Azure Charitable Enterprises

Hexham

Inspection report

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18 February 2020
20 February 2020

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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
'Hexham' provides care and support to people with a learning disability who live in supported living accommodation. At the time of the inspection there were 15 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
People were safe in the care of kind and compassionate support staff. The provider had systems in place to support safety within the service and protect people from abuse. Staff treated people with dignity and respect and helped people to remain as independent as possible.

Medicines were managed safely, although updates were required in some paperwork, but this was addressed immediately. The provider was in the process of updating their medication policy to ensure it reflected best practice.

Staff were supported and had received suitable training to ensure they could meet people's individual needs. Enough staff were available to support people, and although agency use was higher than the provider would have liked, a recruitment drive was in place to address this.

There was a good choice of fresh food and refreshments available and people were supported to shop and prepare their own meals with support from staff if necessary. Staff ensured that people had access to a range of health care professionals.

People's care plans described how they wished to be supported and how they liked this to take place. Likes, dislikes, goals and aspirations were discussed, and outcomes documented. People were able to follow any interests they may have and encouraged to try new ones. Local community involvement was encouraged, and the provider had set up social events so people could meet other people using their services. Positive risk taking was encouraged. 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.

A range of quality checks were carried out to monitor the service provided to people. When an issue had been identified, action was taken. The provider was in the process of updating their policies and ensuring that all care plan information was on their new IT system. The majority of staff were positive about changes within the management team and staff morale was reported to have improved.

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 12 September 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 current rating at this inspection. The service has retained the rating of good.

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.

Hexham

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 '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 registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
The inspection was unannounced. We visited the providers offices on 11 February 2020, visited people on 18 February 2020 and returned to the providers offices on 20 February 2020 which included to provide feedback.

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 safeguarding and commissioning teams. We also sought feedback from 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 all information received to plan our 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 used all this information to plan our inspection.

During the inspection
We visited four people in their homes. We also sent surveys to people who received personal care and received seven back. We contacted five relatives. We also contacted two care managers, two social workers, a nurse therapist and staff at the positive behavioural support team. We spoke with the registered manager, two team leaders and ten support staff.

We reviewed a range of records. This included four care and medication records. We looked at four staff personnel files. We reviewed a variety of records relating to the management of the service.

After the inspection
We continued to seek clarification from the registered manager to validate the evidence we found and analysed information we had been provided, including training data.

Good

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
- The provider had systems and procedures in place to protect people from harm. Staff had received training in safeguarding people and told us they would report any concerns they had.
- People told us they felt safe and relatives confirmed this. One relative told us, "I have great piece of mind with my (person) living in a safe, secure, happy environment."

Assessing risk, safety monitoring and management
- Risk to people had been identified. Risk assessments were used effectively to highlight risks specific to each person and guide staff in how to reduce and manage these.
- Staff completed health and safety checks in people's homes, including testing fire alarms and checking equipment was safe. One relative said, "No concerns about safety, staff regularly check the house."

Staffing and recruitment
- The provider had enough staff to meet people's needs. Regular agency staff were used to maintain consistency whenever possible due to permanent staff shortage. One relative explained that whenever agency staff were used (which was rare they said), the staff would be very careful to induct them thoroughly into the service. A recruitment drive was occurring to fill vacant posts.
- Newer staff spent time shadowing more permanent staff to help them familiarise themselves with people's care needs before working alone.
- Robust recruitment procedures were in place, including criminal checks on potential employees to ensure they were suitable to work with vulnerable people.

Using medicines safely
- Medicines were managed safely, which included storage, disposal and administration. A small number of recording issues in connection with topical creams and ointments were addressed immediately.
- Staff were trained to administer medicines safety and had their competencies checked regularly.
- People's medicines were regularly reviewed and there was no evidence of over medicating or over use of psychotropic medicines. The service followed good practice guidelines.

Preventing and controlling infection
- People were supported to keep their homes clean and tidy.
- Staff had received infection control training and followed safe working practices to protect people from the risk of infection. One home we visited were not using the paper towels allocated to them and were sharing communal towels. This posed a risk of infection. We raised this with the registered manager to

address.

Learning lessons when things go wrong

● Incidents and accidents were recorded, reported and analysed. These occurrences were discussed with the staff teams and at management level to try and minimise further issues arising.

Good

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.

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

● People's needs were assessed before they started to use the service and were completed in partnership with families and healthcare professionals. People's needs were assessed regularly to ensure staff continued to meet people's changing needs.

Staff support: induction, training, skills and experience

● Staff were trained in a range of skills to support people with their individual needs. Training was planned and refresher training completed. The management team monitored training to ensure staff had completed. One relative was complimentary. They told us their relatives staff team had received lots of additional training over the years to support them in dealing with their loved one's health and emotional needs, which had changed over time.

● The provider checked staff competencies to ensure they could perform particular roles satisfactorily.

● Staff were supported through a suitable induction programme when they started working for the organisation. There was a system in place to ensure staff received regular supervision and annual appraisals. One staff member told us, "Really happy with the management. Yes, I'm appraised yearly, and my team leader is approachable and professional."

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

● People received a good selection of nutritious meals which met their individual dietary needs. They were able to choose meal types and many people helped to shop for items to cook. Refreshments were plentiful. People were also supported to prepare and cook meals where ever possible.

● Regular visits to cafes and other venues took place with people being able to have a variety of suitable meals and drinks.

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

● Staff worked with a range of external agencies and healthcare professionals to make sure people received effective care. This included local GP surgeries, speech and language teams and nurse therapists.

● People received regular checks by their GP's and were supported to attend hospital appointments. Information was available via a hospital passport to support people during these visits. The passport detailed how best to support the person with their learning disability and what crucial information they needed to be aware of.

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 and staff had taken into account the least restrictive way of working with people.
- Staff had an understanding of the MCA and associated code of practice. They applied this throughout their work.
- People's best interests were fully considered. One relative told us, "The team always acts in (person's) best interest." The provider was reviewing their paperwork to ensure that all best interest decisions were fully recorded.

Good

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
- Staff treated people with kindness and compassion. One relative said, "I couldn't praise them (staff team) enough, they are smashing."
- The registered manager was committed to ensuring staff provided consistently caring support to people.
- Staff knew people well and were able to tell us about their needs without reference to care plans. One relative told us, "All staff, but especially his key worker (staff name), understand (person) as well as I do. Their understanding of when to suggest and encourage, when to hold back and let notions settle in (person's) mind, are all key to a successful relationship."
- People were supported in their choices and people's diverse needs were respected. People could choose what colours to decorate their bedrooms or which clothes they wanted to wear.
- Friendships were encouraged. The provider had recently started a disco which people could attend. One person told us they had been invited to a birthday party from someone who attended the disco and they were going to be supported by staff to attend.
- Equality and diversity was upheld. Through talking to people, relatives and staff, and reviewing people's care records, we were satisfied the rights of people were protected and care was delivered in a non-discriminatory way.

Supporting people to express their views and be involved in making decisions about their care
- Staff supported people and their families to be involved in decisions about care provided.
- Feedback was actively sourced from people and their relatives via visits, phone calls and surveys. Surveys were due to be sent out.
- People and relatives were able to attend review meetings and encouraged to play an active part in the care provided. One relative told us, "I attend all care plan meetings."
- People had the use of an advocate if this was required and staff knew how to access these services. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions.

Respecting and promoting people's privacy, dignity and independence
- Staff respected people's privacy and promoted their independence.
- Staff supported people with daily living skills so they could retain their independence. One person was supported with their finances and encouraged to pay for taxis themselves and record this information.
- People's dignity was respected. Staff gave people time alone when needed. Personal care was provided in

discreet, dignified ways.

Good

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 person centred to ensure it met their individual needs. Care plans were developed with input from people, their families and healthcare professionals. When people's needs changed, staff were able to support them effectively. We did find a very small number of recording issues which were addressed straight away.
- People preferences were recorded to support staff in understanding people well. People's goals were set to help promote positive outcomes for them.
- A new computerised care management system was in the process of being embedded into the service. This included care plans and risk records being much more easily accessible to staff teams and also meant that should hard copies of records become damaged, records would still be fully available.

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.

- Care and support plans were put in place to support people's communication needs.
- Information was available in accessible formats, including a range of easy read documents to better support people.
- People also had communication boards which showed which meals had been chosen 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. Staff supported people to maintain friendships and community involvement. Social events were also organised by the provider which people from all of the providers services were welcome to attend.
- People planned holidays and outings to various venues with the support of staff. One person told us they were going on holiday to Ireland and another was planning to go away to a holiday cottage. One staff member told us, "Azure are good at organising regular trips, days out and discos for the clients. I have enjoyed supporting clients to attend these events."
- Family links were maintained. Staff supported people to preserve relationships with family members.

Improving care quality in response to complaints or concerns

● The provider addressed any complaints they had received no matter how small. A complaints policy and procedure was in place and available to everyone who used the service. The policy was also available in easy read format.

End of life care and support

● No one was receiving end of life care at the time of the inspection. However, good links had been established with healthcare professionals should additional support be required in the future.

● End of life wishes had been recorded if this had been agreed. Some of the people using the service were younger and this had yet to be discussed.

Good

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 registered manager and staff were person centred and open in their approach. The majority of staff commented that changes within the management team had been positive and that morale was better. One staff member commented they would like to see trustees visit people in their homes. The registered manager confirmed this had occurred in other provider services but would take this forward to the board of trustees for their consideration.
- Family members were involved in planning their relative's care and support and people experienced good outcomes and support towards their chosen goals. One relative told us, "Its more person centred now under the new management."
- Staff told us they enjoyed their roles and wanted the best outcomes for the people they worked with.

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 management team understood their responsibility to be open, honest and apologise if things went wrong.
- The management team were committed to continually evaluating, learning and developing the service.

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

- Quality assurance checks were carried out to confirm the service met people's needs and to check safety was maintained.
- Policies and procedures were in place to support staff deliver good quality care. We noted the medicines policy needed to be updated to ensure if was in line with best practice. The registered manager told us this was going to be addressed.
- Staff understood their roles and felt supported. They were able to seek advice from the management team when needed.
- The provider and registered manager met their regulatory requirements. They had displayed their report rating in their offices and on their website. Any reportable incidents had been notified to the CQC in line with legal requirements.

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

● People and their relatives, and staff were involved in the service being delivered. The management team completed surveys with people and staff to gather views. The registered manager told us they were further developing feedback and increasing the frequency, particularly with regards to staff.
● Staff told us they felt involved with the organisation. One staff member said, "I absolutely love (my job)." They went on to say how supportive the organisation had been.
● Review meetings for people took place and in-house meetings were carried out with staff teams. One relative told us they considered that communication could be improved. We discussed this with the registered manager who was already aware and was working to address the situation.

Continuous learning and improving care
● The registered manager was open to feedback and was keen in looking for ways to continue to improve the service. The outcome of some processes was not always clear. We suggested additional information was added to some forms to make it easier to see outcomes of incidents or complaints for example. The registered manager addressed this immediately.
● Some paperwork reviewed did not have clear dates. We discussed this with the registered manager, and they were going to address this.
● A number of staff had worked at the service many years. Staff commented that long service awards were not adequate. We discussed this with the registered manager, and they confirmed that discussion had already taken place in the management team to address this.

Working in partnership with others
● Staff had developed good links with the local community to support people in being involved as possible. Professionals were fully involved in the service to support people with their social and health care needs.