

# Partnerships in Care 1 Limited

# Althea Park House

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Althea Park House is a care home with nursing providing therapeutic care and support to eight people with an eating disorder at the time of the inspection. The service can support up to ten people. People are accommodated in one adapted building (referred to in this report as the main house) and one purpose built building called The Anchor.

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

The service was outstandingly responsive to people's individual beliefs, preferences and needs. Therapeutic care was delivered in line with the service's highly person-centred ethos called 'Therapy in the Living' and we found staff worked creatively to incorporate people's individual needs with their therapeutic programme. This supported people to establish a lifestyle that could be transferred to their home life on discharge and supported their recovery and community integration.

People were safeguarded from the risk of abuse and from risks from receiving care. People were supported by sufficient numbers of staff. People's medicines were safely managed.

We found the environment of the care home was clean, had been well maintained and was adapted for its purpose.

Staff received support to develop knowledge and skills for their role. There were arrangements in place for people and their representatives to raise concerns about the service.

People's individual needs and wishes were known to staff who had achieved positive relationships with them. People were involved in the planning and review of their care. People were supported to maintain contact with their relatives.

Within the structures and boundaries of therapeutic care, people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Quality monitoring systems were in operation. The registered manager was visible and accessible to people and their visitors.

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

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

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Althea Park House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Althea Park House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, a team leader, two

therapeutic care workers and the cook.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We sought the views of health and social care professionals involved with people using the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people. One person told us, "It feels safe and secure here".
- Staff demonstrated a clear awareness and understanding of whistleblowing procedures, using the providers dedicated whistleblowing telephone service. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Assessing risk, safety monitoring and management

- People were protected against identified risks. Clinical risk assessments were used to assess people's risks such as weight loss, depression and anxiety and self-harm. These identified the potential risks to each person and described the measures in place to manage and minimise these risks. Risk assessments had been reviewed on a regular basis. Staff understood to promote people's independence and freedom yet minimise the risks. For example, the action that would be taken if a person did not return following an outing at an agreed time.
- People were protected from risks associated with legionella, fire, electrical and gas systems, through regular checks and management of identified risks. A ligature risk assessment had been completed although admission criteria excluded people with a history of certain types of self-injurious behaviour.
- A plan for dealing with any emergencies that may interrupt the service provided was in place. People had personal emergency evacuation plans and information had been prepared for use in the event of people going missing.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. On the day of our inspection we saw there were enough staff to ensure people received support in line with their assessed needs. The registered manager explained how staffing hours were calculated. To ensure consistency of support during the day, agency staff were only used at night pending the recruitment of more staff.
- The provider had completed pre-employment checks to protect people against the employment of unsuitable staff. We examined three staff recruitment files. The registered manager scrutinised the information that was sent to them by their human resource department to ensure it met the legal requirements. For example, they had asked for additional references when some information was lacking. Appropriate pre-employment checks would be carried out on the registration status of nurses to ensure they remained fit to practice.

### Using medicines safely

- People received their medicines as prescribed. Medicines were stored securely with monitoring in place to ensure correct storage temperatures.
- Staff responsible for administering medicines and had received appropriate training and competency checks. Individual protocols were in place for medicines prescribed to be given to people as necessary, for example for anxiety. Where errors had occurred with people's medicines, appropriate action was taken to investigate and remedy the situation.
- To ensure the safe management of people's medicines, regular audits took place of medicine administration records and stock levels. One person told us they had "No issues" with the support they received to take their medicines.

### Preventing and controlling infection

- When we visited we found the care home was clean. People told us it was kept clean and they were involved in cleaning their individual rooms.
- New bedding was provided for each person when they moved in.
- The latest inspection of food hygiene by the local authority in October 2018 had resulted in the highest score possible. Staff had received training in infection control and food safety training was provided to relevant staff.

### Learning lessons when things go wrong

- A system was in place to investigate and learn from accidents and incidents. Findings were recorded and posted on the back of the staff toilet door for the attention of staff. Recent findings included reinforcing the importance of de-briefing at the end of a shift and being aware of the emotional impact of change on people using the service.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- A variety of recognised assessment tools were used to assess people's outcomes and the effectiveness of the therapeutic care provided. These included physical monitoring such as weight and blood testing as well as a range of tools to assess people's mental health. A health care professional commented, "The therapy available has been evidence based and effective".
- One person described the therapeutic care they had received as, "Enormously beneficial" and described how their confidence had grown as they made a recovery. A health care professional told us, "I have found that Althea Park have offered very good support to the young person and she has made significant progress".

Staff support: induction, training, skills and experience

- People using the service were supported by staff who had received training for their role.
- Staff had completed training such as, eating disorders, equality and diversity, crisis management and managing challenging behaviour. Staff had completed nationally recognised qualifications in social care such as the Care Certificate.
- Staff had regular individual meetings called supervision sessions with senior staff. These were to identify any development needs and support they might require. Staff also benefited from support through the provider's staff forum with a focus on staff well-being.
- To further support their therapeutic work with people, staff attended clinical supervision meetings. Staff told us they were "well-supported".

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

- People were supported by a dietician to maintain a balanced diet. People had individual menus changed on a three weekly basis which took into account allergies and choices.
- In keeping with the nature of the service, people's meal choices were calculated to ensure they provided the correct level of nutrition. Risks relating to people's eating and drinking had been assessed.

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

- People's individual rooms were decorated in response to their needs and choices.
- People were able to make use of outbuildings for meetings and therapy sessions.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People's therapeutic care and health care was overseen by a multi-disciplinary team which was nurse-led and included an occupational therapist, a psychologist a psychiatrist and a dietician.
- People were supported to maintain their health, they were registered with a local GP and a dentist. Records showed where people had attended appointments and received treatment.
- People's care plans included actions for staff to follow to support people's mental health, such as how to respond in the event of a person suffering a panic attack.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care plans reflected people's ability to consent to receiving care and support. At the time of our inspection there were no people using the service that had been deemed as not having mental capacity to make decisions about their care and support. Staff had received training in the MCA.
- Restraint was only used to prevent death or serious harm and people's care plans and risk assessments reflected this approach. Staff had received relevant training.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has remained the same

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Positive relationships were developed between young people and the staff team.
- One person commented staff were "Really friendly" and described how their allocated member of staff had been understanding towards them about individual issues. They commented, "There is a general feeling you can speak to anyone". Another person described staff as "So caring and compassionate". A person's relatives commented on "A very compassionate team".

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

- People were involved in decisions about the care and support they received through reviews and regular weekly meetings with key members of staff. One person described how they were involved in creating their care plans and risk assessments and had been given a copy of these.
- People were able to use the services of advocates with information available about an advocacy service. Advocates help people to express their views, so they can be heard.

Respecting and promoting people's privacy, dignity and independence

- Staff checked with people if they were happy for us to view their rooms when we looked over the home and showed an awareness of respecting people's privacy.
- People were enabled to have keys to their individual rooms if indicated by risk assessment and their agreement.
- People could develop their independence with preparing their own meals and eating them without support through the use of a kitchen in the main house and the facilities in The Anchor. One person told us how their move to The Anchor had been beneficial enabling them to be more confident and independent.
- People's relatives were made to feel welcome when visiting. Meeting rooms were available for people to meet their visitors in private.
- People's views about the amount of parental involvement in managing their care and support were taken into account such as where people expressed views about parents attending review meetings.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding.

Outstanding: This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The service was outstandingly responsive to people's individual beliefs, preferences and needs. Staff worked creatively to incorporate people's individual needs with their therapeutic programme. This supported people to establish a lifestyle that could be transferred to their home life on discharge and supported their recovery and community integration.
- Therapeutic care was delivered in line with the service's highly person-centred ethos called 'Therapy in the Living' and followed a treatment model focusing on health, social care and education whilst living in the community. This was intended as an alternative to treatment in a hospital setting or for people who had not previously benefitted from hospital based treatment. People we spoke with told us how they had positively benefitted from treatment in the setting of Althea Park House. This approach aimed to "increase an individual's motivation for change and lead to improved outcomes around physical and mental health".
- One person told us how the service had responded to their need for a diet based on their beliefs. The registered manager described how in the past following such a diet would have precluded the person from receiving therapeutic care at the service. Some people adopted the specific diet as part of their eating disorder however the service had recognised the person followed the diet from their previously held beliefs. With the input of the service's dietician, a suitable diet had been planned for the person to follow. The person described the service as "very supportive" and "really understanding". They described how they had worked positively with the dietician in respect of their individual beliefs and needs.
- One person had benefitted from the individualised support given by staff to enable them to become more independent and confident in eating and drinking in settings away from the care home.
- Another person told us how they had written a book during their time at Althea Park House to support their recovery and how support from staff had enabled them to achieve this.
- People were able to keep and look after small pets in their individual rooms. This was encouraged as part of people's therapeutic care.
- To further support people's transition back home the provider had recently developed The Anchor. This provided people the opportunity to gradually transition from the structured service provided at Althea Park to more independent living to enable them to test out their new skills in a safe environment before returning home.
- Health and social care professionals that worked with the service provided us consistently with highly positive feedback and praised the service's proactive and flexible approach to people's support.

### Meeting people's communication needs

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

- The registered manager was aware of the AIS. They described how meeting people's specific communication needs was not usually identified with people using the service. However, they had identified that information needed to be presented in a format for the needs of one person and were working with them to achieve this.

### Supporting people to develop and maintain relationships to avoid social isolation;

- People were supported while away from the service through a creative system of 'text-support'. This enabled people to relay any anxieties or concerns they felt when away from the service alone and to receive support in a discreet way. One member of staff was allocated to hold a telephone which people could contact when needed.
- People had been supported where relationships had developed between people using the service.
- People were supported to take up work for example one person worked at a local supermarket and another person at a café. People could also undertake voluntary work at a college for people with a learning disability and at an animal shelter. People told us how these placements had provided them with a sense of achievement and have given them a purpose to focus on.
- People told us how they had been supported to successfully pursue their educational needs. The parents of one person described some issues with the person sourcing appropriate educational support. The registered manager was aware of this and a review of the educational provision organised through the service was planned.
- Recreational activities were organised such as trampolining. A cinema trip had also been organised in response to requests.

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

- We saw a system was in place to manage complaints appropriately if needed. Informal complaints were recorded and any remedial action taken was noted. The most recent formal complaint was still under investigation at the time of our inspection.
- People were able to raise concerns and issues for improvement through regular meetings. Issues raised at a recent house meeting about hot weather had resulted in electric fans being purchased for people's individual rooms.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 provider had a clear vision for people to receive effective therapeutic care and support. This included the statement, "It's not about the food it's about the feelings". We found people were cared for in accordance with the provider's values and objectives.
- People and staff were positive about the management of the service. One person commented on the "hard working manager". Staff commented, "This is a well-run place" and "Senior staff are there when you need them".
- Daily community meetings and weekly house meetings were held where people and staff could discuss any current issues.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider ensured they met CQC's registration requirements by continuing to meet all necessary regulations, by displaying the home's current inspection rating and completing and forwarding all required notifications to support our ongoing monitoring of the service.
- The registered manager described recent challenges such as opening The Anchor and recruiting new staff.
- Regular audits were in place to support the registered manager to meet the regulatory requirements and identify shortfalls in the service. These included audits known as 'Walk-arounds' for example, people's physical health, the environment and general quality of the service. The results were included in a site improvement plan. Recent completed actions from this plan included ensuring whistleblowing posters were displayed and replacement of a carpet.
- Clinical governance meetings provided a forum for an overview of incidents, safeguarding, complaints and quality.
- Benchmarking Inspections were completed by a representative of the registered provider based on the key lines of enquiry used in our inspections. Findings from the most recent inspection completed in June 2019, were positive.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager and senior staff were visible and accessible to people using the service, staff and visitors.
- Links had been made with a local school and a college to provide education to people as well as other local organisations to provide placements for voluntary work.
- A staff survey had recently been carried out although the results were not yet available.