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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 24 and 28 November 2016. This was an unannounced inspection. The service was last inspected in February 2014. There were no breaches of regulation at that time.

Althea Park House is part of a group of specialist services which provides accommodation for up to seven young people with eating disorders. It is a division of Partnerships in Care 1 Limited, an organisation that provides specialist support to people with mental health needs. At the time of our inspection, there were six people living at Althea Park House.

There was a new manager working at Althea Park House. They told us they had been manager of the service for two months. An application had been received in respect of the new manager being registered with the Care Quality Commission. 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.'

The service was safe. Risk assessments were implemented and reflected the current level of risk to people. There were sufficient staffing levels to ensure safe care and treatment. The administration, recording and storage of medicine was safe. The manager took appropriate steps to ensure suitable people were employed to support people using the service.

People were receiving effective care and support. Staff received appropriate training which was relevant to their role. Staff received regular supervisions and appraisals. The service was adhering to the principles of the Mental Capacity Act 2005 (MCA) and where required the Deprivation of Liberty Safeguards (DoLS).

The service was caring. People and their relatives spoke positively about the staff at the home. Staff demonstrated a good understanding of respect and dignity and were observed providing care which promoted this.

The service was responsive. Care plans were person centred and provided sufficient detail to provide safe, high quality care to people. Care plans were reviewed and people were involved in the planning of their care. There was a robust complaints procedure in place and where complaints had been made, there was evidence these had been dealt with appropriately.

The service was well-led. Quality assurance checks and audits were occurring regularly and identified actions required to improve the service. Staff, people and their relatives spoke positively about the manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of abuse. Staff had received safeguarding training and had a policy and procedure which advised them what to do if they had any concerns.

Risk assessments had been completed to reflect current risk to people.

Medicine administration, recording and storage were safe.

Staffing levels were sufficient.

Is the service effective?

Good

The service was effective

Staff had a good understanding of the Mental Capacity Act (MCA) 2005.

Staff received appropriate training and ongoing support through regular meetings on a one to one basis with a senior manager.

People and relevant professionals were involved in planning their nutritional needs.

Is the service caring?

Good

The service was caring.

People were treated with respect and dignity.

People were supported to maintain relationships with their families.

People had privacy when they wanted to be alone.

Is the service responsive?

Good

The service was responsive.

People and their families were involved in the planning of their care and support.

The staff worked with people, relatives and other services to recognise and respond to people's needs.

Each person had their own detailed care plan.

Is the service well-led?

Good

The service was well-led

Regular audits of the service were being undertaken.

The manager was approachable.

Quality and safety monitoring systems were in place.

Althea Park House

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.

This was an unannounced inspection which was completed on 24 and 28 November 2016. The inspection was completed by one adult social care inspector. The previous inspection was completed in February 2014. At the time there were no breaches of regulation.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We received this on time and reviewed the information to assist in our planning of the inspection.

We contacted seven health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from the local authority and the GP practice.

During the inspection we looked at three people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff.

We spoke with five members of staff and the manager of the service. We spent time observing people and spoke with four people living at the home. We spoke with four relatives to obtain their views about the service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home. People stated, "I feel safe here. All of the staff are good to me" and "I feel safe around the staff. They know me well". Relatives told us they felt people were 'safe and comfortable' in the home.

We observed people were relaxed when in the company of staff. This demonstrated people felt secure in their surroundings and with the staff that supported them.

Medicine policies and procedures were available to ensure medicines were managed safely. Medicines were stored securely in a locked room. Staff had been trained in the safe handling, administration and disposal of medicines. Staff who gave medicines to people had their competency checked annually to ensure they were aware of their responsibilities and understood their role. Clear records of medicines entering and leaving the home were maintained. The manager told us that if there was a medicine error, the member of staff would be re-trained and have their competency re-checked through a direct observation of their practice. They would also be asked to write a reflective account of the incident to maximise learning from any errors that were made.

Risk assessments were present in the care files. As all of the people using the service were independent with managing their personal care. The risk assessments were mainly focussed on people's mental well-being, their nutritional and health needs, and any specific medical conditions people may have. Risk assessments provided clear guidelines for staff on how to manage the risks. It was evident from reading the risk assessments that they had been developed in partnership with the person using the service, their family and any professionals involved in their care.

For example, people who were at risk of self-harming had a clear risk assessment where they would hand in the item they used to self-harm and also allow staff to complete a room search to ensure there were no other items which could be used for further self-harm. The risk assessments contained clear guidelines for staff to dress any wounds and also encourage people to do this independently where possible. The risk assessments had been signed by the person stating they were in agreement with the plan detailed in the assessment.

Where people were at risk of malnutrition, their risk assessment contained protocols for monitoring their nutritional intake and monitoring their weight. For example, some people were at risk of manipulating their weight by drinking excessive amounts of water before any weight checks. In order to minimise the risk, an action plan was developed where the bathroom door was left slightly ajar without compromising the dignity of the person whilst they used the bathroom. There was evidence that this action plan had been developed in partnership with the person and they had consented to this.

In some cases, it was identified that weight monitoring caused increased anxiety in people. These concerns had been discussed with nutritionists and other health professionals and an action plan was developed where their nutritional intake was monitored through other means such as regular blood tests. The risk

assessments for these people contained a clear rationale as to why regular weights were not being taken.

There were sufficient numbers of staff supporting people. This was confirmed in conversations with staff and the duty rotas. Relatives stated they felt there were sufficient staffing levels employed at the home. The manager informed us staffing levels were determined through an assessment of people's needs and the funding available. The manager told us they would always have one team leader on shift and there would always be one member of staff between two people.

The manager understood their responsibility to ensure suitable staff were employed. We looked at the recruitment records of five staff employed at the home. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to ensure staff were suitable and of good character. The service had a staff disciplinary procedure in place to help manage any issues whereby staff may have put people at risk of harm.

The provider had implemented a robust safeguarding procedure. Staff were aware of their roles and responsibilities when identifying and raising concerns. The staff felt confident to report concerns to the manager or deputy manager. Procedures for staff to follow with contact information for the local authority safeguarding teams were available. All staff had received training in safeguarding. The manager told us they had recently employed an on-site Social Worker to work closely with the people living at Althea Park House. The Social Worker was also the first point of contact for any safeguarding issues. We looked at the safeguarding records and found that any issues which had arisen had been managed appropriately and risk assessments and care plans had subsequently been updated to minimise the risk of repeat events occurring.

Health and safety checks were carried out. Environmental risk assessments had been completed, so any hazards were identified and the risk to people either removed or reduced. Checks were completed on the environment by external contractors such as the fire system. Certificates of these checks were kept. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation drills. There were policies and procedures in the event of an emergency and fire evacuation. Each person had an individual evacuation plan to ensure their needs were recorded and could be met in emergencies.

The premises were clean and tidy and free from odour. The manager informed us that the people living at Althea Park House were responsible for cleaning their living areas but would be supported by staff as and when they required support. Communal areas and hallways were cleaned by staff throughout the day. Staff were observed washing their hands at frequent intervals. We observed staff wearing gloves and aprons when supporting people with their care. There was a sufficient stock of gloves, aprons and hand gel to reduce the risks of cross infection. Staff had completed training in this area. The staff we spoke with demonstrated a good understanding of infection control procedures.

Staff showed a good awareness in respect of food hygiene practices. For example, staff informed us different chopping boards were used for different foods to minimise the risk of cross contamination. Food was clearly dated when put into the fridge. We were shown records of the temperatures for the fridges and freezers which were taken daily.

Good

Is the service effective?

Our findings

Staff had been trained to meet people's care and support needs. The staff we spoke with felt they had received good levels of training to enable them to do their job effectively. Training records showed most staff had received training in core areas such as safeguarding adults, health and safety, first aid, food hygiene and fire safety. The manager informed us all new staff were required to complete the care certificate. The care certificate was developed jointly by Skills for Care, Health Education England and Skills for Health and is the minimum standards that should be covered as part of the induction training of new care workers. The care certificate is based upon 15 standards health and social care workers need to demonstrate competency in.

The manager was able to outline plans for specific training to support the staff to meet the needs of the people living at Althea Park House. For example, the manager informed us that due to the majority of people living at Althea Park House having an eating disorder, a specific training course around working with this condition was implemented to ensure staff the relevant skills to support the people living at the home.

Staff had completed an induction when they first started working in the home. This was a mixture of shadowing more experienced staff and formal training. These shadow shifts allowed a new member of staff to work alongside more experienced staff so they felt more confident working with people. This also enabled them to get to know the person and the person to get to know them. We spoke with one member of staff who had recently completed their induction. They informed us they had found the knowledge and experience of senior staff to be very beneficial during their first few months working at the home. They also told us it was made clear to them that they could always request more shadowing opportunities.

Staff had received regular supervision. These were recorded and kept in staff files. The manager told us one to one supervision occurred monthly. In addition to this, there were group supervision sessions which were held on a weekly basis. The manager told us this enabled staff to talk about common themes and issues they had experienced over the past week. The staff we spoke with told us they felt well supported and they could discuss any issues with the manager who was always available. The manager also informed us supervision was used to discuss learning from any training staff had attended and to identify future learning needs. Staff we spoke with stated they found this to be useful as it allowed them to enhance their personal development. There was evidence staff received annual appraisals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We saw from the training

records that staff had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Everyone had assessments regarding their capacity to make decisions and where DoLS applications were required, these were made. The manager and staff demonstrated a clear understanding of the DoLS procedures.

It was evident from talking with staff, our observations and from care records that people were involved in day to day decisions such as what to wear, what they would like to eat and what activities they would like to participate in. Staff were able to provide us with detailed accounts of peoples' daily routines as well as their likes and dislikes.

It was evident throughout the inspection that the staff respected the wishes of people using the service. For example, when showing us around the home, the manager sought permission from people before entering their room. During the first day of the inspection, whilst showing us around, the manager told us one person was using the lounge as they were having a 'box sets day' to catch up on their favourite television show. Although this was a communal area, the manager sought permission from this person before entering and asked them if they would like to spend some time talking with us.

All of the people living at Althea Park House had specialist dietary requirements as a result of eating disorders and these were clearly detailed in their care plans. The chef told us how each meal was planned and had to fall within a specific calorific category to meet the needs of the people living at Althea Park House. Meals were flexible and if people wanted something different to what was on the menu they could choose this. In addition to weekly menus containing two choices for the main meals, each person had their own snack menu which was tailored to their specific needs. These menus had been designed with the input of the person and a dietician. Menus seen showed people were offered a varied and nutritious diet.

People we spoke with stated the food was good and that they were asked what they would like to eat and menus were planned according to their preferences. One relative told us, "The food is very good". Individual records were maintained in relation to food intake so that people could be monitored appropriately. These were also shared with relevant health professionals where required.
The chef and manager were able to outline what they would do to meet the needs of people with specific dietary needs in relation to religious or cultural beliefs. For example, the chef told us about one person who had previously lived at the service who had specific dietary requirements as a result of their religious beliefs. The chef told us how they had worked with the person's family to source meat products from a butcher of their choice and how all of their food had been prepared using separate cooking utensils to minimise the risk of cross contamination.

People had access to a GP, dentist and other health professionals. The outcomes following appointments were recorded and were also reflected within care files. The service had also employed on an on-site social worker, occupational therapist and psychologist to support the people living at Althea Park House. The manager told us they were planning to employ their own dietician to work more closely with the people living at the home. The plans were for the dietician to introduce cooking sessions with people to maximise their skills of managing their nutritional needs independently.

The property was suitable for the people that were accommodated and where adaptations were required these were made. There was a warm, welcoming and homely feel to the property. Needs of people had been taken into account when decorating the hallways and communal areas. Each bedroom was decorated to individual preferences and the manager informed us people had choice as to how they wanted to decorate their room. For example, one person had chosen to paint their room red prior to their arrival. However, upon arrival they found the colour did not suit their preferences. As a result, they were supported by the staff to

decorate their room with a colour which better suited their preferences. There was parking available for visitors and staff and, there was a secure garden which people could access if they wanted to.

Good

Is the service caring?

Our findings

We observed positive staff interactions and people were engaged. We saw examples of this throughout the inspection, where staff were present in communal areas and engaging with people. For example, we observed staff taking time out to sit and speak with people.

There was a genuine sense of fondness and respect between the staff and people. People appeared happy and relaxed in staff company. People told us they felt staff were caring. One person said "They look out for me". Another person said "They care for me very much". Relatives we spoke with told us the staff were caring and showed a high level of compassion towards the people they supported. Professionals we contacted informed us they felt staff had a caring attitude towards the people living at Althea Park House. Staff were positive about the people they supported. One member of staff stated, "It is important to treat people well so that they feel safe and happy living here".

This strong bond and friendship between the people living at the home and the staff who supported them had also resulted in teamwork to improve some of the facilities at Althea Park House. For example, people told us how over the summer months, the people living at Althea Park House had worked with members of staff in the craft group to turn a garden shed into a 'snug'. Over a number of weeks, they worked together to paint the shed inside and out to make it an environment to relax in. This was entered into a competition with Partnerships in Care and they won 2nd prize. This came with a £50 award. This was used by the people living at the home to purchase bean bags for the 'snug'.

The manager informed us that people and their representatives were provided with opportunities to discuss their care needs when they were planning their care. In addition to this, the service also used evidence from health and social care professionals involved in people's care to plan care effectively. Relatives we spoke with informed us that they were always consulted in relation to the care planning of people using the service. We spoke with people living at Althea Park House and they told us they were consulted prior to their move and asked what outcomes they wanted to achieve whilst living at the home. Examples of the involvement of family and professionals were found throughout people's care files in relation to their day to day care needs.

Staff evidently knew people well and had built positive relationships. Family members we spoke with felt the staff knew their relative's needs well and were able to respond accordingly. Relatives told us they were able to visit when they wanted to.

Staff treated people with understanding, kindness, respect and dignity. Staff were observed providing care behind closed bedroom or bathroom doors. Staff were observed knocking and waiting for permission before entering a person's bedroom.

At mealtimes we saw that staff engaged with people whilst they were eating their meal. Staff appeared caring and attentive to people. The people living at Althea Park House told us they never felt rushed. People were given the information and explanations they needed, at the time they needed them. We heard staff

clearly explaining and asking permission before they assisted people.

People looked well cared for and their preferences in relation to support with their care were clearly recorded. Relatives provided positive feedback about the staff team and their ability to care and support people using words such as "Very good" and "Caring" to describe the staff.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. Each person had a care plan and a structure to record and review information. The support plans detailed individual needs and how staff were to support people. Each person had a caseworker who was responsible for coordinating all of their care.

Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's care and support needs. The daily notes contained information such as people's emotional state, what activities people had engaged in, their nutritional intake and any appointments they may have attended so that the staff working the next shift were well prepared.

Changes to people's needs were identified promptly and were reviewed with the person, their relatives and the involvement of other health and social care professionals where required. Each person's care file was reviewed at least monthly and more frequently if any changes to their health were identified. Relatives informed us they were invited to participate in reviews and felt their opinions were taken into account and reflected well in the care files.

We observed staff supporting and responding to people's needs throughout the day. People were observed spending time with staff. The people we spoke with indicated that they were happy living in the home and with the staff that supported them. People we spoke with stated they liked living at the home. Staff were observed spending time with people, engaging in conversations and ensuring people were comfortable.

Reports and guidance had been produced to ensure that unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, each care file contained a hospital passport. This contained basic contact details, medication and daily needs. When speaking with staff, they were clear as to what documents and information needed to be shared with hospital staff.

People were supported on a regular basis to participate in meaningful activities. Each person was consulted regularly to determine what activities they would like to engage in. Activities included therapy sessions, walks, outings and other social activities people expressed an interest in. For example, a number of people had gone out to shopping centre in Manchester for their Christmas shopping on the first day of our inspection. We were shown photos of when people had visited Alton Towers. The people we spoke with told us there was a lot of flexibility around activities and they were varied. Relatives said activities were suitable for people and there were sufficient activities taking place. One person commented how they felt their loved one led a 'very active a fulfilling life'.

There was a complaints policy in place which detailed a robust procedure for managing complaints. Although no complaints had been received, the manager was able to outline how they would manage any complaints. This was in line with the complaints policy.

Formal feedback was provided to the manager which was complimentary of the service provided to people

at Althea Park House. For example, we were shown evidence of feedback from one person after they had left the service complimenting the staff and manager on how they had helped them to reclaim control over their life. Another person who had left the service earlier in the year provided written feedback stating, "Thank you for all of your help over the past few years. I may not have agreed with it at the time, but now looking back I do. If nothing was done I would easily have easily have gone backwards, so thank you. Thank you for not forcing me to do things but allowing me to take back control when I was ready. Thank you so much for trusting me and helping me so much".

Good

Is the service well-led?

Our findings

There was a new manager working at Althea Park House. They told us they had been working as manager for the last two months. An application had been received in respect of the new manager being registered with the Care Quality Commission. Staff spoke positively about management. Staff told us they felt they could discuss any concerns they had with the manager. Staff used words such as 'approachable' and 'easy to work with' when describing the manager. One person living at Althea Park House said "The manager is great. He does a lot for us".

The staff described the manager as being 'hands on' and 'leads by example'. We observed this during the inspection when the manager attended to matters of care throughout the day. Staff told us if there were any staffing issues, the manager would support the care staff in their daily tasks. Staff informed us there was strong leadership from the manager. One member of staff who had started working at the home a short time before the inspection informed us how the manager would speak with them frequently throughout their induction to ask them how they were getting on and was always available to answer any questions they had.

The manager and deputy informed us positive staff morale was 'very important'. In order to maintain a high level of staff morale, there would be staff nights out and other social events. The manager told us they also organised regular team building days to build positive relationships amongst the staff group. Staff we spoke with told us they felt morale amongst staff was good and this was down to good leadership from the manager as well as the various social events organised by the provider.

The manager told away days would also be used as learning days for the staff. For example, the manager told us how some of the people living at Althea Park House had provided feedback that some of the newer members of the staff team seemed less equipped in their understanding of working with this client group . As a result, an away day was planned to both train the staff and to offer an opportunity for team bonding. One of the training modules was working with young people who had an eating disorder. For this, some of the people living at Althea Park House had agreed to attend the away day and be part of a discussion facilitated by the psychotherapist to share their views on how they wanted people to relate to them.

The manager told us they had used a previous away day to solely focus on eating disorders. The management team showed two video interviews with people where they spoke about their experience of living with an eating disorder. Staff we spoke with told us they had found this to be 'incredibly' moving and impactful in terms of their understanding of eating disorders and how to work with those that had this condition. A number of staff told us how they had found the learning as well as the bonding with other staff during the away days to be 'invaluable'. One new member of staff said it had been very beneficial to help them settle in at Althea Park House.

The manager and area manager informed us how they felt it was important to recognise 'outstanding practice' from staff. As a result, the provider had implemented a company-wide staff recognition scheme from all of the homes across the company. The manager was asked to nominate three members of staff

every three months. The manager told us the winning member of staff would receive a certificate as well as a £250.00 shopping voucher. Staff told us this also helped with morale as they knew their hard work would be recognised and it also motivated them to continuously strive for improvement in the hope of being nominated.

Staff told us there was an open culture within the home and the manager listened to them. Staff said team meetings took place regularly and gave staff an opportunity to voice their opinions. For example, the staff had raised concerns that the online medicine training was not effective. As a result, the manager approached the head office and this was changed to classroom based face to face training.

There was an audit process in place at Althea Park House. Weekly and monthly audits of the service were carried out by the manager. In addition to this there were two monthly audits of the service from the company compliance manager. This two monthly audit included interviews with staff and speaking with people living at home. The audit was also completed against the key lines of enquiry (KLOEs) used by the Care Quality Commission during our inspections. Following on from the audits, any actions identified would have a clear timeframe for completion. From looking at the records of the audits, it was clear that where issues were identified, these had been completed in a timely fashion. For example, one audit recognised regular water checks were not taking place. This had been actioned and there was evidence of weekly water checks taking place at the time of the inspection.

The manager attended various meetings and forums to keep up to date with service developments and best practice. The manager stated this was important to them as they believed the service had to "Continually improve to ensure excellent care was always provided". For example, the manager informed us how they had recently attended International Occupations Safety & Health (IOSH) training. The manager told us how this had increased their awareness to better ensure that they along with the staff could maintain the health & safety of people living at Althea Park House. The manager told us how their practice had been enhanced by attending various eating disorder conferences and forums provided by the national eating disorders charity B-Eat, The Priory and the International eating disorder conference. The manager told us how the knowledge from these training sessions and forums would be shared with the staff during team meetings.

We discussed the value base of the service with the manager and staff. It was clear there was a strong value base around providing person centred care to people using the service. The manager and staff told us Althea Park House was the home of the people living there and they should be supported to achieve the maximum of their potential.

The manager had a clear contingency plan to manage the home in their absence. This ensured a continuation of the service with minimal disruption to the care of people. In addition to planned absences, the manager was able to outline plans for short and long term unexpected absences. The manager also detailed how the deputy would cover for them in their absence.

From looking at the accident and incident reports, we found the manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.