

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.

- Staff followed the AIS. Information was available in accessible formats. Easy read documents had been produced using pictures for people who could not understand the written word. One person showed us their communication books which they used to choose what they wanted to do. People also had communication boards which showed which staff were on duty and other important information.

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's social needs were met.
- People were supported with daily living skills but also with fun activities that enriched their days. Staff had explored what opportunities were available within the local community to promote inclusion. Social events were also organised by the provider's other services which people from Newcastle enjoyed attending. These joint events increased people's social networks and helped promote friendships.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. People were supported to raise any concerns during regular reviews. No complaints had been received.

End of life care and support

- No one was receiving end of life care at the time of the inspection. The service mainly supported younger people, but had explored with people their end of life wishes where they wished to discuss these.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The culture at the service was open, person centred and positive. People were achieving good outcomes, based on the goals they had identified for themselves with staff support.
- The service had gone through a period of change. There was a new nominated individual and manager in place. The manager had recently undertaken her fit person's interview to become a registered manager. Staff spoke positively about the changes which the new management had introduced. They said they felt listened to and action was taken if any issues were raised. One staff member said, "It is 100% better, it is really nice. The culture and morale have picked up."

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

- The provider and manager understood their duty of candour responsibilities. They had submitted notifications of specific events in line with legal requirements.
- A range of audits and checks were carried out to monitor the quality and safety of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and staff were actively involved in all aspects of the service.
- Reviews, meetings and surveys were carried out to obtain feedback from people and staff. Action was taken if any issues were raised. One relative told us they considered that communication could be improved. We passed this feedback to the manager for their attention.

Working in partnership with others

- Staff had developed links with the local community to help ensure people were engaged in their local community. Staff also liaised with health and social care professionals to make sure people received joined up care which met their needs.