Oakfield Psychological Services Limited

The Willow

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service effective?	**Inspected but not rated**
Is the service caring?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

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 residential therapeutic placement, that supports children and young people aged 13-18 years, with mental health and complex neurodevelopmental disorders. It is registered for the regulated activities 'Accommodation for persons who require nursing or personal care' and 'Treatment of disease, disorder or injury.'
Why we inspected
This service first registered with us in July 2020 and had not yet been inspected. We conducted remote monitoring activity, including a telephone conversation with the registered manager and provider. As part of our monitoring we also spoke with a young person who had recently moved out of the home, and their social worker. As a result of the concerns they expressed, we conducted a comprehensive inspection of the service on 8 December 2020.

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

Before our inspection we spoke with a young person who was a former service user and who had recently moved out, to gather their views on the care and support they had received. They told us their privacy and dignity were not consistently respected, as CCTV was installed in their living accommodation. In addition, there were frequent changes in the staff supporting them which they found unsettling, and inappropriate language had been used by staff. We also spoke with the young person's social worker who told us they had repeated complaints from the young person about their support and the suitability of the environment to meet their needs.

At the time of our inspection there were no young people living at the home receiving the regulated activities. The home was also undergoing modification, prior to a new admission of a different young person. Therefore, we could not fully assess how the provider was meeting the regulations, or test policies and procedures in practice. As a result, we have not provided ratings for the key questions or an overall rating for this service.

During inspection we found CCTV was present but did not cover the person's private living area. Cameras were installed in communal areas and we found that a consent process was in place.

We found that the provider had a process in place to learn from complaints made by the previous young person. This included a policy that had been developed on staff use of inappropriate language which had been shared with staff.

Staff files we reviewed showed the provider's recruitment process had not been consistently followed. Some did not contain the required number of references. The provider addressed this immediately following our inspection visit.

The provider informed us a that a different young person was planning to move into the home at the end of December 2020. Staff recruitment was underway, and the provider was carrying out extensive reconfiguration of the home to support the needs of the young person. During our visit the provider acknowledged our concerns that the timescale for admission was too close. As a result, the provider spoke with the local authority who were commissioning the placement to delay the admission until the provider was able to accept the young person.

Mental Capacity Act

The provider explained to us their responsibilities under the Mental Capacity Act 2005 to support young people to make independent decisions and ensure where a person does not have capacity to make a specific decision, to ensure it is made for them in the least restrictive way and in their best interests.. However, as there was no young person receiving the regulated activities, we were unable to test this in practice.

For all services who support people with a learning disability and/or autistic people:

We expect health and social care providers to guarantee that autistic people and people with a learning disability are encouraged and supported to make decisions and exercise choice, their dignity and independence is promoted and to ensure good access to local communities. 'Right Support, Right Care, Right Culture' is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and autistic people.

The provider told us they understood these principles. However, as there was no young person receiving the regulated activities, we were unable to test this in practice.

The provider was undertaking extensive modification of the building to meet the needs of a young person planning to move into the home. Pre assessment work was underway with the young person and their care team to ensure the correct support and care would be in place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

We did not provide a rating for this key question as there were no persons using the service at the time of our inspection and the provider was not carrying out any regulated activities.

Is the service effective?

Inspected but not rated

We did not provide a rating for this key question as there were no persons using the service at the time of our inspection and the provider was not carrying out any regulated activities.

Is the service caring?

Inspected but not rated

We did not provide a rating for this key question as there were no persons using the service at the time of our inspection and the provider was not carrying out any regulated activities.

Is the service responsive?

Inspected but not rated

We did not provide a rating for this key question as there were no persons using the service at the time of our inspection and the provider was not carrying out any regulated activities.

Is the service well-led?

Inspected but not rated

We did not provide a rating for this key question as there were no persons using the service at the time of our inspection and the provider was not carrying out any regulated activities.

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. There was no young person at the home therefore we were unable to assess the overall quality of the service or provide a rating. We will re inspect this home again when it is providing regulated activities.

Inspection team

This inspection was carried out by two inspectors.

The Willow is registered with CQC to provide accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided. However, as there was no young person at the home and the home was undergoing extensive adaptation, we did not consider this as part of this inspection.

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

Notice of inspection

We gave the provider 24 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 they do well and improvements they plan to make.

Before the inspection we reviewed information received about the service since registration, including whether statutory notifications had been received by the CQC. These notifications are information about certain events which providers are required to inform CQC of. The service had not submitted any notifications since its registration in July 2019. We considered recent feedback from a stakeholder who had previously commissioned care for a young person who was no longer at the service. We used this information to plan our inspection.

During the inspection

We spoke with the registered manager and two clinical support workers. We also spoke with the nominated individual who is responsible for supervising the management of the service on behalf of the provider. We reviewed the care records of the young person whom had recently left the home and the assessment records of the young person the provider intended to accommodate there. We looked at five staff files in relation to their recruitment and supervision and a variety of records relating to the management of the service. These included policies and procedures. However, as there were no service users living at the home in receipt of the regulated activities at the time of the inspection, we could not test these in practice.

After the inspection

We spoke with a registered mental health nurse, employed on a part time basis by the provider.

Inspected but not rated

Is the service safe?

Our findings

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

This is the first inspection for this service. This key question has not been rated as there was no young person in receipt of the regulated activities at the time of the inspection.

The provider had policies and procedures in place designed to keep young people safe. However, as there was no young person in receipt of the regulated activities, we could not test these in practice.

Systems and processes to safeguard people from the risk of abuse

Staff we spoke with had completed relevant safeguarding training that supported them in providing safe care to children and young people. Staff correctly explained who to contact if they had concerns and understood their responsibilities to protect people from harm.

Assessing risk, safety monitoring and management

The provider understood how to assess risks to young people and plan to manage the risk. The registered manager told us this would be reviewed on a regular basis to promote independence for the young person, in a safe and supportive environment.

Staffing and recruitment

● The process to ensure the safe recruitment of staff was not effective. The provider told us recruitment was in progress to ensure a full complement of staff would be in place to support the planned admission of a new young person. However, existing staff records we looked at, showed the providers recruitment process had not been consistently followed. Some files did not contain the required number of references. We discussed this with the provider who told us they would address this immediately.

● At the time of our inspection visit there were insufficient suitably trained numbers of staff required to support the proposed new young person. We discussed this with the provider who acknowledged our concerns. After the inspection the registered manager told us they had cancelled plans to admit the new young person to the home. This was to allow time to recruitment new staff and ensure they had received required training.

● Staff accessed regular supervision. This ensured continued learning and reflection about the way they supported children and young people. We saw from records that supervision was carried out regularly and staff told us they felt able to discuss any concerns they had and reflect on care provided.

Using medicines safely

Medicines were monitored by the registered mental health nurse and we saw the provider had an audit process in place.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections. All visitors had to complete a screening questionnaire before entering to identify potential risks. The inspection team were screened prior to entering the home and PPE was used by staff and inspectors.

● We were assured that the provider's infection prevention and control policy was up to date.

Inspected but not rated

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.

The provider had policies and procedures in place designed to provide an effective service. However, as there was no young person in receipt of the regulated activities, we could not test these in action.

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

● The provider understood their responsibilities to ensure young people were involved in their care planning, and arrangements in place for regular multi-disciplinary reviews to ensure care and support plans were updated.

Transition planning was underway for the young person who was potentially moving into the home. Staff had visited them in their current home to meet with them and their care staff. The provider told us this was ongoing and essential to ensure the young person's needs were fully understood and could be met. It was also an opportunity for the young person to become familiar with the staff who would be supporting them.

Staff support: induction, training, skills and experience

●Staff completed a comprehensive induction programme that included a shadowing period.
During the induction, staff completed a mandatory training programme to ensure they had the appropriate knowledge to support their work. This covered a range of topics including, safeguarding children, medicines management and nutrition.

The provider told us specific training to meet the needs of any young person admitted to the home would be provided. For example, training to provide staff with the knowledge, skills and confidence to prevent, decelerate, and de-escalate crisis situations.

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

There were no young people in receipt of the regulated activities at the time of our inspection visit therefore we did not look at this.

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

The provider told us they understood important information must be communicated to relevant agencies and professionals. There was a provider multi-disciplinary team in place to support young people, and staff we spoke with told us there was effective communication with other agencies and professionals. However, as there was no young person in receipt of the regulated activities, we could not test this in practice.

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

● During our inspection the provider was making major changes to the configuration of the home in order to support the individual needs of the young person planning to move into the home. This work was not complete. Therefore, we were unable to inspect this during our site visit.

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

● Arrangements were in place to ensure young people living at the home received access to healthcare services and support. However, as there was no young person in receipt of the regulated activities, we could not test this in practice.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). For children and young people under the age of 18 this legal framework does not apply however, the Court of Protection framework does.

The provider and staff we spoke with, understood the principles and guidance in relation to restricting young people's liberty. However, as there was no young person in receipt of the regulated activities, we could not test this in practice.

Inspected but not rated

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.

This is the first inspection for this service. This key question has not been rated as there was no young person in receipt of the regulated activities at the time of the inspection.

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

The provider and staff had a good understanding of the importance of meeting people's individual needs in respect of peoples protected characteristics.

Respecting and promoting people's privacy, dignity and independence.
Supporting people to express their views and be involved in making decisions about their care

● We inspected this service as we had received information from a young person who had accessed the service previously in relation to the use of CCTV cameras in the home and the use of inappropriate language by staff.

We discussed the use of CCTV with the provider, who advised the cameras did not cover the private living accommodation of a young person and that consent was sought for the use of it on admission to the home. We saw that the CCTV covered just the communal areas although it was not fully in use at the time of our inspection visit as the building was undergoing reconfiguration.

There was a process in place for obtaining consent for the use of CCTV by a young person however, as there was no young person living at the home during our visit, we were unable to test this in practice.

● In addition, the young person who previously accessed the service, told us inappropriate language had been used about them by staff. The provider acknowledged there had been an incident involving a staff member whose telephone conversation had been overheard. This had been addressed immediately with the staff member involved. This incident was discussed by the provider with their staff team, to remind them of their responsibilities to ensure that inappropriate language was not used.

Inspected but not rated

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has not been rated as there was no young person in receipt of the regulated activities at the time of the inspection

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

● The provider understood their responsibilities to ensure people had choice and control to meet their needs and preferences. Assessment and planning documentation we saw supported this.

The providers documentation contained a section entitled "About me". This gave detailed information of a young person's likes and dislikes and how they wanted staff to support them. Staff we spoke with told us this information was helpful to enable them to support children and young people's autonomy. Consideration was also shown regarding the persons living environment and the importance of respecting how a young person wanted to live their life.

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

● At the time of our inspection visit there was no young person living at the home. In preparation for the young person planning to live at the home, the provider told us staff would receive training in the use of Makaton. This is a language programme that uses symbols, signs and speech to enable people to communicate. This would provide staff with knowledge and skills to communicate more effectively with the young person. This would ensure their choices and preferences could be understood and supported.

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

● As there was no one living at the home at the time of our inspection visit we have not reported on this.

Improving care quality in response to complaints or concerns

● The provider had a complaints procedure which staff were aware of. Detailed information about how to make a complaint were included in a resident handbook. The provider told us this was given to all young people admitted to the home. Complaints were logged, and the provider informed us of actions taken. Following concerns raised by a young person who previously accessed the service, a new boiler was due to

be installed. This followed complaints regarding hot water consistency.

Inspected but not rated

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.

This is the first inspection for this newly registered service. This key question has not been rated as there was no young person in receipt of the regulated activities at the time of the inspection.

We decided to inspect this service due to the information we had received prior to our inspection visit. We found the provider was receptive to our visit, acknowledged our concerns and was willing to make necessary changes. They were clearly committed in wanting to provide a good service to young people and the nominated individual told us their aim was to provide an outstanding service.

●The provider was open and transparent with us regarding the challenges they faced in preparation to receive a new person into the home. Staffing levels were not yet in place to provide the required support and building work was ongoing. Timescales set by the commissioning authority were not attainable to complete staff recruitment and reconfiguration of the home.

●The provider told us they wanted to provide a bespoke service, environment and living accommodation for the young person and had taken positive steps towards this. However, during our inspection they acknowledged our concerns that the deadline for admission was not realistic. As a result, the provider agreed to have a further conversation with the commissioning authority to review the timescale for admission. Shortly after our inspection visit the provider informed us they would no longer be accepting the young person as originally planned.

● During our inspection visit we discussed the providers statement of purpose (SoP). A statement of purpose describes what you do, where you do it and who you do it for. As part of the registration process a provider must submit this for consideration to the CQC, to ensure they are correctly registered. We found parts of the SoP were not clear and we asked the provider to submit a revised copy.

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

● The provider and staff we spoke with understood and described how they would provide a positive culture that was open and inclusive. However, we were unable to test this in practice as there was no young person living at the home at the time of our inspection.

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 and staff we spoke with understood their responsibilities regarding the duty of candour. However, we were unable to test this in practice as there was no young person living at the home at the time

of our inspection.

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

The provider, registered manager and staff we spoke with told us they understood the importance of quality performance, risk management and meeting regulatory requirements. However, we were unable to test this in practice as there was no young person living at the home at the time of our inspection.

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

● The provider and registered manager understood their responsibilities regarding engaging and involving people using the service, the public and staff, fully considering their equality characteristics.
However, we were unable to test this in practice as there was no young person living at the home at the time of our inspection.

Continuous learning and improving care

● The provider and staff we spoke with shared a common goal for continuous learning to improve care and achieve good outcomes for young people. The provider, registered manager and staff were receptive to our feedback and motivated to make improvements and act on our findings.

We will inspect this service again when a young person is living in the home and receiving care and treatment and the provider is carrying out activity that is regulated by CQC.