

Partnerships in Care 1 Limited

Althea Park House

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

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

Systems were in place to protect people against identified risks from self-injury. Risks to people from self-injury were assessed by a clinical team which could include professionals from a person's funding authority. Care plans provided clear guidelines which staff were able to describe to help manage this behaviour. People were respected as adults and involved in discussions and devising enabling plans about how they want to access the community comfortably but also promoting safety.

Where safety incidents occurred, these were analysed for any lessons to be learned, people's risks were reviewed with health professionals and action to be taken to keep people safe. Staff knew people well and were knowledgeable and confident to manage each person's risk in relation to self-injury.

We were assured the service was following safe infection prevention and control procedures to keep people safe.

We found several examples of good infection control practices. This included; using an advocate to ensure people using the service had a voice when they had concerns about the impact of staff wearing Personal Protective Equipment (PPE) during support given at meal times.

Why we inspected

We undertook this targeted inspection to check on a specific concern we had about some recent incidents of self-injurious behaviour. The overall rating for the service has not changed following this targeted inspection and remains Good.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We found no evidence during this inspection that people were at risk of harm from these concerns.

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 coronavirus and other infection outbreaks effectively.

Please see the safe section of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Althea Park House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

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.

This was a targeted inspection to check on a specific concern we had about the risks associated with self-injurious behaviour.

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

This 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 a 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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be available to support the inspection.

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 all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with three members of staff including the registered manager.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed relevant parts of two people's care records. We sought feedback from the local authority and contacted eight professionals to receive the views about the service. We were only able to receive feedback from one of these. We also contacted and received feedback from two relatives of 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

Assessing risk, safety monitoring and management

- To ensure a person's needs could be met, a healthcare professional was involved in referring a person to the service, this referral along with input from the person, formed the basis of an assessment of their needs by the service and included any risks related to self-injury.
- The service's referral criteria ensured only appropriate and safe placements were accepted by the service.
- People had risk management plans which included their input and identified areas and levels of risk and planned interventions. An empowering culture encouraged positive risk taking by promoting people's independence and a sense of responsibility for themselves and their safety.
- People had care plans to guide staff in keeping them safe from risks associated with self-injury. Staff could describe how they would respond directly to incidents of self-injury and subsequent actions they would take such as increased observation.
- People and relatives were confident in the staff's ability to support people safely. They confirmed staff knew their needs and presenting risks. One relative told us how the person using the service, "felt safe and supported."
- Staff were trained and confident on how to intervene when people self-injured. Specific training using scenarios relating to self-injury were provided to staff. They described the procedures to follow and were equipped both practically with the means to deal with self-injury and with suitable knowledge and skills.
- An environmental audit ensured staff knew of risks in the environment relating to potential self-injury. Work had been carried out to reduce risks in certain areas while maintaining a balance with the aim of providing a suitable environment in line with the therapeutic ethos of the service.

Learning lessons when things go wrong

- Incidents of self-injury were monitored and recorded for each person using the service. These were analysed for any lessons that could be learned, such as reminders to staff to follow correct protocols for certain types of self-injurious behaviour and ensuring observations were robust and at the right level.
- Where a self-injury incident occurred, the service assessed their response and introduce increased levels of observations and engagement with the person. Any decision to subsequently reduce observation levels was made with the input of mental health professionals within the clinical team to ensure decisions were clinically sound and safe.
- Where a person was assessed to be at increased risk of self-injury, this was reviewed by a team of health professionals working with the service and professionals from the person's funding authority. A healthcare professional told us how the service was open to suggestions and advice about managing risks to people using the service. This ensured people were kept safe through appropriate interventions and to ensure their placement at the service was safe to continue.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.