

# Azure Charitable Enterprises Newcastle

## Inspection report

Kielder Avenue  
Beacon Lane  
Cramlington  
Northumberland  
NE23 8JT  
Tel: 01670 733966  
Website: [www.azure-charitable.co.uk](http://www.azure-charitable.co.uk)

Date of inspection visit: 16 and 22 July 2015  
Date of publication: 24/09/2015

### 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 16 and 22 July 2015 and was announced. We announced the inspection to make sure that staff would be available at the office. In addition, people were often out in the local community and we wanted to make sure people would be in and able to speak with us.

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 Newcastle inspection. Hexham and Keele Drive reports can be found on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

# Summary of findings

Azure Newcastle provides personal care to people in their own homes who have a learning disability; some individuals also have a physical disability.

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 department 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.

Newcastle was last inspected in 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 were no ongoing safeguarding concerns. This was confirmed by the local authority safeguarding adults officer. 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 carrying out their duties 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.

People and relatives 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 where able, the 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 was liaising with the local authority to ascertain what implications this ruling had on people who used their service.

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. Regular staff meetings were held. There was a complaints procedure in place. There were a number of feedback mechanisms to obtain the views from people, relatives and staff. These included meetings and surveys.

Staff said they felt valued by the provider and enjoyed working for them. Relatives told us that they considered the service was well led and spoke positively about Azure Charitable Services. One relative said, "It's an organisation that lives up to its mission statement."

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 where able, the preparation of meals.

The registered manager was aware of the Supreme Court judgement in relation to deprivation of liberty. She was liaising with the local authority to ascertain what implications this ruling had on people who used their service.

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 the provider staff were positive. We saw staff spoke with people respectfully.

No one was currently accessing any form of advocacy. The registered manager informed us that there was a procedure in place if advocacy service were required.

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. Care 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.

Good



# Summary of findings

Staff said they felt valued and enjoyed working for the provider. Relatives told us that they considered that the service was well led and spoke positively about Azure Charitable Services.

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.

# Newcastle

## 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 16 and 22 July 2015 and was announced. We announced the inspection because the registered manager and people were often out in the local community and we needed to be sure that they would be in.

We spoke with five people who used the service on the day of our inspection. We contacted five 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 community nurse and community psychiatric nurse from the local NHS Trust.

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

We read two 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 service.

# Is the service safe?

## Our findings

People who were able to communicate with us verbally, told us that they felt safe. This was confirmed by relatives with whom we spoke. One relative said, "I would know if there was anything troubling him. There's no question about his safety. There were concerns about a previous tenant and Azure took immediate action." Another said, "He never mentions owt [anything] bad."

We looked at the results from the most recent survey. People had completed a questionnaire and agreed with the question, "Do staff support you to stay as safe as you can in your home?"

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. There was one ongoing safeguarding issue. This was not connected to staff or the care and support provided.

The 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 checked medicines management. People told us that staff supported them to take their medicines. We saw in both houses that we visited that medicines were stored securely. We checked two people's medicines administration records and noted that these had been completed accurately. There was a safe system in place for the receipt and disposal of medicines.

People, staff and relatives said there were enough staff to meet people's needs. One member of staff told us that they considered that the 14 hour shifts were sometimes too

long. Other staff told us however, that they preferred to work a 14 hour shift and it gave them more time to spend with people and a longer period of time off work. We spoke with the registered manager about the length of shifts. She told us that they would always work with staff and if staff considered that the length of the shifts were too long, then this would be looked at on an individual basis. She said she had not received any previous feedback or concerns about the length of shifts but would speak to staff about this issue.

During our visits to three homes, we saw that people 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 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.

There were arrangements in place to deal with foreseeable emergencies. People said that they talked about safety at their monthly 'House meetings' and what they needed to do should there be a fire for example. We noted that "disaster plans" were in place. These instructed staff on what to do in the case of an emergency. 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.

# Is the service effective?

## Our findings

Relatives informed us that they thought staff were well trained. One relative said, “I’m sure they are well trained. They do a wonderful job.”

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. Comments included, “The training is really good” and “There’s always training available, I can’t think of anything that I need to do that I haven’t done.” Staff said and records confirmed that induction training was carried out.

Staff told us that they felt well supported and had regular supervision and an annual appraisal. 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. She was liaising with the local authority to ascertain what impact the ruling had on people who used the service.

We noted that mental capacity assessments and best interests meetings had been carried out for specific decisions such as finances, holidays and medical care. The

registered manager told us that she was liaising with the local authority with regards to the management of some people’s finances to ensure that best practice guidelines were followed.

We checked whether people’s nutritional needs were met. We read the minutes from a recent meeting for the staff group at one of the houses we visited and saw that meal planning, healthy eating and food shopping were discussed. The minutes stated, “The team discussed healthier options and there is guidance around the Eat well plate and diabetes in the menu file.” We visited two people at tea time and saw that staff assisted both people on a one to one basis. Another person whom we visited told us they had enjoyed spaghetti and sausages for lunch. The staff member explained this person was unable to assist with meal time preparations; however they enjoyed setting the table for two.

Relatives informed us that staff supported people to meet their health needs. One relative said, “She’s hardly ever poorly, but they always contact the doctor if needs be.” Other comments included, “They have him to the doctors. They monitor his health very closely,” “They sent him for a belly scan” and “They get straight onto things like doctors and hospital appointments.” We noted that people were supported to access healthcare services. We saw that the team leader from each of the houses completed a ‘monthly service update.’ We read one monthly service update which had been completed in June 2015. This stated, “[Name of person] has attended a dental appointment, home visit from [community nurse] and appointment with consultant cardiologist...[Name of person] had ears syringed and a new mould made for hearing aid which he now has and [name of person] also had routine podiatry. [Name of person] had annual health check... [Name of person] went back for further chest X-ray and bloods.” 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.

# Is the service caring?

## Our findings

We spoke with people and relatives who told us that staff were kind and caring. One relative informed us, “They are fantastically caring. When she was in hospital they were there night and day and they needn’t have been because the nurses were there, but they just wanted to be there. Even when she had her teeth out they were brilliant. [Name of staff] are great and [staff name] the head carer she dotes on. She has the best carers ever.” Other comments included, “They care for her brilliantly,” “He is getting top quality care” and “The staff are smashing, the main one [name of staff member] is canny [nice].”

We observed that staff communicated well and people reacted positively to all interactions. Staff knew people well and could describe their needs to us. One person told us, “I’ve got voices.” The staff member immediately said, “What do we say though [name of person]? We say, we don’t listen to the voices, don’t we?” The person nodded in agreement. We saw another person indicate that she wanted a kiss. The staff member showed us how staff did this by kissing their own hands and gently putting their hands on her face, whilst making a kissing noise. We saw a staff member doing this and could tell that this form of touch and communication was appreciated and enjoyed after the person indicated she wanted more kisses by pointing to her cheek and smiling.

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.

We read people’s care plans and saw that these were personalised. We saw that a ‘pen portrait’ was included in 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 offered the opportunity to be involved in all aspects of the service. This included meetings, recruitment, planning menus and social and recreational activities. We looked at the feedback from the latest survey and saw that two out of nine people stated that they were involved in choosing their support workers. The registered manager had written, “We have developed an easy read interview document and encouraged clients who live at the service we recruit for to partake in the interview process.” One relative informed us, “When [name of person] was looking to come and live at [name of house] he came for afternoon visits and [names of people who already lived at the home] were given every opportunity to object to say if they didn’t want [name of person] to move in and live there. Now that’s involvement.”

People and relatives had completed questionnaires to provide feedback on the service they received. We read the most recent review and saw that all nine respondents stated that they were involved in their reviews. We noted that one relative stated that they were “sometimes” involved in the review of the support provided. The registered manager had written in response to this feedback, “Azure clients have a meeting each month with their keyworker to discuss their ongoing support. Clients have the right to invite who they wish to these meetings. If you have not been offered the opportunity to attend these meetings, please can you discuss this with the team leader of the service. Annual reviews also take place with the client’s care manager and clients are asked who they wish to attend.” Relatives informed us that they felt involved in their family member’s care and support. One relative said, “We feel that we are part of [name of person] care we never feel pushed out.”



# Is the service responsive?

## Our findings

Relatives said that staff were responsive to their family member's needs. Comments included, "I am totally happy about the way they bring up [name of person]. They have great carers and I am over the moon the way they help her communicate. I couldn't fault them one bit and they involve me," "It's fantastic. They have great staff a great house manager – terrific. [Name of staff manager] is always that step ahead" and "The level of support and care is great, they meet his every need." One relative told us however, "The staff are good, but they change frequently."

We also read comments from the relatives' survey. One relative had stated, "[I'm] confident in the support that is provided for my sister. Always consulted and staff liaise on a regular basis." Another relative had written, "Overall we and [name of person] are delighted with the service provided."

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 the person 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. Staff and relatives told us that "Life Plan meetings" took place regularly. They explained that these were "review" meetings. People chose who they wished to attend these meetings such as relatives or friends. Staff explained that people talked with them about what was working well in the service and what was not working as well. This information was written down and their life plan was updated with the new information. One relative told us, "[Name of person] gets a monthly life plan meeting and we get a copy of that every month and any issues are picked up quickly."

We viewed information which demonstrated that staff took action to ensure that people received support which met their needs. We read the minutes from a recent staff meeting which was held in June 2015 where staff had

raised concerns about one person's epilepsy monitoring system. Staff stated that whenever the person got out of bed, the epilepsy alarm was sounding. The minutes documented that immediate action had been taken, "The care alarm company were informed and have adjusted the mat so it should only go off if [name of person] has a tonic clonic seizure." A tonic clonic seizure is a type of generalised seizure which affects the entire brain.

People and relatives informed us and records confirmed that there was an emphasis on meeting social needs and that the service promoted their hobbies and interests. One relative said, "She is always out and about. She has a better social life than me." Another said, "She goes here, there and everywhere." A third stated, "He's very independent. If he wants to go to the quayside, or to The Sage [Concert venue], there's always a carer to support him. He also enjoys watching television, there's always good conversation because the staff are terrific. They try to keep bringing him out [of his room] to socialise."

We visited one person at home and heard how he liked going to the Cinema. This person said that he also enjoyed going to the pub to see his favourite bar maid. He also told us that he liked John Wayne and watching the Lone Ranger. He showed us his room which was decorated with pictures of John Wayne. He pointed out his large collection of DVD's. However, we couldn't see the Lone Ranger DVD; the staff member smiled and said that it was already in the DVD player because watching this film was almost a daily occurrence. We read the person's support file and noted that he enjoyed music, especially Frankie Vaughan. We asked the person about Frankie Vaughan and he instantly began to serenade us with the song, "Give me the moonlight." The staff member joined in, but said, "Unfortunately I don't know all the words so I end up la la la-ing, I'll have to learn the words for next time - won't I [name of person]."

We visited another person and read her support plan. She liked dancing, shopping and going on picnics and told us that she had just been to see a music band. She said, "Band on Wednesday" and "I see horsies." This person was very keen for us to leave so that she could go out again with the staff member. She brought in her shoes and coat and we recognised that this was our cue to leave!

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

## Is the service responsive?

bank to check their money. We noted that one person had visited the Yorkshire Dales and another had been to Scarborough. Relatives also confirmed that people were able to go on holiday. One relative said, "They always give him a choice of activities and if he says he wants to go to Manchester, he goes. He's been to Manchester, Liverpool, York and they are in the process of organising a holiday to Tenby in Wales."

We saw that people were encouraged to carry out housekeeping skills and jobs both within the home and outside in the local community. This helped promote people's independence. One person told us that they had a job. We read a newspaper article which praised the person's success with their job. The article stated, "Breakfast can be one of the busiest times of the day at [name of hotel] and we couldn't do it without [name of person's] input, added [name of general manager of the hotel]." A staff member told us that one person liked to hang out the washing, he said, "You help put the washing out don't you I hold down the washing line, while you put the pegs on." Another member of staff told us that one person helped carry out the weekly car checks. The staff member said, "[Name of person] puts her hands up when we check the lights on the car. If the lights go on and off, she sticks her hand up, don't you [name of person]?" The person nodded in agreement. A relative told us, "She sets the table and washes the dishes in her own style. The carers have to wash them again after, but that doesn't matter."

Staff informed us that people's spiritual needs were met. We visited one person at her home. The staff told us and her support plan confirmed that she enjoyed going to church. The staff member told us, "[Name of person] enjoys singing hymns; however we have to lip sync because she doesn't like our singing." The person laughed and indicated that this was true. Relatives also told us that people's spiritual needs were met. Comments included, "She goes to church each Friday" and "Staff take her to [name of church] on a Sunday."

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. Staff were knowledgeable about people's needs and could describe

these to us. A member of staff told us that one person did not like people standing in doorways. He also explained that loud noises also upset the individual. A staff member who supported another person said that the person asked for coffee but really meant tea.

We visited two people who were unable to communicate verbally. Staff were able to communicate with both people effectively and interpret what they were wanting. The staff member showed us some of the actions and signs she used to communicate with one person such as holding a steering wheel which meant going out for a drive in the car. A communication book was available which contained a number of pictures which also assisted communication. The other person was able to use her eyes to communicate. We read her support plan which stated, "I use my eyes to look towards things I may be talking about."

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. None of the people or relatives with whom we spoke said they had any complaints. We read the feedback from the most recent survey for people who used the service. We noted that two of the nine people surveyed did not know how to make a complaint. The registered manager had stated, "We have in place easy read 'How to complain' documents." We also read the feedback from the recent relatives' survey. One relative had stated, "My brother always seems to be quite happy. He never complains and he can't wait to get back to his home. There are no complaints from me about my brother's care."

People completed surveys to feedback about what they liked about the service and what could be improved. We read that one person had written, "I first thought the service was \*\*\*\*! But now I like the service. It is okay and I like the staff. I think [name of staff member] is the best manager in the world. I like [staff member] she is a laugh to be with also I like [staff member] she is a brilliant laugh and good to go shopping with. I don't like agency [staff] but I understand they have to learn the service too."

# Is the service well-led?

## Our findings

Azure Charitable Enterprises was established in 1982 under its previous name of the Sheltered Housing and Workshops [SHAW]. SHAW's origins began with the 'Care in the Community' legislation in the 1970's. In 1978 a number of individuals saw this enabling legislation as an opportunity to provide a better life for a number of people with disability. A steering group of interested and suitably qualified people met regularly to progress this initiative and SHAW was founded.

The registered manager was currently completing her level 5 diploma in leadership for health and social care. She was also the registered manager at one of the provider's other service, Azure Charitable Enterprises – Washington which was a care home for people with learning disabilities. The registered manager told us that she had sufficient time and resources to manage both services.

People, relatives and staff were complimentary about the registered manager and the management of the service. One member of staff said, "[Name of manager] is lovely. She is very supportive." Another staff member said, "She's great. I feel well supported." One relative told us, "It's definitely well led. I've even been to the office – you can go whenever you like." Another relative said, "Without doubt it's a well led service. They offer you an open door to go above [name of team leader] and go to [name of registered manager] and go to [name of nominated individual]. I think the service and the house is well led."

There was a well-defined management structure in place from the board down to the delivery teams. There was a chief executive and board of nine directors, all of whom had a wide depth and breadth of experience in their relevant fields. There were a number of other special posts which included the charity's patron, the president and two vice presidents. These people supported the charity, assisting in practical ways as well as endorsing the charity's activities by their association.

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."

We spoke with five staff who all said that they "loved" working at the service. One staff member said, "I love working here. I wouldn't work somewhere I didn't like." They said that they felt valued by the provider. One member of staff said, "It's a good company to work for, yes I feel valued." Other comments included, "We get thanked and recognised," "We really feel valued – it's great" and "[Name of team leader] is really great, she really values you. Morale is good."

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.

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 2015. We noted that accidents and incidents, training, staffing, 'client related matters,' finances, forthcoming legislative changes and compliments and complaints were discussed. We read the minutes from a recent meeting for the staff group at one of the houses we visited. We noted that mental capacity assessments, menu planning, holidays and quality assurance checks 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 written elsewhere, such as the quality monitoring books which were kept in people's homes, staff supervision records or meeting records. The registered manager told us that she would address this issue and add an extra column on the end of the quality assurance audits.

## Is the service well-led?

Regular board meetings were held. The chief executive informed us that these were to, “Put the board in the picture” with what was happening at each of the services. The chief executive said he invited managers to meet the board and give an update of what was happening at their particular service. He told us and records confirmed that accidents and incidents were discussed. He said, “There’s

very few incidents and we rank them according to severity.” We noted at the last board meeting that the ‘fit and proper’ requirement for directors was discussed. He also explained and records confirmed that “happy letters” [compliments] were discussed. He said, “It’s very important to discuss the positive and see what we are doing well.”