

Azure Care Ltd

Azure Care

Inspection report

The Joinery Workshop
The Historic Dockyard
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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 ●

Summary of findings

Overall summary

About the service

Azure Care is a domiciliary care service providing personal care to people living in their own homes. 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 was providing personal care to approximately 16 people at the time of the inspection.

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

People were protected from abuse and avoidable harm; staff had completed training in safeguarding and recognising signs of abuse. Medicines and risks to people were managed. Relatives told us that their loved ones felt safe with the service. One relative said, "I feel [relative] is kept safe by the carer she currently gets." Another relative said, "My [relative] is very safe under the care he gets from Azure Care."

Peoples' needs were assessed, and person-centred care plans developed with them. Care workers had enough information to provide safe care for people. Staff had been recruited safely and attended training to prepare them for their role. Staff had access to policies and procedures to guide them in their day to day work. Care plans were monitored and reviewed regularly.

The management team was committed to providing a high-quality service and worked in partnership with other professionals, such as the local authority and primary health care services. Managers carried out appropriate checks to ensure that the quality of the service was continually reviewed and where necessary improved.

Relatives told us they would recommend Azure Care to others. One relative said, "I would recommend Azure Care because they are punctual, clean and fully PPE regulated."

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.

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

Rating at last inspection

This service was registered with us on 08/11/2019 and this was the first inspection.

Why we inspected

This was a planned inspection based on the timescales for unrated services.

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.

Azure Care

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 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 is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

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 would be in the office to support the inspection.

What we did before the inspection

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 reviewed the notifications about important events that had taken place in the service which the provider is required to tell us by law. We contacted health and social care professionals to obtain feedback about their experience of the service. We used all this information to plan our inspection.

During the inspection

We spoke with three members of staff including the two business owners, one of which was the nominated individual, and the care manager. We obtained feedback from three care workers. We obtained feedback from six relatives of people who used the service about their experience of the care provided. We received feedback from the local authority commissioning team. We reviewed a range of records, including six peoples' assessments and care records, and multiple medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including staff rotas and service user guide were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and procedures and user feedback.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This means people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff told us, and records confirmed they had received training in safeguarding and knew how to spot signs of abuse and report concerns.
- The provider was alert to safeguarding concerns; records showed that concerns were reported to the appropriate authorities and the management team cooperated with investigations. The provider had an up to date safeguarding policy in place that had a two-page summary document acting as a quick guide for care workers.
- Peoples' relatives told us their loved ones felt safe with the service. One relative told us, "Her current carer keeps [relative] very safe and does a good job." Another relative said, "My [relative] is generally safe with the care he gets at present."

Assessing risk, safety monitoring and management

- Peoples' care records contained detailed risk assessments to keep people safe. Risks to the environment had been considered as well as risks associated with peoples' health and care needs. Risk assessments were reviewed regularly to ensure they were still appropriate.
- Risk assessments gave clear guidance to staff, detailing how to safely work with people in all areas, including stoma care, medicines and moving and handling. Staff confirmed that the care plans gave them enough information for them to support people safely. Staff had access to the electronic care system on their devices, which provided an overview of the care required. Staff marked tasks as complete at the end of the visit. Anything not completed required an explanation reducing the risk of peoples' needs not being met.
- The office was located within an all-inclusive serviced block where all environmental risks were effectively managed, including fire and security of the premises.

Staffing and recruitment

- There were enough staff deployed to provide safe care for people; absences were covered from within the team. The provider had run a successful recruitment campaign and new starters were going through pre-employment checks and induction training. Recruitment was ongoing.
- The management team monitored care visits through their electronic system and were alerted if a care worker was late or if there were any missed calls. There had been no missed calls. People told us that care workers were punctual.
- Staff were recruited safely. Interviews were values based. Records were maintained to show that checks had been made on employment history, references and Disclosure and Barring (DBS) records. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people working with people who use care and support services.

Using medicines safely

- Not everyone needed help to take their medicines, some people just needed reminding, so they didn't forget. Some people needed full support with their medicines. One relative said, "They give my [relative] her tablets and make sure she takes them".
- Medicines were managed safely. Medicine administration records were completed electronically and were up to date. The system alerted the management team if any medicine had been missed.
- Staff had received training in medicine administration and competencies were checked every six months. Records showed training was up to date.

Preventing and controlling infection

- The provider ensured people were protected by the prevention and control of infection. Staff had received appropriate training to learn how to minimise the risk of infection spreading. The provider sent regular updates to staff during the COVID-19 pandemic.
- Staff told us they followed good infection control practice. One staff member said, "I wear full personal protective equipment (PPE) and wash my hands." A relative told us, "They wear PPE and masks when working."
- The office environment had been adapted to comply with the restrictions placed during the COVID-19 pandemic; Perspex screens separated desks which were opposite each other to protect staff. Staff were tested for COVID-19 weekly and records of results maintained.

Learning lessons when things go wrong

- Care workers knew what to do if someone had an accident or an incident. Accidents and incidents were reported, recorded accurately and investigated, trends and patterns were analysed.
- Lessons learned as a result of incidents or accidents were documented and shared with the team either through email, through training sessions or during supervision.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The manager undertook a full assessment of each person before commencing service, this assessment included the person's life goals. Details in the assessment were used to formulate and agree the plan of care with the person and if appropriate, their relatives. One relative said, "I get involved in my [relative's] care plan regularly."
- Where people had complex health needs, these were re-assessed regularly. One relative told us, "I am involved in my [relative's] care plan and this gets reviewed regularly because she has lots of health problems that change from time to time."
- Assessments included making sure support was planned for peoples' diversity needs, such as their religion, culture and abilities. For example, one person was supported to have a Zoom call regularly with the church.

Staff support: induction, training, skills and experience

- Staff received induction training, using a mix of classroom based, online and practical sessions. Staff confirmed they had received enough training to undertake their role.
- Training records confirmed that staff training had been completed in mandatory areas and some staff had received training in more specialist areas, such as dementia care.
- Staff had supervisions and spot checks undertaken regularly and staff we spoke to said they felt supported by the management team.

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

- Some people received support to prepare meals and drinks to meet their nutritional and hydration needs. Others did not need any assistance in this area as they were either independent or received support from relatives or other agencies.
- Peoples' care records detailed when a person needed assistance with food preparation and there were instructions for care workers in how this needed to be done and what foods to prepare.
- Relatives confirmed that staff had enough information to support people with their meals where this was included in their care plan.

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

- Staff knew people well and knew when to report issues to the office or management team. One relative told us, "They seem to know my [relative's] needs very well and do a good job." Another relative said, "The carers usually inform me if there's something they can't do rather than just guess."

- Care records contained information about interaction with other health care professionals. For example, one care record documented a referral to district nurses. The management team liaised regularly with GPs when assessing and reviewing care needs.
- The service had worked with a company providing Yoga and stress management sessions. The management team had planned to encourage participation from both staff and service users when the sessions started.

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.

- The management team were knowledgeable about the MCA and care records contained clear guidance for staff. Staff gave people choices and encouraged people to make their own decisions, for example, what to wear or what to eat. One staff member said, "I always give people choices, sometimes it's best to narrow down the choices with the help of the client."
- Where people had capacity, they signed their own care documents and contracts and records showed that people were not restricted.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The provider was committed to ensuring continuity of care by allocating regular care workers whenever possible. Recent high staff turnover had impacted on this to some degree. However, one relative told us, "He usually has the same carer and that makes him feel safe as he knows her very well now."
- Staff knew how to respect people's equality and diversity. One staff member told us, "I will always allow people to be themselves and encourage them to talk about things, such as their culture or religion."
- The provider encouraged people to give their feedback about care. One relative said, "Thank you for looking after my [loved one]. I live in Canada and you give me peace of mind knowing [care worker] is looking after him."
- People and relatives were positive about how they were treated and supported. One relative said, "The carers are very friendly. My [loved one] feels very comfortable communicating with the carers."

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

- People were involved in their assessment and the development of their care plan. They were asked about their preferences, for example, their preferred time for their care calls. Where exact times couldn't be accommodated, this was discussed with the person and alternatives agreed.
- Staff told us that they ask people before carrying out any tasks. One staff member said, "I always ask for their consent and always tell them what I'm doing."
- Staff worked closely with people and their relatives to make sure people got the support they needed. One relative told us, "I have no issues with the carers. They are very caring and patient with my [loved one] and they listen to what she has to say. They generally stay for the right length of time." Another relative said, "My [loved one] just needs someone to sit and talk to her and the carers have time to do that without feeling rushed." Another relative told us the care workers played cards with their loved one, which was what they wanted.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. Staff encouraged people to do things for themselves. One staff member said, "I always ask what people can do and what they need help with." One relative told us, "The carers themselves have also been effective in encouraging [loved one's] independence."
- Staff treated people with dignity and respect. Staff told us they ensured curtains were closed and they kept people covered up to preserve their dignity. One relative said, "There is definitely a lot of respect and dignity demonstrated to my [loved one]." Two relatives said, "[Loved one] is treated with dignity and respect at all times."

- Information held in the office was stored securely. Paper records were stored in locked filing cabinets. Electronic records were held on secure, password protected computers. Information was securely backed up. Care workers accessed care records on an electronic device, and access to records was restricted to those who needed the information to carry out their role.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Care was person centred and care records developed in partnership with the person and if appropriate their relatives. People were given choice and control over how they wanted to be supported. For example, one person liked doing jigsaw puzzles or going out for a walk and this was incorporated into their care plan. One person had asked for the care worker to not wear a uniform; this choice was risk assessed and respected. This was because they liked the care worker to take them out.
- Peoples' care plans were reviewed regularly. People told us the care was tailored to their specific needs. One relative said, "I feel they were effective in reviewing the care."
- Communication between people, relatives and care workers was effective. One relative said, "They are very informative when carrying out the care and let me know if there are any problems and explain their plan of action which I think is good." Another relative told us, "The carer is always on time, that's a good thing."
- Technology was used to support peoples' needs. For example, where people had given their permission, they were able to log in to the online system. This enabled relatives to read their loved ones' care notes, which kept them up to date with any changes in their care and any health or social care needs. Staff used the system to log in and out of care visits which meant the time spent with people could be calculated and monitored.

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.

- Peoples' communication needs were recorded and understood by staff. Information was available and shared with people in formats which met their communication needs. Staffing rotas were shared with people so they knew who would be visiting them for their support calls.
- The service user guide was given to each person receiving care and contained all relevant information about the service and what to expect. This guide was available in alternative languages and formats, for example, Large Print, Easy Read, Audio or on various coloured paper, if these were requested. The company had not had any such requests.

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 were encouraged and supported to take part in activities and interests, either in their home or in the community. One staff member told us that they always ask people if they have had contact with their

family members and encouraged them to maintain contact.

- We saw that one person like to have their nails painted and their hair styled, and this was documented in their care records. Other people liked to go out for a walk during their care call and this was encouraged. One person who had increased anxieties about going out due to the previous COVID-19 restrictions had received support and encouragement which had enabled them to enjoy trips out with their care worker.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain if they had any concerns, although most people hadn't needed to raise any issues. One person told us they had raised a concern when staff weren't turning up on time; that the provider had responded well, and things were now much improved.
- Where complaints had been received, these were logged accurately. Investigations were thorough and complainants were responded to in a timely manner. Lessons learned from complaints were shared through either written communications or during supervision sessions.
- The provider's complaints procedure was clearly set out in the service user guide and gave guidance on escalation of complaints if they weren't satisfied with the response from the provider.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The management and staff team demonstrated a commitment to providing person centred care and there was a caring, open culture.
- Staff told us that the culture was friendly, and they were comfortable approaching managers with any concerns. There was an on-call service to provide support and guidance to staff when the office was closed.
- People and relatives agreed that managers were approachable. One relative said, "I have a good relationship with the managers; the office staff are very courteous, and you can talk to them." Another relative described the management team as informative, and said, "For example, they told me an inspector would be ringing me." A couple of relatives said they thought Azure Care needed more care workers.

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 Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing truthful information and an apology when things go wrong. The provider understood their responsibilities.
- People told us, and records confirmed managers had regular contact with people and their relatives if appropriate. One relative said, "I feel they follow their duty of care."

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

- Services providing health and social care to people are required to inform CQC of important events that happen in the service. This is so we can check appropriate action has been taken. The manager had correctly submitted notifications to CQC.
- The provider had an electronic care management system in place. This enabled the management team to monitor care visits remotely and produce quality monitoring reports. The system had the capacity to monitor start and finish times of care visits; the tasks completed and outcomes of each visit through the task list and the detailed visit notes. Service quality was also monitored through regular telephone calls to people.
- The registered manager had left the service the week before the inspection. An experienced care manager was providing interim management cover and the business owners were active within Azure Care daily. Recruitment for a new permanent manager had commenced and was at interview stage.

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

- Surveys were carried out regularly for people and staff. The most recent survey results were positive about the service. A comment from a staff member read, "Azure Care have done everything they possibly can to help staff and clients. Great management." A comment from a relative said, "I have no complaints with regards to the service that is provided." A professional commented, "Carers go above and beyond, collaboratively working with clients and relatives. Difficulties are reported swiftly and resolved by the manager. They promote independence and carers are caring and compassionate."
- The provider produced a newsletter twice a year for people and staff. They contained topical information, for example, heat waves or seasonal flu, along with company updates. People and relatives were positive about the service they received. One relative had commented through the company's online feedback portal, "I can't fault the experience I have had with this company. This is the third company that I have had, and I am very impressed with the care that has been given. I have never had such good care for my [relative] in the last four years."
- The provider had a range of benefits in place to support staff. For example, there was an account with a local taxi company to support staff to get to care visits in an emergency, such as if their car broke down. The company also provided staff with a local travel pass, giving staff reduced travel costs on local buses.

Continuous learning and improving care

- The provider was committed to continuous service improvement and to providing the best possible quality of care.
- Where complaints had been received, these were investigated thoroughly, and changes made in the care delivery as a result. Lessons learned were documented and shared with the team. Updates and changes were shared with care staff through their electronic systems; messages were sent to the company phones held by care workers. The management team was able to monitor that people had acknowledged the updates.

Working in partnership with others

- The service worked in partnership with the local authority and other health and social care professionals. There was a local managers social media group providing mutual support to managers and providers.
- There was a good local working relationship. One professional said, "There have been good reports from the few clients that have used them. They are alert to safeguarding concerns and reported them appropriately. They appear to be dedicated and concentrated on providing a good level of care."
- Azure Care had an active role within the local authority care provider forum and membership of national forums, which were valuable in keeping up to date with new developments and relevant industry updates.