

Care In Mind Limited

Willowhurst

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 well-led?	Good ●

Summary of findings

Overall summary

About the service

Willowhurst provides personal care and accommodation for up to five young people with mental health support needs. The service aims to provide an alternative to hospital. There is a central hub where mental health professionals are based. Young people access their services by visiting the hub in a nearby town and also receive some home visits. The service promotes independence and responsibility for young people who are actively involved in their plans for the future. At the time of the inspection there were two young people living in the service.

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

Young people living in the home were positive about their experiences at Willowhurst. Their comments included; 'I feel safe at all times, staff are always there to help me or reassure me they are here' and 'I enjoy the support I get from staff. I have always got on with people I live with. Willowhurst is the best place for me.'

Young people had been supported to manage risks. The provider had reviewed and updated risk management plans to minimise the potential for harm. Staff said the new plans were helpful and provided clear guidance.

Young people were supported by trained staff. There were enough staff to support young people safely. Staff had received diagnostic training which help provide them with an introduction to specific mental health conditions. Staff were supported by the providers supervision and support policies and praised the support from the registered manager.

The provider and registered manager were clear with staff about the values of the organisation. Staff were positive about the clear example set by the registered manager who they found to be knowledgeable and approachable.

The registered manager had effective oversight of the service which helped ensure the quality of care, records and premises were maintained. The registered manager had established consistent communication with partner agencies and commissioners who confirmed they were kept up to date regularly.

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

Rating at the last inspection

The last rating for this service was Requires Improvement (published 1 September 2021). There was breach of the regulations in relation to good governance. We had also made recommendations in relation to safe staffing levels, staff training and risk mitigation.

Why we inspected

We carried out an announced comprehensive inspection of this service on 1 September 2021. A breach of

legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance, staffing, training and risk mitigation.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-Led, which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

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 COVID-19 and other infection outbreaks effectively.

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?

Good ●

The service was Safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our effective findings below

Is the service well-led?

Good ●

The service was Well-Led

Details are in our Well-Led findings below

Willowhurst

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.

As part of this inspection, we looked at the infection control 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

The inspection was completed by one inspector.

Service and service type

Willowhurst provides personal care and accommodation for up to five young adults with mental health support needs.

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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the 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.

We reviewed information we had received about the service. We sought feedback from partner agencies and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one young person who lived in the home and received written feedback from a second young person living in the home. We interviewed six staff, including; the registered manager, senior staff and support workers. We reviewed a range of records. This included two people's care records, , staff training and induction records, rotas and incident reports. We looked at a range of records relating to the management of the service, including, policies and procedures, management oversight and governance and property safety and maintenance records. We carried out a visual inspection of communal areas in the home.

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 Requires Improvement. At this inspection the service has improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment;

At our last inspection we found there had not always been enough staff on duty. We recommended the provider considered an evidence-based staffing dependency calculator to be able to robustly demonstrate staffing levels were consistent. The provider had made improvements.

- Staffing levels had been assessed and enough staff had been deployed to help ensure people living in the home were supported safely. Staff told us they felt there were enough staff. The registered manager had developed a strategy to respond in the event of reduced staffing levels.
- The provider continued to follow their robust recruitment procedures, which helped ensure staff were suitable to work with vulnerable people.
- Young people living at the service had commented on the previous high turnover of staff. Recruitment of new staff had taken place; they were due to start in the following few weeks. This meant there would be a full staff team.

Assessing Risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection we found the provider had not always responded to environmental risks in a timely way. We also found some opportunities to learn lessons from incidents had been missed. We made a recommendation that the registered provider reviewed systems and processes to ensure analysis of accidents and incidents was completed. The provider had made improvements.

- The provider had responded to the environmental risks identified at the last inspection and by commissioners. Some doors had been adapted to allow staff to gain access to some rooms in a timely manner.
- The provider had reviewed and updated individual young people's risk assessments. Risk management plans helped to mitigate identified risks and provided clearer guidance for staff to follow. Young people had been fully involved in agreeing risk mitigation plans. Staff told us; 'Risk management plans are a lot more in depth and structured which means we have more understanding,' and 'I think [risk management] has improved mainly due to the improvement in consistent staff responses.'
- The provider had reviewed the on call procedures for staff which helped ensure staff were able to access appropriate support when required.
- The providers' incident analysis system included monthly analysis of incidents which helped identify patterns and potential triggers. Action plans had been developed to address any areas of improvement identified.
- Debriefing following incidents had been made compulsory for all staff which helped the provider to further understand incidents and informed any changes in practice.

Systems and processes to safeguard people from the risk of abuse;

- The providers safeguarding policies and procedures continued to help protect people from abuse and avoidable harm. Safeguarding incidents had been reported to the appropriate services.
- Staff were trained to recognise and respond to potential safeguarding concerns.

Using medicines safely;

- Medicines continued to be managed safely.
- Staff were trained to administer medicines and their competencies had been checked.

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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured the provider had met the legal requirements in relation to COVID19 vaccinations for all staff. There was a system in place to check the vaccination status of visitors.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we found not all staff had received training in specific mental health conditions. We also found no permanent staff had a qualification identified by the provider as required. We made a recommendation about listening to staff feedback in relation to training. The provider had made improvements.

- The provider had ensured all staff were enrolled to complete appropriate level qualifications in health and social care. Some staff had also completed the care certificate.
- We looked at the training matrix and saw staff training also included introductory diagnostic training and all staff had completed this.
- New staff told us they had received a good quality induction and felt they had been provided with the knowledge and guidance they needed to support young people effectively.
- Staff were supported in their role by the management team. Staff received regular supervision and reflective practice sessions which helped staff explore and understand their role.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- The provider had robust assessment procedures in place which helped ensure they were able to understand and meet the needs of young people moving into the home.
- Psychiatrists and clinical staff employed by the provider, worked with the registered manager and staff team to develop care plans which reflected the needs and wishes of young people.
- Young people told us they had been involved in their own assessments and had helped develop their care plans.
- Young people's care plans had been regularly reviewed at multi-disciplinary team meetings which helped ensure they remained up to date and effective.

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

- Young people had been supported to personalise their rooms. Young people had been able to express their views about what was displayed in the communal areas and this had been respected.

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

- Young people's health needs had been recorded and they had been supported to make and attend appointments.

- Young people had resumed face to face appointments with clinical staff employed by the provider, including psychiatric staff. These had previously been affected during the recent pandemic.

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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA

- At the time of our inspection everyone living in the home had capacity.
- Young people were respected and involved in all decisions about their care and support.
- Staff understood the importance of consent and consulted with young people before providing any care and support.

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 Requires Improvement. At this inspection this has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found the provider had not responded in a timely way to risks identified by commissioners and by inspectors in relation to the safety of the environment. We also found there had been a lack of consistent oversight by the registered manager. Staff said the on-call support lacked consistency. This had been a breach of regulation 17 (good governance) of the Health and Social Care Act 2008. At this inspection we found enough improvement had been made and the service were no longer in breach.

- There was now a registered manager based at the home full time. This had led to improved confidence for the staff team. Staff told us; 'the registered manager is supportive and communicates clearly what is expected.' and 'The registered manager is full of knowledge and is very approachable.' and 'The registered manager has set a really good example for the team and I trust they know what is best.'
- Risk management plans had been reviewed and refined to include specific guidance for staff to follow. The provider had made post incident discussions mandatory for staff after every incident. This had helped improve oversight and analysis of potential triggers and effective responses.
- The on call system had been revised, staff had protocols in place to guide them what action they needed to take and when to contact on call services.
- The providers audit procedures had been followed by the registered manager and staff. This helped ensure the quality of care records and the environment had been maintained.

Working in partnership with others;

At our last inspection commissioners and other agencies had raised concerns about effective communication from the provider.

- As part of their action plan, in response to those concerns, the provider had established regular monthly meetings with partner agencies, this included; safeguarding, clinical commissioners and social workers. Feedback we received from partner agencies confirmed the provider had maintained regular contact.
- The provider and registered manager continued to encourage engagement with partner agencies through community events.

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

- The providers' model of care focused on empowering young people to achieve good outcomes. Young people were fully involved in making decisions about their goals and how they planned to achieve them. Young people told us; 'I always know and can trust that no decision will be made without informing me and

letting me have my say.' and 'Willowhurst is the best place for me. I feel the staff actually care and listen.'

- Staff told us how much they enjoyed working with the young people in the home and were committed to supporting young people achieve their ambitions.

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;

At our last inspection we found that not all incidents which were reportable to CQC had been reported.

Some partner agencies felt they had not been kept fully informed of important events.

- The providers policies which were followed by the registered manager helped ensure all notifiable incidents had been notified to the appropriate authority.
- Feedback from one commissioner identified they had always been informed of anything in relation to the young person they were involved with but may have benefited from broader knowledge of events which, while not directly involving their young person, could have had an impact on them.

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

- Young people told us they were fully consulted with and encouraged to give their views about their experiences of living at Willowhurst, and their suggestions for improvements. The registered manager and staff team had responded to suggestions and fed back what action they would take to the young people.
- Staff told us they were fully engaged with the service and were encouraged to share their experiences of working at Willowhurst with the provider. Staff had regular meetings, including; team meetings, reflective practice and one to one meetings.

Continuous learning and improving care;

- The registered manager had evaluated their knowledge and experience in relation to their role and responsibilities. This had helped ensure they were able to identify their own ongoing learning needs and those of the staff team.
- Staff had enrolled on health and social care courses and some staff had completed the care certificate.