

# Autism Care UK (3) Limited

# Alexandra Park

## Inspection report

Alexandra Way  
Newbiggin By The Sea  
Northumberland  
NE64 6JG

Tel: 01670812615

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Alexander Park is a campus style service consisting of several bungalows within a discrete complex. The service provides both personal and nursing care and independent supported living assistance to people with a learning disability or mental health condition. At the time of the inspection the service was supporting 21 people; seven of whom received personal care and accommodation and 14 of who were supported on an independent living basis.

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 consisted of individual bungalows situated in a fenced complex. It was registered for the support of up to 32 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by people living in their own individual bungalows. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

At the time of the inspection the service was under organisational safeguard because of recent multiple concerns. The service was working closely with the local safeguarding team and had produced an action plan to address the concerns. Whilst good progress was being made there remained a significant number of actions that still required attention. Relatives felt their relations were safe at the service. People had specific staff teams to help them lives their lives as fully as possible. They were supported to receive medicines in an appropriate manner.

People's needs had been assessed and support was delivered in line with these identified needs. Staff training and support had improved and staff members had the skills and knowledge to effectively support the people they cared for. People were supported to access appropriate diets and were assisted to attend health appointments to maintain their well-being.

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.

Relatives and professionals told us people were well supported by staff and there was a good understanding of people's individual preferences and needs. People we visited looked happy and relaxed in staff company. They were supported to make day to day choices about their care and were involved in decision making, as far as was practicable. Staff supported people to be as independent as possible and respected their right to privacy.

Care records had been improved. It was not always clear how identified goals linked with support plans, although plans were detailed and contained good information. People were supported to communicate their needs as much as possible and were assisted to participate in activities or visit the local community. Complaints had been recorded and responded to appropriately.

Staff told us the service had improved over the last 12 months and felt better supported in their roles. A range of quality assurance systems had been introduced to monitor the care people received, although these needed to be fully embedded in the running of the service. People were encouraged to participate in the running of the service wherever possible and were supported to be part of the local community. The provider was meeting legal requirements.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 13 February 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. However, we felt that improvements in the service needed to be sustained and the service remains rated requires improvement. This service has been rated requires improvement for the last five consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

The service was not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring  
Details are in our caring findings below

**Good** ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-led findings below.

**Requires Improvement** ●

# Alexandra Park

## 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 two inspectors.

#### Service and service type

Alexandra Park is registered for both personal care and accommodation for those requiring nursing or personal care. The service consists of several individual bungalows on a campus style site. Some people receive accommodation and personal care as single package under one contractual agreement. Where this happens CQC regulates both the premises and the care provided, and both were looked at during this inspection for these people. The service also provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. In supported living 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

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. At the time of the inspection the service was under organisational safeguarding by the local authority safeguarding adults team. Organisational safeguarding is a process used by the local authority where there have been multiple

concerns about the service. We had been forwarded a copy of the most recent safeguarding report prior to 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 of this information to plan our inspection.

#### During the inspection

We visited five people in their bungalows to view their environment and observe their relationships with staff. We spoke with ten members of staff including the registered manager, area manager, an operational area manager, a registered manager from another home who was supporting the service at the time of the inspection, a service manager, two team leaders and three support workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. Following the inspection, we spoke with three relatives about the care their relations received. We looked at training data and other additional information. We spoke with two professionals who regularly visit the service and an independent advocate/ representative for one person living at the service.

# 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 as requires improvement. At this inspection this key question remained the same; requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to fully assess risk and there was not always a clear link between risks associated with care and the detail in care plans. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Risk assessments were in place in relation to the environment of people's individual homes; such as checks on electrical equipment and fire safety procedures. People had evacuation plans in place to ensure they were safely supported in an emergency.
- Risks associated with care delivery were covered in a specific document in care records. Whilst the system for identifying and managing risks had improved we spoke with managers about how the process could be further enhanced and linked more closely with support plans.

### Using medicines safely

At our last inspection the provider had failed to put in place robust system to effectively administer and manage medicines. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems to manage and administer medicines had been improved. Regular checks and audits were in place to ensure people received their medicines in an appropriate and timely manner. Staff competencies with regard medicine administration were monitored.
- Staff were aware of STOMP. STOMP is a national process designed to help reduce the number of medicines people with a learning disability take. One staff member told us, "I am aware of this. Last year people's meds were being reviewed and sometimes reduced."

### Systems and processes to safeguard people from the risk of abuse

- At the time of the inspection the service was under organisational safeguarding. Organisational safeguarding is a process instigated by the local authority to monitor the service, where there have been recent multiple concerns.
- The service and senior managers within the organisation were working with the local safeguarding adults team to address issues, and a detailed action plan had been produced. Good progress had been made on addressing the action plan, although there remained some areas that required further work. A senior manager within the organisation had been appointed to lead in completing the action plan.
- The service had taken appropriate action to address any recent safeguarding concerns and the CQC had been notified of all such events. One staff member told us, "We are responsible for safeguarding residents; keeping them safe. We keep people safe; we are all trained to look for signs of abuse and harm."
- There had been one recent whistleblowing incident raised by a member of staff. This had been investigated and dealt with in line with the provider's whistleblowing policy. One staff member told us, "I am aware of the Whistleblowing policy and would report this. I am confident the management would take action. I can approach them – I feel they would they listen."

#### Staffing and recruitment

- The provider had in place appropriate systems to safely recruit staff. There were enough staff to support people on a day to day basis.
- People were supported by dedicated staff teams. Relatives told us people's staff teams were very good and understood people's needs.
- A bank of staff were available to cover staff absences due to sickness and leave. The provider was looking to further increase the cohort of available bank staff to ensure there was consistency when people needed staff to cover their support needs.
- Levels of sickness were relatively high within the service. The registered manager explained how this was being effectively managed by the provider's HR department to ensure staff were supported to return to work as soon as possible.

#### Preventing and controlling infection

- People's individual bungalows were maintained in a clean and tidy manner. Issues around maintaining cleanliness and infection control were covered during team meetings.

#### Learning lessons when things go wrong

- The registered manager spoke about the recent issues and shortfalls that had been identified as part of the recent organisational safeguarding process. She explained how the service was working to address these, the changes that had been made and the lessons learnt from the process.
- On occasions people's behaviour could be a concern and staff may be required to use minimal amounts of restraint to ensure the individual's or others' safety. Where such incidents occurred, the provider had in place a system to investigate and review the events. Consideration was given as to what alternative action could be used in the future.
- There was increased collaborative work with the local positive behaviour support team. One staff member told us, "There is always a debrief; a post incident discussion. We go through what has happened and if there are any changes to be made."

# 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 requires improvement. At this inspection this key question has now improved to; good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider did not have in place effective system to ensure training was up to date. Staff had not received regular supervision or an annual appraisal. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Most staff training was up to date and systems were in place to monitor and review staff training. Staff confirmed that access to training had improved. One staff member told us, "The training is good. I have completed training regularly and can access refreshers. I didn't feel confident after an incident recently, so they supported me to redo training, which helped."
- Staff were now receiving regular supervision sessions and annual appraisals. Systems were in place to ensure these were carried out, including checks by the registered manager. One staff member told us, "I get plenty of support including regular supervisions. This has improved since last inspection; they are better planned."

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

- There was evidence in people's care files that an assessment of needs had been undertaken, although the assessment was not always detailed. The registered manager told us the provider was in the process of changing care documentation and work was ongoing to fully complete care plans and for staff to become familiar with the new processes.
- Support plans linked to people's identified needs and there was evidence of the involvement of outside agencies, such as the positive behaviour support team. Staff were aware of, and following, this professional advice.

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

- People were supported to maintain sufficient intake of food and fluids throughout the day. People were supported to make meal choices, as much as possible. Staff encouraged people to make healthy choices and tried to increase the range and types of meals people ate.

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 other agencies to ensure people received appropriate support and care. Care records indicated input from GPs, district nurses and a range of mental health professionals.
- Care records and documents indicated people were able to access health appointments such as well-man yearly reviews, check ups with dentists and visits to opticians.

Adapting service, design, decoration to meet people's needs

- The service supported people in a mix of accommodation, some of which was directly managed by the provider and some of which was leased by individuals directly. People's homes were appropriately furnished, and the provider worked with other organisations to try and ensure there was sufficient supplies or appropriate equipment available to support people.
- The environment of the overall campus was bland, with little or no landscaping of the area. We spoke with the provider about how this could be improved, and they agreed that the grounds were in need of some improvement.

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.

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

- Systems were in place to ensure people had appropriate requests for DoLS, or active DoLS, in place.
- Where people lived in their own accommodation then the service worked with external agencies to ensure any restrictions on their freedom had been authorised by the Court of Protection. One person's advocate told us the service was already working with them to ensure proper authorisation was in place when the person moved to a supported living contract and thus required approval from the Court of Protection.

# 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; 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

- Not everyone we visited was able to communicate in detail about the care they received. People told us, or indicated, they were happy with the support they received and the care they were offered by the support workers. One person told us, "It's alright here. I'm very happy."
- People looked well cared for and appeared comfortable in the company of staff.
- Professionals told us they felt people were receiving good care and staff were responsive to people's changing needs. One professional told us, "Out of all the services around they seem to have moved up a gear in addressing (person's) needs."
- One professional felt staff and management needed to progress in day to day decision making rather than rely on other professionals when issues arose.
- Relatives told us they were happy with the care. Comments included, "The staff are lovely. (Person) is very happy. They are smiling, their mood is a lot better and they are much more settled" and "I'm happy with the care. The staff are really good. They look after them well and are very friendly."
- Staff had a good understanding of people's needs, their likes, dislikes and personal attributes. One staff member told us, "This role is all about the individuals and it is all about being flexible. It is different every day. Care is person centred; it is adapted for them as individuals."

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

- Care records contained evidence that people were able to express their views and participate in decision making about their care, as far as practicable. There was evidence of people making choices around activities and meals.
- There was some evidence that, where possible, people had attended wider review meetings or had been offered the opportunity to participate. Where people had limited capacity to make decisions family member's views had been considered or best interests decisions made.
- Staff spoke about the ways they encouraged people to be involved in decisions and the use of alternative communication methods to assist people being involved. Professionals told us people were encouraged to participate, if possible.

Respecting and promoting people's privacy, dignity and independence

- Staff had a good understanding of people's needs or privacy and independence. Care records included information on how people would indicate that they wished to spend time alone.
- Staff spoke about the behaviours people used to express their need for privacy and solitude.
- Staff supported people to be as independent as possible and professionals confirmed this.

# 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 as good. At this inspection this key question has remained the same; 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

- The provider was in the process of changing care record documentation. The registered manager told us the process was ongoing and staff were still learning how to fully utilise the new format.
- Care records contained a range of information. Records remained very detailed with information spread over several sections. People's support plans contained goals that staff were supporting people to achieve. Some of the goals were not well defined and it was not always possible to see how goals and direct support corresponded. We spoke with the registered manager and area manager about how this aspect of documentation could be improved.
- Support plans were very detailed and gave clear instruction or advice for staff to follow and detailed the sequence of action staff. Plans included people's daily routines, personal likes and dislikes and how staff were to respond should people become distressed.
- Outside agencies had been involved in assisting staff with determining positive support plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had a good understanding of people's individual methods of communication. They had a clear view of what people's various behaviours communicated. Staff were also adept at presenting information to people in a manner that allowed them to make choices. One relative spoke about how staff had helped one person to express some preferences verbally, where previously they had been non-verbal.
- Some documents, such as information about activities, questionnaires and a service newsletter were in pictorial format to help people understand the 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

- Activities were based around people's individual needs. Care records indicated how staff should support people to access the community or participate in activities or events that they enjoyed. Professionals told us staff had a good understanding of people's social needs and supported these well. A relative told us, "They get to do a lot more things. They do all they things they like; go to the movies, swimming, the metro centre, lots of things."
- People were supported to maintain regular and positive relationships with family and friends.

#### Improving care quality in response to complaints or concerns

- Complaints were dealt with appropriately. The provider had in place a complaints policy and copy was available in people's care records.
- The registered manager demonstrated that where any formal complaints had been received these had been dealt in line with the providers policy and ensured that a full and appropriate response was made.

#### End of life care and support

- Where appropriate people's care records contained information about their end of life wishes. A 'last wishes' document was completed, included input from families.

# 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 requires improvement. At this inspection this key question has remained the same; requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to put in place robust system to effectively audit the management of the service and improve the quality of care delivery. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, the changes had only recently been introduced and with a history of the service being rated as requires improvement we wanted to be assured the enhanced quality monitoring was sustained.

- The registered manager and management team demonstrated a number of systems that had been established to audit the quality of care and ensure staff took appropriate action. Records were also reviewed to ensure they were completed fully and were a true and accurate record.
- New systems had only recently been established and, although they seemed to be working efficiently, we wanted to be sure they were effectively embedded in the long-term management of the service.
- Professionals told us management of the service had been responsive to issues and concerns and had readily moved to change or improve systems to monitor care.
- The registered manager and regional manager spoke about the new management systems recently put into place, with a number of service manager posts and team leader roles fully focussed on ensuring effective care was delivered to each individual using the service. •
- Professionals had mixed views on management of the service. Some felt it was improving whilst others considered it needed to be more robust.
- The registered manager told us she felt more supported in her role and that the management oversight of the service was now more robust.

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

- Staff told us there had seen an improvement in the service and an enhancement in the support they received. One staff member told us, "Since the last inspection we have a new manager – she is really good – very helpful."

- Staff felt the service was now fully focussed on supporting people as individuals and said they were able to make suggestions or raise any issues.
- Professionals were positive about the service and felt people were very settled in the service and had made progress since moving there.

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 registered manager understood her responsibilities under duty of candour. She demonstrated she had responded openly to complaints, spoke about the lessons learned from the recent safeguarding issues and had considered how the service had needed to change following the previous inspection. She was open about how the service was still evolving and how there was the need for a cultural shift, as well as a change in processes.

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

- Staff were involved in the running of the service through the use of staff team meetings, based around individual bungalows. There had been one full staff meeting within the last 12 months, although the registered manager felt that the best communication was through the individual teams.
- People were involved in as many decisions about their care as possible. Questionnaires for people who used the service had been completed within the last 12 months. A number of returns had been completed by relatives or by staff, reflecting the views of individuals. However, the overall view of the service was very positive.
- People were encouraged to be part of the local community. One person had supported the Royal British Legion Poppy appeal; selling poppies locally and had raised over £3,000 for the second year running. Another person had run a coffee morning in aid of McMillan.

Continuous learning and improving care

- The registered manager spoke about how the last 12 months had been a learning curve for her individually but also the wider service. She told us that the service always looked at lessons that could be learned for incidents in the service.
- Staff told us they felt much better supported and had more opportunity to develop and access additional training if needed.

Working in partnership with others

- The service worked in partnership with a number of agencies. The management team spoke about working with the local safeguarding team and other local authorities to fully address the issues raised as part of the recent safeguarding concerns.
- Professionals told us the service was responsive to suggestions and had implemented a number of changes and improvements.