

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 well-led?	Good ●

Summary of findings

Overall summary

About the service

Keele Drive provides care and support to people living in a 'supported living' setting, so 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. 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. At the time of the inspection the service was supporting 39 people, 5 of whom required support with personal care.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and 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 supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right support

Staff focused on people's strengths and promoted what they could do. Staff supported people to take part in activities and pursue their interests in the local area. People were supported to maintain a safe and clean environment that met their sensory and physical needs. Staff supported people to make decisions following best practice in decision-making.

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.

Right care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. People received care that supported their needs and aspirations and followed best practice. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Right culture

People were empowered because of the ethos, values, attitudes and behaviours of the management team

and staff. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff placed people's wishes, needs and rights at the heart of everything they did.

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 6 September 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Keele Drive

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 11 '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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 23 October 2023 and ended on 27 November 2023. We visited the location's office on 7 November 2023 and people's homes on 27 November 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We reviewed information we received from the local authority, professionals who work with the service and 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 information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, a team manager and 3 care staff. We reviewed records relating to 2 people's care and support, medicines management, staff recruitment, training and support and the management of the service, including policies and procedures. We spoke to 5 people who used the service and 3 relatives to gather feedback on the care and safety of the service. We conducted an out of hours inspection.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding policies and procedures were in place to protect people from harm. One person told us, "Yes I feel very safe with the care I receive." One family member told us, "I couldn't wish for better care."
- The registered manager was aware of their responsibilities and knew how to manage and report concerns correctly. We saw evidence of robust safeguarding processes during the inspection.
- Safeguarding training was in place for all staff which included refresher training, when needed.
- Staff demonstrated a good understanding of safeguarding and told us they felt confident to identify concerns and report them.

Assessing risk, safety monitoring and management

- Risks were assessed, and actions were put in place to keep people safe. A person commented, "I feel safe when the staff are around and I have no worries about them."
- Staff and people were confident in reporting concerns to the management team. They had confidence in the registered manager to manage these appropriately and implement change to improve the service and keep people safe

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.'

Staffing and recruitment

- There were enough safely recruited staff to meet the needs of the people using the service.
- Recruitment checks were robustly completed and in line with best practice. A family member told us, "There is a regular team around [Family Member], no issues with the amount of time they are there with him."

- Staff were appropriately trained and spot audit checks were conducted to monitor staff practices.

Using medicines safely

- Medicines were managed safely and care plans were robustly documented. A relative said, "They are very good, giving it to [Family Member] on time. They book up his appointments. He has a patch on his arm which sends an alarm to the staff phone if his levels are low. It's been a big improvement to manage his levels."
- People's medicines were administered by staff who had received training in medicine management.
- The provider had a system in place to assess staff members competency to administer medication.

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was using PPE effectively and safely.

Learning lessons when things go wrong

- The provider reviewed lessons learnt when things went wrong and took action to reduce the risk of recurrence. The provider had a process in place for reporting accidents and incidents.
- There were systems in place to monitor complaints and capture compliments about the service and evidence of lessons learnt from these.
- Lessons learnt from incidents were cascaded to the team through face-to-face meetings and communications.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- There was a positive, inclusive, and empowering culture in the service. A member of staff told us, "Everyone is very approachable and support staff are very supportive. The line management process is very clear."
- Staff promoted a positive culture within the service. They worked hard to provide person-centred care, which achieved good outcomes for people.
- The management team led by example. They were visible in the service, providing support to staff. Staff felt supported in their roles and found the manager to be approachable, they were confident in their ability to act if concerns were raised.

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 provider had a duty of candour policy in place and understood their responsibilities to support an open, honest and transparent culture.
- We reviewed examples of documentation relating to duty of candour during the inspection.

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

- The registered manager understood their regulatory responsibilities and notified CQC of significant events. They had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed.
- The provider had quality assurance checks in place. The management team carried out audits to ensure the safe running of the service. Areas for improvement were acted upon.
- People spoke positively about the management and said they were visited by them on a regular basis.

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

- Staff meetings took place on a regular basis and a record was kept of these for those who could not attend.
- The provider had a system to gain the views of the service from people using the service, their families and staff.
- Feedback from client questionnaires was analysed and actions were identified. These were summarised

and communicated to people using the service.

- There was an equality and diversity policy in place to promote equality with clear guidance on how to raise a concern if needed.

Continuous learning and improving care

- The management team were committed to continuous and sustained improvement to the quality of care with a clear strategic plan.
- There were action plans in place to ensure all actions were undertaken and completed.

Working in partnership with others

- We saw evidence of the provider working with other professionals to deliver care. One family member told us, "Face to face meetings are held with the social worker, nurse and care provider. All are involved."
- Feedback was obtained from health professionals.