

Autism Care UK (3) Limited

Alexandra Park

Inspection report

Alexandra Way
Newbiggin By The Sea
Northumberland
NE64 6JG

Tel: 01670812615

Date of inspection visit:
23 May 2023
25 May 2023

Date of publication:
06 October 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Alexandra Park is a campus style service supporting people with autism and a learning disability. People live in bungalows situated in extensive grounds. Alexandra Park is both a 'care home' providing people with both accommodation and personal care and an independent supported living service, where people rent their bungalows from a separate landlord and only receive personal care from the staff at Alexandra Park.

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 is registered to support a maximum of 32 people. At the time of the inspection, 8 people were supported under the CQC regulated service. 3 people used the 'care home' model of care and 5 people were supported under the independent supported living service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

Staff followed effective processes to assess and provide the support people needed to take their medicines safely. However, further improvements were needed in relation to medicines records which weren't always completed correctly. The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

An effective system to ensure safeguarding allegations were appropriately managed and monitored was not fully in place. Staff however, did not raise any safeguarding concerns. They spoke positively about people's care and support. Relatives also considered their family members were safe at Alexandra Park.

Whilst accidents and incidents were recorded individually; these were not all recorded centrally to ensure management oversight and identify if there were any themes and trends, so action could be taken to help prevent any reoccurrence.

An effective system to ensure the principles of the MCA were followed was not in place. Records did not fully evidence that any decisions/restrictions made in people's best interests had been assessed in line with the

MCA and the appropriate individuals involved.

People were supported to eat and drink enough to meet their needs. Where concerns were identified with people's weight, referrals were made to the dietitian and their weight was monitored. The monitoring of people's weights was sometimes inconsistent, and a recognised nutritional risk assessment tool was not used. We have made a recommendation about this.

Right Care:

There were enough staff deployed to meet people's needs. Work was ongoing to ensure people were supported by a consistent staff team.

Records did not always evidence how people were involved in their care, especially those people who were unable to communicate verbally. Relatives spoke positively about how people's 'core team' of staff supported people and promoted their independence. One relative said, "They are very caring, they go out of their way to support them, even when we're there, they are not bothered about us, they want to be with their carers. If the carers go, they'll hang onto them."

Whilst the 'campus style' setting did not align with current best practice; the provider was introducing additional features to promote people's independence and personalise the service. Individual post boxes were being introduced to ensure people could receive their own post; intercom/fob operated gates were being fitted to allow people independent/supported access to the local community and people's bungalows were being refurbished to meet their individual needs. There was an on-site resource centre that was used for training, social activities and administration for the site. Plans were in place to refurbish the resource centre and outdoor space.

People were supported to maintain their hobbies and interests; however, relatives and several staff said there was sometimes a lack of staff on duty who could drive people's mobility cars or the company vehicles. This meant that people were not always able to access the local community in line with their needs and wishes. Following our inspection, the manager wrote to us and explained there were now 5 additional drivers onsite and 3 members of staff who were due to start work and were also drivers. In addition, 2 new company vehicles had been purchased.

Staff gave examples of how being at Alexandra Park, with the support of staff, had led to an improvement in people's independence and wellbeing.

Right Culture:

An effective quality monitoring system was still not fully in place. We identified shortfalls relating to the management of medicines, the assessment of risk including infection control, records relating to people's involvement and the MCA. Relatives told us that further improvement with communication was required. They explained the frequent changes in management staff and structure had affected communication. They also said communication was not always timely.

There was a cheerful atmosphere at Alexandra Park. Staff spoke positively about the people they supported and working at Alexandra Park. One staff member told us, "I am happy to come to work now, I can't wait to see people. The [previous] manager's office was out of bounds – but not now."

Management staff were honest and open with us during the inspection. They themselves exhibited caring values and spoke positively about the changes and improvements which were being made.

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 inadequate (published 19 September 2022.) There were multiple breaches of the regulations relating to staffing levels and staff training, medicines management, infection control, person centred care and the overall management of the service.

This service has been in Special Measures since 19 September 2022. During this inspection the provider demonstrated improvements had been made; however, further improvements were required. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We have identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 during this inspection. These related to good governance and the need for consent. We also identified a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (notification of other incidents).

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response in relation to Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (notification of other incidents) and CQC's response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

We have made a recommendation in the effective key question in relation to the assessment of nutritional risk. Please see this section for further details

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by 3 inspectors including a medicines 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. We also sought advice from a CQC registration inspector.

Service and service type

Alexandra Park currently provides two types of care provision. 5 people received care and support in a 'supported living' setting, so they could 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.

3 people were supported with both accommodation and personal care under 1 contractual agreement. Nursing care was not provided. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was no registered manager in post. A new manager was in place who was in the process of registering with CQC to become registered manager for the service.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 23 May 2023 and ended on 23 June 2023. We visited Alexandra Park on 23 May 2023 and 25 May 2023. We reviewed evidence which the management team sent us electronically between the 25 May 2023 – 23 June 2023.

What we did before the inspection

The provider completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. 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 and liaised with the local safeguarding adults team. We used all this information to plan our inspection.

During the inspection

We spoke with people who used the service on the days we visited Alexandra Park. The Expert by Experience spoke with 3 relatives by phone. We spoke with the regional operations director, area manager, manager, estates manager, team leaders, support workers and administrator. We reviewed a range of records relating to people, staff and the management of the service. We received feedback about the service from 3 health and social care professionals.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to 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.

Using medicines safely

At our last inspection, medicines were not managed safely. This was a breach of regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst action had been taken to improve, further action was required in relation to management oversight and the maintenance of records and the provider was now in breach of Regulation 17 [Good governance].

- Medicines records were not always completed correctly.
- There were some gaps on people's medicine administration records. A medication stock count was in place to check medicines were administered as prescribed. However, when discrepancies were noted, these were not always escalated for investigation.
- There was a lack of guidance for certain medicines which were prescribed as a variable dose or on a 'when required' basis. There were also shortfalls around people's topical medicines records.

The failure to ensure an effective system was in place to ensure records evidenced that medicines were administered as prescribed was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our feedback, management staff told us that immediate action had been taken to address the issues we had raised. Additional medicines checks were being carried out, further advice had been sought from the medicines optimisation team and they had clarified and changed certain procedures to help ensure staff completed medicines records correctly. The manager wrote to us following our inspection and explained they were now using a new pharmacy who would provide clear effective communication of expectations and accountability.

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

Systems and processes to safeguard people from the risk of abuse

At our last inspection, systems to ensure people were protected from the risk of abuse were not robust and not always followed. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014. Whilst action had been taken to improve, further action was required in relation to management oversight and the maintenance of records and the provider was now in breach of Regulation 17 (Good governance).

- An effective system to ensure records evidenced that safeguarding allegations were appropriately managed and monitored was not fully in place.
- The provider's safeguarding log did not include all safeguarding incidents or record what actions had been taken, the outcome of the safeguarding referral and any lessons learned. In addition, CQC had not been notified of all the safeguarding allegations. This omission meant CQC were not fully aware of the level of risk to people at the service.

The failure to ensure records evidenced that safeguarding allegations were appropriately managed and monitored was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff did not raise any safeguarding concerns with us. They spoke positively about people's care and support.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- An effective system to assess and monitor risk was not fully in place.
- Whilst accidents and incidents were recorded individually; these were not all recorded centrally to ensure management oversight and identify if there were any themes and trends so action could be taken to help prevent any reoccurrence.
- Each person had a health and safety file in their bungalow which listed the checks to be carried out to ensure the safety of people and the premises. These were not always carried out in line with the provider's timescales.

The failure to have an effective system in place to assess, monitor and manage risk was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the manager wrote to us and explained all team leaders had completed additional training to support them in their role. Health and safety files were up to date and being used effectively and a new comprehensive electronic care management system was going to be installed. They also explained that accidents and incidents were analysed and reviewed by the manager on a weekly basis and the area manager on a monthly basis so any trends or themes could be identified so action could be taken to reduce the risk of any reoccurrence.

- Additional protocols and procedures had been introduced following a recent incident to help prevent any reoccurrence. Further action was required to ensure the new protocols and procedures were embedded into practice and followed by staff.

Preventing and controlling infection

At our last inspection an effective system to monitor and mitigate the risk of infection was not in place. This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst action had been taken to improve, further action was required in relation to management oversight and the maintenance of records and the provider was now in breach of Regulation 17 [Good governance].

- An effective system was not fully in place to assess and monitor infection control. We had concerns about the cleanliness and condition of one person's accommodation.
- New infection control audits had been introduced; these had not yet been completed at the time of our visits to the service. In addition, the provider's infection control policy highlighted that staff should be bare below the elbow when providing personal care. We noticed not all staff were 'bare below the elbow' at work.

The failure to ensure an effective system was in place to assess and monitor infection control was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our feedback, management staff told us that immediate action had been taken to address the issues highlighted. Management staff were already aware of the issues relating to the person's accommodation and a full refurbishment was planned. Following our inspection, the manager wrote to us and said that all infection control audits had been completed. They also stated, "The provider's approach is that it does not require staff to wear short sleeves however, when undertaking personal care long sleeves should be rolled up...For those staff members who require their arms to be covered due to religious beliefs and/or health conditions, the provider is able to provide protective arm guards which can be taken off and disposed of after personal care."

Visiting in care homes.

- People's relatives and friends were able to maintain contact and visit.

Staffing and recruitment

At our last inspection there was not always enough properly trained and experienced staff to support people live their daily lives and make life choices. 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.

- Sufficient staff were deployed to meet people's needs. Work was ongoing to ensure people were supported by a consistent staff team. Management staff were liaising with one person's social worker about night staff provision.
- Safe recruitment procedures were followed to help ensure staff were suitable to work with vulnerable people.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, restrictions on liberty 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. Alexandra Park was registered as a 'Care home' and registered to provide personal care to people who lived in their own homes.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- An effective system to ensure the principles of the MCA were followed was not fully in place. Records did not fully evidence that any decisions/restrictions made in people's best interests had been assessed in line with the MCA and the appropriate individuals had been involved.
- The provider had not notified CQC of the outcome of applications made to deprive a person of their liberty under the Mental Capacity Act 2005 in line with legal requirements.

The failure to ensure that the principles of the MCA were followed was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At our last inspection, people were not always supported to make choices about their care and they, or their representative were not always involved in decision making or reviews. This was a breach of Regulation 9 [Person centred care] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst action had been taken to improve and the provider was no longer in breach of Regulation 9; further

improvements were required and the provider was now in breach of Regulation 17 [Good governance] in relation to the systems in place to assess and deliver care and support in line with relevant standards and the law.

- An effective system was not fully in place to demonstrate people's needs were assessed and care and support were delivered in line with best practice guidance and the law. We identified shortfalls relating to medicines management, the monitoring of risk and ensuring the principles of the MCA were followed.

The failure to ensure an effective system was in place to ensure care was assessed and delivered in line with best practice guidance was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Whilst the 'campus style' setting did not align with current best practice; the provider was introducing additional features to support people's independence and personalise the service. Individual post boxes were being introduced, to ensure people could receive their own post; intercom/fob operated gates were being fitted to allow people independent/supported access to the local community and people's bungalows were being refurbished to meet their individual needs. Plans were also in place to refurbish the communal areas and outdoor space.

Staff support: induction, training, skills and experience

At our last inspection an effective system was not in place to ensure staff had the correct training and skills. This was a breach of regulation 18 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.

- A system was now in place to help ensure staff were supported and trained.
- Staff spoke positively about how the new manager had sourced additional external training to meet the needs of people who lived at Alexandra Park. This was confirmed by a health and social care professional who stated, "[Manager] has freed up staff to attend our 1 day positive behaviour support [PBS] training which is foundational to supporting people with learning disabilities." The manager told us they were looking at further internal and external PBS training.
- Staff supervisions were being carried out. Appraisals were planned. All staff told us they felt supported by management staff in their job role.

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

- People were supported to access health and social care services to meet their physical and mental health needs. People had health action plans which recorded details about their health; they also provided information about what people needed and wanted to do to stay healthy. However, these had not always been fully completed with the outcome of people's health checks.

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

- People were supported to eat and drink enough to meet their needs.
- Where concerns were identified with people's weight, referrals were made to the dietitian and their weight was monitored. The monitoring of people's weights was sometimes inconsistent, and a recognised nutritional risk assessment tool was not used.

We recommend the provider reviews their system in relation to the assessment of nutritional risk to ensure best practice guidance is followed.

Following our feedback, management staff told us that guidance was being sought from the dietitian about the monitoring of people's nutritional needs. In addition, the provider was going to introduce an electronic care management system which would be used to assist staff to record and monitor all aspects of people's care and support, including their nutritional needs.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

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

At our last inspection, people were not always supported to make active choices about their care and there was limited evidence alternative approaches had been used to gain involvement. This was a breach of Regulation 9 [Person centred care] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst action had been taken to improve and the provider was no longer in breach of Regulation 9; further improvements were required and the provider was now in breach of Regulation 17 in relation to the maintenance of records and systems in place to involve people.

- Records did not always evidence how people were involved in their care, especially for those people who were unable to communicate verbally. In addition, records did not fully evidence that any decisions made in people's best interests had been assessed in line with the MCA and the appropriate individuals had been involved.

The failure to ensure records demonstrated how people were involved in their care and support was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Respecting and promoting people's privacy, dignity and independence

- Action was being taken to improve the environment to ensure it promoted people's privacy, dignity and independence. New gates, intercom system, post boxes and waste management system were being installed to promote people's independence.
- One person's accommodation, furniture and furnishings did not support their dignity. Management staff were aware of this issue and refurbishment was planned.
- Relatives spoke positively about how people's 'core team' of staff supported people and promoted their independence. One relative told us, "They recognise their mood and try to encourage them to do things. They are proactive and get them involved in doing things. They are patient with them and they do things in [name of person's] own time and understanding."

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were happy with the support they received and had a good relationship with the staff who supported them. People who could not communicate verbally looked happy and relaxed in staff company.

- Relatives spoke positively about the caring nature of people's 'core team' of staff. Comments included, "This week they've been a bit under the weather with a cold. Staff make sure they have pamper sessions, foot spa, massage hands, they take care of them" and "They have a fixed core team now who know them well and reads their needs. They are content and safe."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection, people were not always supported to make active choices and have appropriate control of their care to meet their preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst action had/was being taken to improve and the provider was no longer in breach of Regulation 9; further improvements were required.

- Action was ongoing to ensure care was planned in line with people's preferences.
- Some care and support plans were more detailed than others. The manager was updating and reviewing these to ensure they reflected people's needs.
- Improvements were required with regards to the care review system to ensure it was person centred and reflected people's needs. Management staff explained that this was being addressed.
- People's core team of staff knew people well and were aware of their needs and preferences. One relative told us, "Their core team - they care and they do understand their autism and epilepsy and try to help with communication, they use gestures not signs and they try with them."

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

At our last inspection people were not always supported to engage in activities they wished to enjoy or be part of the community. This was a breach of Regulation 9 [Person centred] 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 9 although further action was required in relation to people's transport needs.

- People were supported to maintain their hobbies and interests; however, relatives and some staff said there was sometimes a lack of staff on duty who could drive people's mobility cars or the company vehicles. This meant that people were not always able to access the local community in line with their needs and wishes. Comments included, "One driver now does certain days. [Name of person] is quite restricted, they have difficulty getting drivers" and "They have a disability car but no staff to drive it... They can only use the car if someone is there to drive it. They use taxis now, but it can cause problems waiting for them with their behaviour."
- Following our inspection, the manager wrote to us and explained there were now 5 additional drivers onsite and 3 members of staff who were due to start work and were also drivers. In addition, 2 new company

vehicles had been purchased.

- During our inspection, people were involved in a variety of activities. People also accessed the local community and used community facilities such as the gym. There was a resource centre at the service which was used for social activities. One relative thought the resource centre activities and facilities could be improved. Management staff explained that plans were in place to refurbish the resource centre.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. The manager told us there had been no recent complaints relating to anyone who received the regulated service.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- A system was in place to meet people's communication needs. People's communication needs were recorded. Some information in care plans was more detailed than others. Easy read information was available for people.

End of life care and support

- Whilst information was included about end of life care and support; this was generic and not always person centred. The regional manager explained further training around communication and end of life care was being organised.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to 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; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection, systems to manage risk and improve quality were not effective and proper management processes were not followed. In addition, systems to actively engage with people, relatives and staff were not robustly implemented. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst action had/was being taken; further improvements were required, and the provider remained in breach of Regulation 17.

- An effective quality monitoring system was still not fully in place. We identified shortfalls relating to the management of medicines, the assessment of risk including infection control, records relating to people's involvement and the MCA.
- This in the seventh consecutive inspection where the provider has failed to achieve a rating of at least good.
- Relatives told us further improvement with communication was required. They explained the frequent changes in management staff and structure had affected communication. They also said communication was not always timely. Comments included, "The main issue is the lack of communication with Alexandra Park. You can ring up to ask something and it can take four to five days to answer, sometimes no answer" and "Every 2 bungalows had a team leader but that stopped. Team leaders are supposed to know about all the bungalows, it doesn't work. You say something and they say they don't know."
- Whilst new communication systems, policies, protocols and procedures had been introduced since our last inspection; further action was required to ensure the improvements made, were sustained and embedded into practice.

The failure to ensure an effective system was in place to monitor the quality and safety of the service and ensure an effective communication system was in place was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the manager wrote to us and stated, "The phones are manned 24 hours daily... We have 5 team leaders in post who have full knowledge of all people we support." They also explained they met with family members on a monthly basis for those relatives who wanted face to face meetings.

- An effective system was not fully in place to ensure events at the service were notified to CQC in line with legal requirements.

The failure to ensure CQC were informed of notifiable events at the service was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009. We are dealing with this issue outside of this inspection process

- A new manager was in place; she had previously been involved on a consultancy basis from October 2022 – December 2022. Since January 2023; they had decided to take up the role full time and was in the process of applying to CQC to become a registered manager. Staff and health and social care professionals spoke positively about the new manager. A health and social care professional told us, "They have come with a fresh pair of eyes and has made changes for the people I have been working with, ensuring they have the right core staff working with them."
- The provider was in the process of recruiting deputy managers to support the manager oversee the quality and safety of the service.
- Management staff explained new communication systems had/were being introduced, including a new intercom system in each bungalow. They said all relatives had been contacted to update their communication preferences. They explained relatives had also been invited to be involved in people's support plans.

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

At our last inspection, systems to embed and promote a person-centred culture at the service were not supported. This was a breach of regulation 17 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 in relation to this area.

- There was a cheerful atmosphere at Alexandra Park, staff, people and health and social care professionals spoke about the improvements which were being made especially within the previous 6 months.
- Staff spoke positively about the people they supported and working at Alexandra Park. Comments included, "I love the place and the people I support - I enjoy coming to work" and "Prior to November things weren't good, but now I can honestly say I love coming up here. The feeling I get to coming here is completely different to the past, the staff all seem happy, all of the staff are smiling, compared to what it was before, people are happier and chattier, doing more and getting out to do more things."
- Staff gave examples of how being at Alexandra Park, with the support of staff, had led to an improvement in people's independence and wellbeing.
- Management staff were honest and open with us during the inspection. They themselves exhibited caring values and spoke positively about the changes which were being made to make and sustain improvements at the service.

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 manager explained there had been no incidents which required them to act under the duty of candour.

Working in partnership with others

- Health and social care professionals spoke of an improving picture at the service. They gave positive

feedback about the manager. One health and social care professional told us, "For one particular client [name of manager] has gone above and beyond to ensure their safety and to create opportunities for this

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Personal care	An effective system to ensure the principles of the MCA were followed was not fully in place. Records did not fully evidence that any decisions/restrictions made in people's best interests had been assessed in line with the MCA and the appropriate individuals had been involved. Regulation 11 (1)(2)(3).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Personal care	An effective system was not fully in place to monitor the quality and safety of the service and ensure an effective communication system was in place. Regulation 17 (1)(2)(a)(b)(c)(d)(ii)(e)(f).

The enforcement action we took:

We issued a warning notice.