

# Autism Care UK (3) Limited

## Alexandra Park

### Inspection report

Alexandra Way  
Newbiggin By The Sea  
Northumberland  
NE64 6JG

Tel: 01670812615

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18 September 2017

20 September 2017

29 September 2017

11 October 2017

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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

This inspection took place on 18, 20 and 29 September 2017. The first visit was unannounced. This meant that the provider and staff did not know we would be visiting. Following the inspection visits we requested and reviewed further information from the service. We concluded these inspection activities on 11 October 2017.

Alexandra Park is registered to provide accommodation and personal care for up to 32 people with learning difficulties and mental health needs. It is comprised of 28 single occupancy bungalows and a four bedroomed house, located within extensive grounds. Support is provided over a 24 hour period by staff who are based in individual bungalows and managed from the on-site resource centre. The resource centre is also used for training, social activities and administration of the site. There were 21 people using the service at the time of the inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected in January 2017 when we carried out an unannounced comprehensive inspection of this service. At that time we rated the service as 'requires improvement' and found it was in breach of five regulations. We had found people were not protected from the risk of abuse, the Mental Capacity Act 2005 (MCA) was not being followed, care was not always person-centred, people were not always treated with dignity and respect and the provider's quality assurance system was ineffective. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. During this inspection we checked that they had followed their plan to confirm that they now met legal requirements.

The inspection was prompted in part by notification of an incident of a safeguarding nature. These incidents had been brought to the attention of the police and local authority. At the time of the inspection the police were carrying out an investigation into the incident. The information shared with CQC about the incident indicated potential concerns about how people were safeguarded from abuse. This inspection examined those concerns.

At this inspection we found the provider was no longer in breach of any regulations. The provider and registered manager had made significant improvements, but some areas for improvement remained. The rating for the service remained 'requires improvement'.

Since our last inspection the provider had strengthened their safeguarding procedures. Staff had undertaken more training focusing on people's rights, and what constitutes institutional abuse. More stringent checks were carried out of records, and support plans were reviewed to ensure they were

promoting people's rights. We have recommended safeguarding training is provided to people who use the service, appropriate to their needs.

Risks were monitored and mitigating actions to reduce potential risks had been identified. Records were repetitive and risks assessed across multiple care documents. We recommend the provider reviews their records to ensure key information is consistently recorded.

The areas of good practice which we found at the last inspection had been maintained. Accidents continued to be monitored and where possible action taken to reduce future risks. There were enough staff to meet people's needs and robust recruitment processes had been followed.

Medicines were administered safely, by staff who had undertaken training and competency assessments.

The provider had reviewed all decisions made on people's behalf to ensure they were in line with the MCA. Restrictions placed on people had also been audited and many had been reduced or removed altogether. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The provider had shown a commitment to investing in training so staff could support people in a way which promoted their rights. Since our last inspection staff had followed a programme of training designed around the needs of people at the service. All staff had received positive behaviour support training. Which focussed on how by understanding fully people's needs, preferences and backgrounds, staff could present themselves and provide support in a way which minimised people feeling anxious or aggressive. The detailed care plans in place to describe to staff how they should respond to people when they displayed behaviour which might be challenging were now being followed, and reviewed more regularly to ensure they stayed up to date.

Restraint was practiced when people were putting themselves or other people at risk of harm. The use of restraint was monitored and any usage was reflected on after the incident. Staff had all had training in how to restrain people safely.

Staff received training, supervision and annual appraisals to ensure they had the skills and knowledge to meet people's needs. Supervision records showed the frequency of training differed across the staff team, and not all staff received it as often as detailed in the provider's policy. The registered manager told us they would address this.

People were involved in planning their meals and shopping for their food. External healthcare professionals were involved to ensure people's general health and well-being was maintained.

People told us they liked their staff team, and relatives we spoke with told us staff were warm, friendly and had good relationships with people who used the service. We spent time in people's own homes and in the communal areas and saw people enjoyed positive relationships with staff. They knew each other well, and we saw lots of examples of people and staff laughing and joking. Staff were knowledgeable about people's needs.

Staff supported people to identify and work towards goals, many of these focussed around being more independent. We saw that due to the reduction of restrictions, that people were able to be more independent in their own homes.

Care records remained vast, with areas of duplication, and documents where key information had been

omitted. Overall care records were detailed and individualised to the person supported.

The provider had introduced more robust ways of monitoring the service. People's daily records of their care and support were monitored on each day by managers to ensure any issues would be identified and rectified quickly. A number of audits were carried out to ensure risk assessments and support plans were up to date and meeting people's needs. Representatives from the provider's quality team visited the home regularly to carry out in-depth audits of the quality of the service. We could see actions from these quality checks were identified and shared with staff to drive improvements.

Our last inspection identified a reduction in the number of managers. The provider told us this would be reviewed, however management staffing remained the same at this inspection. Some staff fed back they felt managers did not have enough time as their responsibilities within the service had grown. After our inspection the registered manager informed us two new posts within the management team had been created. However the registered manager still had to split their time between registered manager for Alexandra Park and area manager for two other of the provider's services. We were advised this was still under review.

Relatives and staff spoke highly about the management team. They told us the registered manager and support managers were making improvements within the service and were a visible presence.

People who used the service, relatives and staff had been asked for their feedback on how the service was run.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

Safeguarding procedures were more robust. Staff had received additional training and more checks were in place. However in one instance staff had not immediately reported concerns. People who used the service had not been offered training in how to protect themselves from abuse.

People and relatives told us the service was safe. Medicines were well managed.

There were enough staff to meet people's needs and robust recruitment processes were in place.

Risks were assessed and accidents were monitored. Improvement actions were identified when possible to minimise future risks.

### Is the service effective?

**Good** 

The service was effective.

People's rights under the Mental Capacity Act 2005 were protected. The service had worked to reduce restrictions where possible.

Staff were supported with regular training, supervision and appraisal.

People's food and hydration needs were met. People were included, where possible, in meal planning and preparation.

Bungalows were decorated to people's personal choice and modified to their individual needs.

### Is the service caring?

**Good** 

The service was caring.

People were treated with dignity and respect.

People and their relatives spoke positively about the support they received. We observed kind and caring relationships between people and staff. .

People were supported to identify goals to work towards to develop skills to maintain and increase their independence.

### Is the service responsive?

Good ●

The service was responsive.

People's records were individualised and contained good detail of how people should be supported. Care records were vast and it was sometimes difficult to find some information.

Activities were planned based on people's choices and preferences.

There had been no complaints since our last inspection, but historic complaints had been well managed.

### Is the service well-led?

Requires Improvement ●

Not all aspects of the service were well led.

The home had made significant improvements to their quality and governance systems. But some areas for improvement remained.

Staff talked positively about the support they received from the management team, and described positive changes in how the service was run.

Staff meetings and meetings with people who lived in the service took place. People told us managers listen to their suggestions and acted upon them.

# Alexandra Park

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by notification of an incident of a safeguarding nature. These incidents had been brought to the attention of the police and local authority. At the time of the inspection the police were carrying out an investigation into the incident. The information shared with CQC about the incident indicated potential concerns about how people were safeguarded from abuse. This inspection examined those concerns.

The inspection visits took place on 18, 20 and 29 September 2017. Our first visit was unannounced. Following the inspection visits we requested and reviewed further information from the service. We concluded these inspection activities on 11 October 2017.

The inspection team consisted of two inspectors. Prior to our inspection we reviewed the information we held about the service including statutory notifications. Statutory notifications are submitted to the Commission by registered persons in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. They are reports of deaths and other incidents that have occurred within the service. We used this information to inform the planning of this inspection.

We contacted the local Healthwatch service, and spoke with the local authority commissioning and safeguarding teams, the police, and a member of the Positive Behaviour Support Team to gather views of professionals who come into regular contact with the service.

Not everyone who used the service was able to speak with us. We spoke directly with four people who used the service to obtain their views on the care and support they received. We were shown round some people's bungalows, with their permission, and were able to review their accommodation arrangements, including kitchens, bathrooms and living areas. We spoke with one relative who was at Alexandra Park during the inspection and we contacted three other relatives by telephone.

We spoke with the registered manager, two support managers, five team leaders and eight support workers. We reviewed a range of documents and records including; four people's care records in detail, four records of staff employed at the home, complaints records, accidents and incident records, minutes of staff meetings, minutes of meetings with people who used the service and a range of other quality audits and management records.



# Is the service safe?

## Our findings

When we last inspected this service in January 2017 we found the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 entitled, Safeguarding people from abuse and improper treatment. Records had detailed that people's rights had not been upheld. Safeguarding procedures had not been robust which meant people were not fully protected from harm or abuse.

During this inspection we found the provider had carried out significant improvement actions to strengthen safeguarding procedures and was no longer in breach of regulation, though further and sustained improvement was needed.

Since our last inspection staff had undertaken in-depth training programme focusing on people's rights. The provider commissioned specific training around appropriate communication and institutional abuse, which included training around what constituted 'punishment' and 'consequences' and why these were ineffective in providing safe care. This training was designed to provide staff with the skills and knowledge to support people in a safe way, and protect people from abuse.

The provider introduced more thorough and frequent audits of care records. These records were looked at each day by a support manager to ensure any concerns detailed within them would be identified and dealt with promptly. Managers carried out welfare checks where they would visit each person every day to check they were receiving appropriate care and treatment. Staff were prompted to discuss any potential safeguarding issues during each supervision session with their line manager.

Safeguarding records showed the provider had taken swift action in response to any concerns of a safeguarding nature. A member of the local authority safeguarding team told us the provider was 'proactive' in sharing information with them. The provider analysed safeguarding incidents across all of their services, to monitor for any outliers so any trends could be identified and addressed.

All of the staff we spoke with demonstrated knowledge of the different types of abuse that people could be exposed to and how they would respond if they had any concerns. Staff told us they felt any safeguarding issues would be dealt with by the management team and told us there were no barriers within the service to reporting concerns. All staff told us they would immediately report any safeguarding issues. However, this inspection was prompted in part by allegations made by staff, of abuse. The concerns detailed allegations over a period of time, as staff had not immediately reported the alleged abuse to the management team. The registered manager assured us they planned to carry out a full investigation into why staff did not immediately report their safeguarding concerns.

People who used the service had been provided with some information about how they should expect to be treated, but had not received any training, tailored to their needs, about what constitutes abuse and how they should respond if they felt they were being abused. The registered manager told us staff talked with people about their rights and the way they should be treated every month. Staff were prompted to discuss

issues around safeguarding and the person's wellbeing, and provided a platform for people to share any concerns if they had them.

We recommend that the provider researches best practice in enabling people who use the service to understand and protect themselves from abuse.

All of the relatives we spoke with told us they believed Alexandra Park was a safe place for their family member to receive care. One relative said, "I feel [My relative] is safe" Another relative said, "I think they are great. The placement before we had no end of safeguarding issues and concerns. We haven't had any since we've been at Alexandra Park. [My relative] is more calm and relaxed now, and I think that is because they feel safe."

Medicines continued to be well managed. Detailed information was available for staff about how medicines should be administered, including where creams or ointments should be applied. Staff undertook training in the safe handling of medicines, and had their competency assessed annually to ensure their skills and knowledge remained up to date. Medicines were safely stored. When people left Alexandra Park, for example to stay overnight in their family home, they took records with them so relatives had all of the details they needed to give medicines consistently.

There were enough staff to support people. People who used the service received a care package to meet their individual needs. For example some people received support from staff 24 hours a day, whilst others received care only during specified set hours. Some people who used the service had fluctuating needs, so an extra member of staff was always on duty to work across Alexandra Park to provide additional support if people needed it. All of the relatives and staff we spoke with told us there were enough staff to meet people's needs. One member of staff said, "If someone needs three to one (meaning support from three staff at the same time) or two to one (meaning support from two staff at the same time) then that is what they'll get. We would never be short. For sickness or holidays people will be asked to do overtime."

Some staff we spoke with told us they were regularly asked to do overtime to ensure there were enough staff for people's packages of care. One staff member said, "We are asked all of the time. We do need more staff, because the rest of us are having to cover a lot of the time. It's hard because it's better people supported by staff they know, so I don't want to say no. But I need a break sometimes too." We reviewed the hours staff had worked for the three months prior to our visit, and saw whilst some staff were working considerably over their contracted hours, no staff member had worked more than twenty 12 hour shifts in a month. The registered manager told us there was no set maximum hours which a staff member could work, but that managers were monitoring staff overtime so staff could not take on too many shifts that they would 'burn out'.

Robust recruitment systems continued to be in place. Staff files included evidence of staff application forms, interview notes, references from previous employers and evidence that Disclosure and Barring Service (DBS) checks had been made. DBS check a list of people who are barred from working with vulnerable people, and employers obtain this data to ensure candidates are suitable for the role.

Risks to people's safety continued to be assessed. Detailed information had been provided to staff about the actions they should take to keep people safe. Risk relating to people's health conditions, activities they took part in, and ways in which they were working towards independence were assessed. Where possible, actions were identified to mitigate risks to people's safety without limiting their independence. However we noted that care records were repetitive and therefore risks were assessed in multiple documents. Important information about risks was missing from some assessments, but the relevant information to maintain

people's safety was found in other records. This meant it may be difficult for staff to identify key risks.

We recommend that the provider reviews their records to ensure risks are recorded consistently.

Accidents and incidents were monitored and analysed. Where necessary lessons were learned from accidents and incidents and shared amongst the staff team to reduce future risks. Trends in accidents and incidents were analysed and shared with the provider on a monthly basis to provide additional oversight and monitoring of the safety of the service.

People's bungalows and the communal areas of Alexandra Park were clean, well maintained and we found no unpleasant smells. A schedule of safety checks were carried out in each person's home on the building and equipment in use to ensure they were fit for purpose. Contingency plans were in place to deal with a range of issues such as staff shortage, evacuation or equipment failure. People had hospital passports which provided an overview of their needs in case they were admitted to hospital. Fire drills were regularly scheduled, and records included details of the support each person may need in the event of a fire or other emergency situation.

# Is the service effective?

## Our findings

When we last inspected this service in January 2017 we found the provider had not always acted in accordance with the Mental Capacity Act 2005 (MCA). The 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.

At the last inspection we found a number of decisions had been made on people's behalf which the provider could not evidence had been made in line with the principles of the MCA. Assessments of people's capacity were not always 'decision specific', and in some instances we found staff had made decisions for people without assessing their capacity.

We had also found that behaviour support plans were not always followed which meant people had not received consistent care. At this inspection we found sufficient improvement actions had been taken so that the provider had met the breaches of Regulations 9 and 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 entitled, Need for Consent and Person-centred Care.

Staff described lots of changes had been implemented since our last inspection. All staff we spoke with told us people now had more autonomy in their lives. One staff member said, "There has been lots of work done since you were last here. Everything is people's own choice now." Another staff member said, "There have been lots of changes. For the better, too. Everyone has the ability to make some choices and now we are making sure they are involved in everything. Every restriction has been questioned as to whether it is necessary for the person and if not we've taken it away."

Decisions made on people's behalf had been reviewed to ensure they were following all of the principles of the MCA. The provider had introduced a restriction reduction tool kit which was implemented across all support plans. The toolkit was used to audit any direct and indirect restrictions, and highlighted for staff a number of key areas to focus on such as freedom of movement, eating and drinking, personal appearance and living environment. Staff were prompted to think whether restrictions could be reduced and to trial less restrictive strategies.

Staff were clear about the principles of the MCA, and how it was applied on a day to day basis for people who used the service. Staff gave us examples of how they promoted people's right to make choices. They were also able to describe the appropriate process they followed if they had concerns over an individual's capacity to make a decision. Relatives we spoke with told us their family member's right to make choices about their life and care were respected.

At the last inspection we had found staff had cancelled one person's future planned activity as a 'consequence' to the person displaying behaviours which had been challenging. We found the provider had now strengthened their record keeping and scrutiny around activities. It had been clearly communicated to

staff that activities could only be cancelled where people posed a risk to themselves or people around them. Managers were required to sign off risk assessments relating to cancelling activities to ensure they were not being cancelled as a punitive measure.

The Care Quality Commission (CQC) is required by law to monitor the MCA including the Deprivation of Liberty Safeguards (DoLS), which ensures that unlawful restrictions are not placed on people in care homes and hospitals. The provider continued to act in accordance with DoLS. Where people were under supervision by staff to keep them safe, applications had been made to the local authority or to the Court of Protection. The Court of Protection has jurisdiction over the property, financial affairs and personal welfare of people who do not have the mental capacity to make decisions for themselves. Where people did not require DoLS they were able to leave Alexandra Park as they wished. During our inspection one person left the site by themselves to work on their allotment.

Some of the people who used the service displayed behaviour which may be challenging to staff. At our last inspection we found the detailed support plans describing to staff how they should respond to people when they displayed anxiety or aggression were not always followed in practice. There had been no formal analysis of the frequency in which people displayed behaviours which were challenging to staff. At this inspection we found from reviewing records, speaking with staff and carrying out observations, that behaviour support plans were now being followed. Managers and staff told us that people's behaviour support plans were regularly reviewed to make sure they incorporated any changes in people's needs or any new strategies which were being trialled.

Positive Behaviour Support clinics were held regularly with representatives from the staff team and management at Alexandra Park, a behaviour therapist from the provider organisation and NHS health professionals including members from the positive behaviour team. We reviewed records from these meetings, and saw individual's needs were discussed and support plans reviewed and rewritten.

Since our last inspection regular analysis was carried out looking specifically at how, when and why people displayed anxiety, agitation or aggression. These records were monitored on a monthly basis to enable staff to pick up if there were any trends or triggers which could be identified and mitigated.

Restraint was practiced where people posed a significant risk to themselves or to other people. Staff had all been trained in restraint techniques and their competency in carrying out restraint was assessed before they were able to work with people. Additional records were kept in relation to restraint, in line with best practice guidance, to reflect on the situation which led to the restraint and the way it had been carried out. This additional monitoring also ensured that the use of restraint could be audited and enabled the provider to monitor that it was being used appropriately.

Relatives told us staff were well trained and could meet the needs of people living at Alexandra Park. One relative said, "The staff? I can't say a word against them. They are very good, and sometimes working in difficult situations. They react well to everything, or have when I've been visiting anyway."

Staff training records showed a high level of completion for training the provider considered mandatory for staff to be able to carry out their role safely. All staff had undertaken non-abusive psychological and physical intervention training (NAPPI). Training was also delivered to staff depending on the needs of the person they supported. For example all staff who supported one person had to attend epilepsy training.

Since our last inspection all staff had attended Positive Behaviour Support (PBS) training which was designed to provide staff with the tools to understand why people may display behaviours that challenge

and equip staff with more skills to plan and implement ways of supporting people which will enhance their quality of life. Staff we spoke with were very positive about the training they had received. One staff member said, "There has been lots of training this year. Loads. It's been really good though. PBS is something that we could put into practice as soon as finished the course. It's making a difference already." A healthcare professional told us, "One of the big differences in the service is that they seem to be really be on board giving training which makes real changes for people. Embedding change takes time, but they are proactive in wanting to learn and develop."

New staff continued to receive their 'mandatory' training before they started working at Alexandra Park. The induction had been designed to incorporate the Care Certificate. The Care Certificate is a set of minimum standards for care workers. The induction included competency assessments to demonstrate staff understanding and to ensure staff had the skills to deliver care safely. The registered manager told us they had extended their probation period for new staff from three to six months. The registered manager told us probationary assessments had also been tightened, and that more staff, who did not display the values required to work at Alexandra Park, were not passing their probation, and therefore no longer working at the service.

Staff were given opportunities to develop their skills, and were encouraged to undertake an NVQ in social care. All staff told us that they felt supported by their managers and were able to discuss anything they needed with their manager. However feedback about the frequency of formal one to one meetings with supervisors was mixed. Most staff told us they regularly attended supervision sessions to discuss their role and the needs of people who they support.. However, one staff member told us they had not attended a supervision for over six months. Records showed that some staff were not receiving as frequent supervisions as the provider's policy stated. The registered manager told us they would address this. Appraisals, to discuss staff training needs and personal development goals, had been held yearly.

People continued to be supported to have their healthcare needs met. Records showed people had access to a range of healthcare professionals. We saw evidence in people's care records of input from GPs, specialist nurses such as the epilepsy nurse team, dentists, opticians, and occupational therapists.

People's food and hydration needs had been assessed. Where able, people were included in writing shopping lists, buying groceries and preparing their meals. We found more people were accessing their kitchens and helping with meals than at our previous inspection. People were supported to make healthier choices around food, and one person had, with support from staff lost a considerable amount of weight through healthy eating and exercise.

People lived in individual bungalows. These had been adapted to people's needs, for example some had been fitted with showers instead of baths and some had reinforced walls and floors. People had decorated their bungalows to their choosing.

There was communal space available in the main hub building which was being used for a bake sale on one day of our inspection. Some staff members told us they felt the hub could be used for group activities. When we discussed this with the registered manager they told us they were in the process of creating a games room with a table football and games consoles, so the hub would be used more often than it currently was.

# Is the service caring?

## Our findings

At our last inspection whilst feedback from people, relatives, and staff, and our observations were very positive, we had found evidence within people's care records that they were not always treated with dignity and respect. Staff had made references within records to people being 'silly' or 'naughty' and imposed punitive responses to people. At this inspection we found the provider was no longer in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 entitled, Dignity and respect.

Since our last inspection all staff had undertaken significant training which focussed on dignity and respect. Staff told us they thought people had always been respected, but that since our last inspection people were given more choices, autonomy and opportunities to be independent.

People told us staff treated them well and relatives confirmed this. One relative said, "The staff are very good with [my relative]. It's clear in how [my relative] acts that they are happy." Another relative said, "The team are absolutely great." A healthcare professional told us, "The staff talk about people in a way which demonstrates success. Talking about the finer details of improving and enhancing people's lives. The staff I deal with talk about people in a very positive way."

Records we viewed were respectful and evidenced people were given choices and able to control their own lives.

We visited four people who used the service in their bungalows. All were receiving support from staff at the time of our visit. People and staff knew each other very well. One person who we visited was unable to communicate verbally with us. We could see staff had a good understanding of how the person communicated. The staff member told us about the person's plans that evening to attend a local disco, and about a recent trip where they had visited the zoo. Whilst staff told us this they constantly checked in with the person, including them in the conversation and getting them to confirm details. The person showed us photographs from their trips, and when staff described how much they and the person had enjoyed it, the person clearly showed their agreement by nodding and laughing. All of the people we visited appeared happy, comfortable and at ease with staff.

Staff told us their jobs revolved around the individuals they supported and that they continuously worked to help people to achieve their goals. A number of staff told us about the preparation which had gone into organising a charity coffee morning which was held during our inspection. They told us one person had communicated that they would like to raise money for a specific charity and staff had helped them to organise the event. Staff had made a range of cakes and savoury items, and the person who used the service was in charge of making drinks and taking payment for items. We spoke with this person who displayed pride at hosting the event. Lots of people from the service, as well as relatives and staff had attended.

Staff spoke with passion about their role and the ways in which they improved the lives of the people they supported. Staff helped to people to choose goals they would like to work towards, identify steps to success,

and recorded regular progress updates. Lots of the goals focussed around people being more independent. People were working towards preparing more of their own food, using public transport and accessing the community. A healthcare professional told us, "They have been working with one person for a long time now, and have pushed for their (care) package to be reduced, this will have a negative effect financially as they'll get paid less, but they identified that it would be best for them and help them be more independent, and got everyone on board. They were the ones leading it."

Care records continued to contain information about people's family life, hobbies and needs. Information had been provided for people in an 'easy read' format, which included images and the use of language to meet people's needs. Information presented in an 'easy read' format included details about the service, what people should expect from the service and details about what people should do if they had any complaints.

One person who used the service had been referred to an advocate to support them to make decisions. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions.



## Is the service responsive?

### Our findings

At the time of our inspection there was a registered manager in place. Our records showed they had been formally registered with the Care Quality Commission since February 2015. The registered manager was present during the first two days of our inspection and assisted us with our enquiries.

At our last inspection we had found the provider had failed to ensure there was adequate governance and oversight to identify and address shortfalls in the quality of care. At this inspection we found significant improvements, which meant the provider was no longer in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, entitled Good Governance. Whilst improvements in quality monitoring were noted this needed to be embedded and sustained over a period of time.

At the last inspection records we viewed detailed potential safeguarding incidents, but despite being signed off daily by a team leader they had not been identified. The team leader responsible was often involved in the day to day delivery of care. A new system had now been implemented to review people's daily records. Records were now checked by support managers who were not usually involved in care delivery and could provide unbiased scrutiny. We spoke with both support managers who told us this new system was working well. One support manager said, "We haven't picked up anything too concerning, but occasionally we have noted that staff aren't recording things in the right way. Us reviewing daily notes means we can act quickly if there is anything which doesn't look quite right, and nip it in the bud." We found that daily records of people's care were now completed with more depth, and could see evidence of improvement where support managers had provided feedback. Throughout the inspection we found no issues of concern within daily records.

Support plans and risk assessments were audited regularly by management staff in Alexandra Park, to ensure they were adequately detailed, person-centred and accurate. Auditors also visited regularly from the provider organisation to monitor the quality of the service. An audit by the provider was being carried out on one of the days of our inspection visits. We spoke with the auditor and looked at some of their previous reports. We saw the audits were aligned to CQC inspections in focussing on how safe, effective, caring, responsive and well-led the service was.

Improvements were evidenced where they had been highlighted as required during the provider's audits. The auditor said, "This service is always improving, every time I am back. [The registered manager] takes everything we mention on board." Whilst we noted improvements in the quality and monitoring systems, we fed back to the registered manager that some issues still remained in ensuring all staff received regular supervision, and the on-going issue regarding the large amount duplicated information within care records, and occasional omission of key details about people's needs.

At our last inspection we considered that the reduction in the management team had a detrimental effect on the oversight of the service. The registered manager had been given responsibility as an area manager for two other of the provider's services. The number of support managers had been reduced from three to two. Following the inspection the provider wrote to us and told us they would review the management structure

at Alexandra Park with consideration as to whether the role of area manager and registered manager should be given to two staff members as opposed to one. At this inspection we found the management structure remained the same, however the registered manager advised us proposals regarding more management staff were still being reviewed by the provider. Staff fed back that they thought more management cover was required. One staff member told us, "They are juggling so much. I genuinely don't know how they manage to do everything. Another staff member said, "The managers are very busy. There is so much for them to do, more so then ever with all their daily checks. I think they need more cover there to take the pressure off." Shortly after the inspection visits the registered manager told us two additional positions for assistant support managers had been sanctioned.

The management team, staff and relatives commented on the vast amount of improvement actions which had been undertaken since the last inspection. One staff member said, "It has been non-stop since you were last here. The last report has been taken as a learning tool. They could have looked at it negatively, but instead it was a case of 'what are we going to do to improve and how do we make sure it doesn't happen again?' It's been taken very positively, and I think handled really well by the management team." A healthcare professional said, "I feel things have shifted. It's been a delight to hear about all of the positive changes in the service"

Approximately a month after our inspection we were informed that Alexandra Park had entered into a voluntary admissions embargo which meant they were unable to accept any new people into the service. This was due to a high number of staff leaving at the same time, which meant there was a 15% reduction of their usual staff numbers. The registered manager had held exit interviews with staff to determine why they had left the service, and found it was for varied reasons with no identifiable trends. The provider had arranged for staff from other services to work within Alexandra park and agencies were also utilised so all staffing needs was covered. The registered manager told us they were minimising agency usage for people who needed most to work with staff they knew well. They also told us they were actively recruiting new staff.

Feedback from people, relatives and staff about the leadership at the service remained positive. Staff comments about the registered manager and two support managers included; "Brilliant"; "Very approachable", "Happy to get stuck in"; "I've got so much respect for [registered manager] they've made a big difference." A healthcare professional told us, "The management team are good to work with. Open to discussion and learning."

The provider described their values on their website, stating, "We are driven by a straightforward belief that everyone deserves a life of happiness, dignity, achievement and inclusion." Staff we spoke with continued to display these values. During conversations with staff a recurring theme was of 'enabling people' with staff describing the ways in which they enabled people to live as independently as they could.

Feedback had been sought from people who used the service, staff and relatives. Surveys for people who used the service had been created in an easy read format, with pictures to aid people's understanding. The surveys had been sent out in November 2016 the results were mainly positive. Questions about staff approach, dignity and respect and manager visibility had been answered with 100% satisfaction. The service had received some feedback on areas for improvement such as staff training and consistency. The registered manager told us these areas were being tackled through additional training and recruitment.

Meetings continued to be held regularly for people who used the service to discuss any upcoming events or trips. Staff meetings were held monthly in core teams, to discuss both the service, the support each individual person received, as well as any other staff communications. Staff we spoke with told us the management team were approachable and they could discuss any queries, or feedback on improving the

service at any time.

## Is the service well-led?

### Our findings

At the time of our inspection there was a registered manager in place. Our records showed they had been formally registered with the Care Quality Commission at this service since February 2015. Prior to this they had been registered manager at Alexandra Park, under the previous provider, since November 2013. The registered manager was present during the first two days of our inspection and assisted us with our enquiries.

At our last inspection we had found the provider had failed to ensure there was adequate governance and oversight to identify and address shortfalls in the quality of care. At this inspection we found significant improvements, but some areas for improvement remained. Whilst improvements in quality monitoring were noted this needed to be embedded and sustained over a period of time.

At the last inspection records we viewed detailed potential safeguarding incidents, but despite being signed off daily by a team leader they had not been identified. After our inspection the registered manager implemented a new system to review people's daily records. Previously the daily records had been checked by a team leader who would often be involved in the day to day delivery of care. Records were now reviewed by support managers who were not usually involved in care delivery and could provide unbiased scrutiny. We spoke with both support managers who told us this new system was working well. One support manager said, "We haven't picked up anything too concerning, but occasionally we have noted that staff aren't recording things in the right way. Us reviewing daily notes means we can act quickly if there is anything which doesn't look quite right, and nip it in the bud." We found that daily records of people's care were now completed with more depth, and could see evidence of improvement where support managers had provided feedback. Throughout the inspection we found no issues of concern within daily records.

Support plans and risk assessments were audited regularly by management staff in Alexandra Park, to ensure they were adequately detailed, person-centred and accurate. Auditors also visited regularly from the provider organisation to monitor the quality of the service. An audit by the provider was being carried out on one of the days of our inspection visits. We spoke with the auditor and looked at some of their previous reports. We saw the audits were aligned to CQC inspections in focussing on how safe, effective, caring, responsive and well-led the service was. Improvements were evidenced where they had been highlighted as required during the provider's audits. The auditor said, "This service is always improving, every time I am back. [The registered manager] takes everything we mention on board." Whilst we noted improvements in the quality and monitoring systems, we fed back to the registered manager that some issues still remained in ensuring all staff received regular supervision, and the on-going issue regarding the large amount duplicated information within care records, and occasional omission of key details about people's needs.

At our last inspection we considered that the reduction in the management team had a detrimental effect on the oversight of the service. The registered manager had been given responsibility as an area manager for two other of the provider's services. The number of support managers had been reduced from three to two. Following the inspection the provider wrote to us and told us they would review the management structure at Alexandra Park with consideration as to whether the role of area manager and registered manager should

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