Oakfield Psychological Services Limited

The Willow

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The published date on this report is the date that the report was republished due to changes that needed to be made. There are no changes to the narrative of the report which still reflects CQCs findings at the time of inspection.

About the service
The Willow is a children's home which is registered for accommodation for people requiring personal or nursing care as well as treatment of disease, disorder or injury. The service can accommodate one person. The service provides therapeutic psychological support to children and young people with mental ill health and additional needs, such as neuro-developmental disorders. At the time of our inspection there was one person using the service.

Ofsted are the lead regulator for services registered as children's homes, however, the service was not registered with Ofsted at the time of our inspection.

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

Right Support: Model of Care and setting that maximises people's choice, control and independence
Right Care: Care is person-centred and promotes people's dignity, privacy and human rights
Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

People's experience of using this service and what we found
At the time of inspection, systems had not been fully established to safeguard service users from abuse and improper treatment as safeguarding incidents had not always been effectively managed. Effective safeguarding policies and procedures in place to manage allegations of abuse when made against members of the senior management team were not in place.

The provider did not have an effective policy and procedure for safeguarding vulnerable adults and staff had not received appropriate levels of training in safeguarding vulnerable adults.

The provider had not operated an effective system to make sure that the most up to date policies at The Willow reflected up to date legislation and guidance. Policies did not always reflect current practice or provide enough information to support staff.

The provider had not operated a system to assure themselves of the safety and quality of the services provided at The Willow. Roles and responsibilities of members of the senior management team had not been clearly defined.

The provider had failed to operate an effective risk management system to make sure that all organisational risks at The Willow had been identified and mitigated as much as practicably possible.

Although risk management and positive behaviour plans provided key information as well as strategies to support staff, the provider had not always taken all reasonable steps to make sure that risk management plans had been updated when needed.

There were enough staff to keep young people at The Willow safe.

Staff who we spoke with were committed to treating young people with compassion, kindness and respect. They were passionate about making sure that young people were cared for as best as possible.

The use of restraint had been kept to a minimum and verbal de-escalation strategies had been used successfully on several occasions.

Strategies had been implemented to support young people to access a range of community activities and pursue their own interests.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was requires improvement (published 14 January 2022) and the service had previous breaches of regulations.

At this inspection we found the provider remained in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected
This inspection was prompted by a review of the information we held about this service, information that we had following our last inspection as well as concerns received about how safeguarding concerns had been managed. A decision was made for us to inspect and examine those risks.

During this inspection, we followed up on actions we told the provider to take at the last inspection.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement
We have identified breaches and have issued a warning notice in relation to safeguarding and good governance. We also identified a further breach in relation to safe care and treatment. Although the provider took actions to address the concerns after the inspection, further improvements are still required.

Please see the action that we have told the provider to take at the end of this report.

Recommendations
We have made a recommendation about cleaning living quarters of young people who live at The Willow.

We have made a recommendation about supporting young people living at The Willow to maintain a balanced diet.

We have made a recommendation about making sure that all important documents such as health plans are available.

We have made a recommendation about the understanding that staff have of Gillick Competence.

We have made a recommendation about access to an Independent Mental Capacity Advocate by young people living at The Willow.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

The Willow

Detailed findings

Background to this inspection

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

Inspection team
The inspection team consisted of two inspectors as well as a shadow inspector from the Care Quality Commission.

Service and service type
The Willow is a children's home which is registered for accommodation for people requiring personal or nursing care as well as treatment of disease, disorder or injury. The service can accommodate one person. The service provides therapeutic psychological support to children and young people with mental ill health and / or additional needs, such as neuro-developmental disorders. At the time of our inspection there was one person using the service.

Ofsted are the lead regulator for services registered as children's homes, however, the service was not registered with Ofsted at the time of our inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We used a range of information to plan this inspection, including findings from our last inspection of the service, on-going monitoring information including complaints and concerns about the service, as well as information received from other stakeholders.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection
We spoke with staff who worked at the service and members of the management team, including the registered manager, as well as professionals from other stakeholders such as the local authority. We also spoke with the young person who lived at the service and their parent.

We reviewed a range of information both during and following the inspection. This included important information such as care records, court of protection orders as well as policies and procedures.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- The provider had an up-to-date policy and procedure for safeguarding children. This contained important information, such as types of abuse, when referrals should be made and who this should be completed by.
- However, at the time of inspection, we found that the provider did not have effective policies and procedures in place to manage allegations of abuse when made against members of the senior management team. Arrangements had not been made for safeguarding incidents to be managed independently when needed, and the provider had not recognised that there was an increased risk of a 'closed culture', which was important because of the way in which the management team was made up.
- The way in which safeguarding concerns and incidents had been managed was inconsistent. Although there was some evidence that safeguarding had been reported and investigated appropriately, we found one incident when the provider had not taken all reasonable steps to protect the young person who lived at The Willow from potential abuse.

Systems had not been established to safeguard service users from abuse and improper treatment as safeguarding incidents had not always been effectively managed. Effective safeguarding policies and procedures in place to manage allegations of abuse when made against members of the senior management team were not in place. This placed people at risk of harm. This was a breach of regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider accepted that there needed to be better independent scrutiny of a safeguarding incident that had happened. The provider had taken additional steps to investigate this incident by undertaking a root cause analysis as well as commissioning an independent review of the incident.
- The provider did not have an effective policy and procedure for safeguarding vulnerable adults. This was important as the provider was registered to provide services to adults as well as children.
- In addition, evidence provided following the inspection indicated that staff had received level one training in safeguarding vulnerable adults, which was not appropriate for their roles.

The provider did not have an effective policy and procedure for safeguarding vulnerable adults, and staff had not received appropriate levels of training in safeguarding vulnerable adults. This placed people at risk of harm. This was a breach of regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

● Following the inspection, additional evidence was provided indicating that the policies and procedures for safeguarding vulnerable adults had been revised. However, no further action had been taken to make sure that staff had received the appropriate level of training.
● We did note that most staff had received appropriate levels of training for safeguarding children, which was in line with best practice guidance. However, records indicated that two members of the management team had not completed training for safeguarding children, which was important as they had regular contact with the young person who lived at The Willow.
● Following the inspection, evidence was provided that all members of the management team had completed an online course for safeguarding children level 4.
● Staff were aware of the risks posed using the internet, including sexual exploitation.

Assessing risk, safety monitoring and management
● Comprehensive risk assessments and positive behaviour support plans had been completed when the young person had been placed at the home.
● Staff who we spoke with were aware of the risks posed by the young person who lived at The Willow and were aware of the strategies that had been put in place to reduce the risks identified as much as practicably possible.
● Records indicated that the use of restraint had been kept to a minimum and that verbal de-escalation had been used and had been successful on many occasions when the behaviour of the young person had escalated.
● Staff had recorded the use of all restraint that we were made aware of during the inspection on incident report forms. These supported members of the management team to understand the type of restraint that had been used, how long it had been used for and whether it had been the least restrictive option.
● Although incident report forms were generally well completed and contained sufficient information, there was one occasion when the duration of restraint had not been recorded accurately. This meant there was an increased risk that enough information was not available to members of the management team when reviewing this incident, to help determine whether the use of restraint had been appropriate.
● We found that risk assessments had been reviewed monthly and mostly updated when needed.
● However, records indicated the provider had not taken all reasonable steps to reduce the risk of avoidable harm during a period in which a court order that was in place to deprive the young person of their liberty had lapsed. This was important as all risk assessments and mitigating actions were largely based on the restrictions that had been listed in the court order.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service as the provider had not always taken all reasonable steps to make sure that risk management plans had been updated when needed. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Changes had been made to the environment to keep the young person who lived at The Willow safe. For example, furniture had been made safe from being used as potential weapons, sharps had been locked away securely, other kitchen equipment had been isolated when not in use and ligature points in the home had been assessed.
● Fire risk assessments had been completed and staff had received training in fire safety. Records indicated that regular fire drills had been undertaken and the young person had a personal evacuation plan in the event of a fire.
● Portable appliance testing had been completed on most equipment in the home to make sure that

electrical equipment being used was safe. However, we found that there had been two pieces of equipment that had not been tested. Following the inspection, evidence was provided that this had been undertaken.

Staffing and recruitment
● Staff at The Willow included a small team of residential support workers who were supported by a clinical team, including a psychologist and several assistant psychologists.
● We sampled staff recruitment folders, finding that disclosure and barring service checks, as well as reference checks had been completed appropriately. This provides information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
● The provider had determined the minimum number of staff needed to care for the young person who lived at The Willow safely. Records that we sampled between 1 December 2022 and 31 January 2023 indicated that there had been enough staff available.

At our last inspection we found that staff had not received an appropriate level of training to safely manage the use of restraint. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and we found that the provider was no longer in breach of regulation 12.

● Records indicated that staff at The Willow had received an appropriate level of training to manage the use of restraint safely. This had been delivered by a member of the management team who had received accreditation to deliver training in the use of restraint.

Using medicines safely
● The provider had an up-to-date medicines management policy which staff who we spoke with were aware of. All medicines were locked away securely and had been prescribed appropriately by an external prescriber.
● Medicines administration records had been completed regularly and reconciliation records were accurate.

● Records indicated that medicines had been administered by two members of staff, which was in accordance with the provider's policy. All staff had received appropriate training to manage and administer medicines safely.

Preventing and controlling infection
● Although the provider had up to date policies and procedures to support staff in preventing and controlling infection, we found that these had not always been followed.
● For example, on the day of our inspection, we found the living quarters of the young person who lived at The Willow to be visibly dirty. Although the provider indicated that they had been working on promoting the independence of the young person, there was a lack of evidence documenting how policies and processes had been followed when doing this.
● We noted that communal areas at The Willow were generally clean.

We recommend the provider considers ways to make sure that all areas, including living quarters at The Willow, are kept clean, in line with the provider's policies and procedures.

Requires Improvement

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- We saw evidence that care and support was planned in line with current evidence-based practice. This included the delivery of interventions which were delivered by a team of psychologists.
- Care plans had been developed collaboratively with the young person who lived at The Willow, including short, medium and long term goals. There was also evidence of contracts that had been signed by the provider and the young person, agreeing to care plans that had been put in place.
- The effectiveness of psychological interventions had been monitored using a range of mood trackers and goal-based outcomes. However, we noted that documented outcomes had indicated that there had been a recent decline in several key indicators, including those which promoted the young person to develop independence against several key life skills.

We recommend the provider consider ways to make sure that goal-based outcomes for the young person living at The Willow are met and further developed more consistently.

Staff support: induction, training, skills and experience

- Staff who we spoke with informed us that they felt that sufficient training had been provided to undertake their roles safely and effectively.
- Records indicated that staff had received an induction at the start of their employment. Initial training included a variety of courses, including modules designed to meet the standards set out in the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff had received regular appraisals, supporting them to identify future areas of development as well as what had gone well.
- On occasions when bank staff had been used, records indicated that induction checklists had been completed to support them in undertaking their roles.

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

● We found some evidence that staff had worked collaboratively with the young person who lived at The Willow to manage a healthier and balanced diet. However, records indicated that this had not always been achieved.

We recommend that the provider consider ways in which to better support the young person living at The Willow to manage and maintain a better-balanced diet.

● On occasions when the young person had declined to plan or participate in meal planning, staff informed us that they did shopping on the young person's behalf and that they made sure that food was purchased to support the young person in maintaining a balanced diet.

Staff working with other agencies to provide consistent, effective, timely care

● There was evidence that the provider had worked collaboratively with the parents of the young person as well as stakeholders, such as the young person's social worker when developing care plans and reviewing progress.

● We were told that staff had not been included in the process of drafting or reviewing education, health and care plans when these had been needed, and more importantly it was not included within the records of the young person living at the Willow. An education, health and care plan is for children and young people aged up to 25 who need more support than is available through special educational needs support. This meant that the most up to date information about the young person was not always available.

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

● The environment, including the living quarters of the young person who lived at The Willow, were 'clinical' in appearance because of the way in which the environment had been adapted to keep the young person safe.

● We were informed by the young person that they had been given opportunities to decorate their living quarters, which had included putting up posters.

Supporting people to live healthier lives, access healthcare services and support

● Records indicated that staff had liaised with other health professionals, such as GPs, dentists and hospital staff, making sure that appropriate care was accessed when needed.

● Although care plans indicated that the young person living at The Willow had an annual health check and health plan, staff and managers who we spoke with were unaware of this and were unable to locate this in the young person's records. This was important as there was an increased risk that identified health needs would not be met.

We recommend that the provider consider ways in making sure that all important documentation, such as health plans are readily available, reducing the risk of individual needs not being met.

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

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

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. This is done by the Court of Protection for children and young people who are under 18 years of age.

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

● Staff understood court of protection orders that were in place, including what they meant and that they should be applied in the least restrictive way possible.
● We saw evidence of strategies that were in place to support staff at times when the young person needed to be deprived of their liberty and found evidence that staff had attempted to work with the young person as much as possible on these occasions.

At our last inspection we found that restrictive practice was not always used at the least restrictive option. This was a breach of Regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and we found that the provider was no longer in breach of regulation 11.

● The provider had made changes to the environment which allowed staff to better manage the young person living at The Willow during times when behaviour had escalated, using the least restrictive practice.
● Records indicated that there had been a period between 24 December 2022 and 6 January 2023 when the court of protection order for the young person had lapsed. Staff who we spoke with understood that the restrictions outlined in the court of protection order could not be applied during this period.
● Staff we spoke with had a mixed understanding of Gillick Competence, which is a term used to determine whether a young person aged under 16-years has sufficient maturity and understanding to consent to their own treatment and care.

We recommend that the provider consider ways to make sure that all staff fully understand Gillick Competence.

● The provider had not supported the young person living at The Willow to access an independent mental capacity advocate. This was important as there had been occasions when the young person had been deemed not to have capacity, such as occasions when restraint had been used to keep the young person safe.
● In addition, the provider had also not considered seeking the support of an independent visitor. Independent visitors are adults who volunteer to spend time with children and young people in care, providing advice and support when needed.
● Members of the management team informed us during the inspection that this had been considered, but it was unclear how and when access to this would be made available.

We recommend that the provider consider ways to make sure that the young person living at The Willow has access to an independent mental capacity advocate and as well as an independent visitor when needed.

Good

Is the service caring?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- Staff who we spoke with were committed to treating young people with compassion, kindness and respect. They were passionate about making sure that young people were cared for as best as possible.
- The young person who used the service as well as parents and carers spoke highly of most staff. They felt that they had been treated respectfully, had been listened to and had been supported on most occasions.
- During the inspection, we observed several positive interactions between staff and the young person. This included respectful conversations as well as de-escalating behaviours when needed.
- We saw several examples of when staff had been sensitive and respectful to the sexuality of the young person living at The Willow, supporting them with decisions regarding this as much as possible.

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

- The young person living at The Willow informed us that they had been included in decisions about their care and that staff had made efforts to explain why they were unable to do things when this had been the case.
- Staff had regular conversations with the young person about how they felt, giving them opportunities to express their views and feelings. This was further supported by a monthly questionnaire that staff encouraged the young person to complete.
- Although the young person had been supported to express their views and feelings on most occasions, there had been one occasion when the young person had made an allegation but had felt that they had been ignored and that members of the management team had not taken enough action to protect them.
- Parents who we spoke with informed us that they had been kept up to date by staff regularly and had been involved in some decision-making processes affecting the young person.

Respecting and promoting people's privacy, dignity and independence

- Staff worked to get the balance right between ensuring young people's privacy with safety. Staff entered the living quarters with consent where possible, either for scheduled therapeutic intervention or in response to a request from the young person. There was a CCTV camera in the lounge, kitchen and communal areas, for which written consent had been obtained and stored in care records, enabling staff to observe behaviours and respond quickly to escalating risks.
- The young person had worked with staff to set goals to support them in undertaking a range of activities

as independently as possible.

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people's needs were met through good organisation and delivery.

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

- Young people told us that they had been supported to do things that they were interested in. Care plans had been individualised and reflected interests of the young person. Staff knew the young person in their care well.
- Risk assessments had been completed in a way which supported the young person to undertake activities safely. This was important as it meant that the young person was able to access interests that they would have otherwise been unable to take part in.
- In addition, positive behaviour support plans were used in a way to support the young person to manage behaviour in a way that led to minimum restrictions being used.

Meeting people's communication needs

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

- Different strategies had been used by staff to support the young person living at The Willow. This included the use of pictures to support the young person in expressing how they felt.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We were informed by the young person living at The Willow that they had been supported to continue to access the internet and use computers safely, as this was something that they were very interested in.
- The provider had supported the young person to access a variety of different community settings and events. For example, access to education was supported when appropriate to do so.
- Communication with parents was encouraged as much as possible. This included regular telephone conversations and staff had recently facilitated a home visit during the Christmas period.

Improving care quality in response to complaints or concerns

● We were informed by the provider that no complaints or concerns had been received during the last 12 months.

● Although the provider had an up-to-date complaints policy which detailed some aspects of how complaints would be dealt with, other aspects were unclear. For example, the timeframes in which complaints would be managed was not indicated as well as it being unclear what options were available if the complainant felt that that the response was unsatisfactory.

Requires Improvement

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● The roles and responsibilities of members of the management team were not always clear. For example, on reviewing the job description for the nominated individual, it was unclear how they would oversee the carrying on of the regulated activities undertaken by the provider.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service as roles and responsibilities of managers were unclear. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider had some systems in place to monitor the services provided at The Willow, including health and safety as well as cleaning checklists. Although we found that these had been completed regularly, they had not been effective in supporting managers to recognise areas of poor performance.

● For example, on the day of inspection, we found that the living quarters of the young person living at The Willow was dirty. Although the provider indicated that they had been working on promoting the independence of the young person, there was a lack of evidence documenting how policies and processes had been followed when doing this. We also found electrical appliances that had not been tested for safety, despite health and safety checklists being completed stating this had been done.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service as systems had not always been effective in monitoring the services provided. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider had not operated an effective system to make sure that all policies and procedures needed to support staff were available, reflected up to date best practice guidance, or contained information which reflected current practice. For example, the provider did not have an effective policy and procedure for safeguarding vulnerable adults. In addition, policies and procedures did not outline important information

such as basic training requirements for staff.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service as the provider had not operated an effective system to make sure all policies and procedures needed to support staff were available, contained clear and accurate information and reflected the most up to date best practice guidance. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● At the time of inspection, the provider did not operate an effective system to identify and manage organisational risks. Although the provider provided evidence of organisational risks following the inspection, it was unclear what actions the provider had taken to reduce these as much as practicably possible.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service as the provider did not operate an effective system to identify, manage and reduce organisational risks as much as practicably possible. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● The provider had policies and processes to support staff in raising concerns, including a whistleblowing policy. However, not all staff were aware of this, and the policy contained some information which was inaccurate, such as a 'whistleblowing line' which was the main office number of the provider. Having routes to support staff, including routes in which anonymity can be maintained is important as it supports staff in raising concerns about poor care safely when needed.

● The provider had not recognised that there was an increased risk of a 'closed culture' due to the make up of the management team. Importantly, safeguards had not been implemented to reduce the risk of this, including effective systems to ensure that independent reviews of concerns and allegations were undertaken when needed.

● Most staff who we spoke with during the inspection felt that there was a supportive culture, and they were able to raise concerns if needed. Staff felt that they had received appropriate training and had the correct skills to undertake their roles.

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 did not have policies and processes outlining duty of candour or how this would be applied when needed.

● In addition, the level of harm had not been documented against incidents that had been reported, which is important as this helps determine whether the legal application of duty of candour is needed.

● We did note that staff who we spoke with during the inspection demonstrated a commitment to being open and honest if something had gone wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● Staff and leaders actively sought feedback from young people, families and external professionals to

inform future developments of the service.

Continuous learning and improving care

● The provider had a policy and procedure for identifying and reporting incidents. For example, staff had regularly reported when there had been incidents when restraint had been used.

● We sampled incidents that had been reported during the inspection, finding that they had been reviewed by a manager, and there was evidence that actions had been taken to make improvements to the services provided when needed.

● We were informed that a weekly call involving all staff was undertaken to discuss concerns, disseminate any important information and to share improvements that had been made. Staff spoke positively of this and found that this was a useful tool, particularly in making sure that they were aware of any changes that had been made to the way in which care was delivered to the young person living at The Willow.

● The provider had employed a Registered Mental Health nurse who was contracted to provide support and advice on a reduced hour basis. We saw evidence of a medication audit that they had undertaken, along with recommendations and actions taken to make further improvements.

Working in partnership with others

● Staff and leaders at The Willow worked with external partners when needed. This included working closely with social workers as well as teachers at the school that the young person living at The Willow attended.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service as the provider had not always taken all reasonable steps to make sure that risk management plans had been updated when needed. Regulation 12(1)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems had not been established to safeguard service users from abuse and improper treatment as safeguarding incidents had not always been effectively managed. Effective safeguarding policies and procedures in place to manage allegations of abuse when made against members of the senior management team were not in place. The provider did not have an effective policy and procedure for safeguarding vulnerable adults. Staff had not received appropriate levels of training in safeguarding vulnerable adults. Regulation 13(1)

The enforcement action we took:

Following the inspection, we issued a warning notice against the provider in relation to breaches of Regulation 13, Safeguarding service users from improper treatment. Following this notice being issued, we expect the provider to become compliant with this regulation by no later than 7 April 2023.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not operated an effective system to make sure that the most up to date policies at The Willow reflected up to date legislation and guidance. Policies did not always reflect current practice or provide enough information to support staff. The provider had not operated a system to assure

themselves of the safety and quality of the services provided at The Willow.

The provider had failed to operate an effective risk management system to make sure that all organisational risks at the Willow had been identified and mitigated as much as practicably possible.

Roles and responsibilities of members of the senior management team had not been clearly defined.

Regulation 17(1)

The enforcement action we took:

Following the inspection, we issued a warning notice against the provider in relation to breaches of Regulation 17; Good governance. Following this notice being issued, we expect the provider to become compliant with this regulation by no later than 7 April 2023.