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 residential placement for young people aged 13-17-years with complex emotional, mental health and behavioural needs, and neuro-developmental disorders that require specialist psychological therapy and intervention. The service can accommodate one young person at a time. The service is currently registered with the Care Quality Commission (CQC) as a care home, for the regulated activities of 'accommodation for persons requiring nursing or personal care' (ANPC) (a regulated activity relating to adults aged 18 years and over) and 'treatment of disease, disorder or injury' (TDDI). The Willow does not provide a service for adults, is a service 'wholly or mainly for children', and functions as a children's home. As such, the regulation of accommodation and care provided by The Willow is the responsibility of Ofsted, as the regulator for children's homes.

Young people's experience of using this service and what we found
Young people were treated with kindness, compassion and respect by staff. We observed positive and containing interaction between staff and young people, which supported dignity and respect.

Environmental risk assessments were individualised and incorporated into young people's care plans.

Staff supported young people to explore and embrace their identity and provided care that was sensitive to equality and diversity.

Young people received thorough and detailed assessments, plans and interventions that were individualised to their needs and risks.

Support provided to young people enabled them to effectively communicate their needs. Personalised care was having a significant and positive impact on young people's well-being.

Not all staff had received level three safeguarding children training in accordance with intercollegiate guidance (2019). We have made a recommendation about safeguarding children training.

Staff were not adequately trained to undertake the level of advanced restraint interventions that were sometimes necessary to keep people safe. We have issued a requirement notice about staff training.

Young people were sometimes prevented from accessing some areas of the building, resulting in unintended seclusion. We have issued a requirement notice to ensure that all forms of restraint, seclusion and segregation are the least restrictive possible.

Young people's living quarters were not always maintained to a good standard or repaired in a timely manner when damage occurred. Although the provider described a clear rationale for the delay, the standard required improvement at the time of the inspection and we have made a recommendation about using assessment to inform the choice of fixtures, fittings and furniture.

The management and organisation of record keeping in The Willow was fragmented and under-developed. We have made a recommendation about the standard of record keeping arrangements.

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

Rating at last inspection
The Willow was inspected but not rated in December 2020 as there were no service users at the time of the last inspection.

Why we inspected
This was a planned, unannounced inspection in response to a service user being accepted into the service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Willow on our website at www.cqc.org.uk

Follow-up
We will request an action plan and meet with the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and Ofsted to monitor progress. We will 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? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

The Willow

Detailed findings

Background to this inspection

The inspection
We carried out this inspection onsite on 2 November 2021 and remotely on 3, 4 and 5 November 2021. 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.

Inspection team
The inspection team consisted of two children's services inspectors and one mental health inspector.

Service and service type
The Willow is a residential children's home that provides therapeutic psychological support to children and young people with mental ill health and neuro-developmental disorders. The CQC regulates both the premises and the care provided in services for adults, but The Willow functions as a children's home and as such, the regulation of accommodation and care is the responsibility of Ofsted, as the regulator for children's homes. In the absence of Ofsted registration, both were looked at during this inspection.

The Willow can accommodate one young person at a time.

The service had a manager registered with CQC. 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
The inspection was unannounced which means the service was unaware of the inspection until we arrived onsite.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We had not yet asked the provider to complete a provider information return (PIR) so we were not able to take this into account when making our judgements. A PIR is information we require providers to send us to tell us about key

aspects of the service, what the service does well and improvements they plan to make.

During the inspection
We spoke with the young person living at the service, and their parents, about their experiences of the care provided. In addition, we spoke with five members of staff including the registered manager, the nominated individual who is responsible for supervising the management of the service on behalf of the provider, clinical support workers and an assistant psychologist. We also spoke with the young person's social worker from the placing local authority as well as the children in care nurse.

We reviewed a range of documents. This included the young person's care records. We looked at four staff files in relation to recruitment, training and supervision. We also reviewed a variety of records relating to the management of the service, including audits, incident reports, complaints procedures, policies and guidelines.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

Is the service safe?

Our findings

At the last inspection this key question was not rated. At this inspection we rated safe as 'requires improvement'. This meant the service could not always ensure that young people were consistently kept safe and protected from harm.

Systems and processes to safeguard children and young people from the risk of abuse

● There was a range of comprehensive policies and procedures to keep young people safe. We did note however, that not all staff, despite annual updates, were fully aware of all the policies available to them. Leaders acknowledged this as an area for improvement to ensure the policies were accessible and adhered to, for the benefit of young people and staff.

● There was a thorough process for accurately and comprehensively reporting incidents, including the provision of regular incident analysis reports, which supported a learning and improvement culture.

● Safeguarding children training needed to be strengthened in line with Intercollegiate Guidance (2019). Senior leaders were trained to level three with all other staff undertaking level one online training as part of their induction and mandatory updates. The service quickly rectified this by purchasing an additional level three online package with the expectation that all staff would be compliant within two weeks of the inspection. They also swiftly contacted the local safeguarding children partnership (LSCP) to access multi-agency training.

Recommendation: The service should ensure and monitor that all staff receive safeguarding children training as required and assure themselves that a positive impact on work with young people can be demonstrated.

● We did see evidence of staff awareness regarding the risks from internet use, including sexual exploitation. There was a signed agreement between the service and a young person, stipulating restrictions on the use of technology to maximise e-safety.

Assessing risk, safety monitoring and management

● Environmental risk assessments were individualised and incorporated into young people's care plans. When risks of injury were identified from fixtures, fittings and furniture being used as weapons or for self-harm, appropriate and timely action was taken. There were ligature points noted throughout the building, and these had been appropriately assessed as low risk for the young person living at The Willow at the time of our inspection. This demonstrated a commitment to identifying and mitigating risks to keep young people and staff safe, although it had resulted in living quarters being sparsely furnished at the time of our inspection due to a temporary escalation in level of risk.

● Fire risk assessments were up to date and safety equipment such as fire extinguishers were available. Fire safety signs were in the buildings and staff we spoke with knew what actions to take in the event of fire.

Staffing and recruitment

● Staff folders we reviewed adhered to safer recruitment practices and included checks with the disclosure and barring scheme (DBS), reference checks, induction, records of supervision and appraisal conversations that provided the opportunity to reflect and demonstrate how staff's practice measured against CQC's key questions.

● The staff at The Willow cared for young people with complex emotional, mental health and behavioural needs. They had all received accredited training in positive behaviour support and restraint at foundation level before carrying out any direct work with young people. The training is certified under Restraint Reduction Training Standards and teaches staff how to ensure the least restrictive form of safe intervention is used, this includes offering support through sensory items and beanbags for example.
● We saw evidence during crisis however, of heightened behaviour incidents where positive behaviour support and foundation level restraint was not always sufficient to prevent self-injury and de-escalate behaviours that risked safety, for example, when a young person placed themselves on the floor. This not only posed a risk of harm to the young person, but also increased the risk to staff; we saw evidence of staff being injured by service users. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
● Leaders had already identified staff safety as a significant risk. Staff carried emergency call bells to alert further staff that assistance was required, including on-call senior leaders. They had also arranged additional training at advanced level, but until this could be completed, and the learning embedded into practice, the risk to the safety of staff and young people was not sufficiently mitigated in the event of an episode of heightened distress. The service must assure themselves and maintain records of evidence, that all staff are adequately trained to deliver all forms of intervention with vulnerable young people.

Using medicines safely
● Medicines management at The Willow was safe and effective and in accordance with the Medication Policy. All medicines were prescribed by external medical prescribers and stored in a locked cupboard.
● Medicines administration records (MARs) and reconciliation records were appropriately completed and accurate.
● Administration of medicines was supervised by two members of staff trained in accordance with the policy and young people were supported with self-administration. This enhanced the development of independence in a safe and controlled manner.

Preventing and controlling infection
● There were effective arrangements for the prevention and control of infection. Staff had access to infection prevention and control (IPC) policies and training, and leaders completed monthly health and safety and IPC audits.
● The provider had clear arrangements for managing the risk of infection transmission including COVID 19. There were strict protocols for all visitors and staff entering the premises which included a temperature check on arrival, the completion of a questionnaire relating to potential COVID 19 exposure and the provision of alcohol hand sanitiser.

Requires Improvement

Is the service effective?

Our findings

At the last inspection this key question was not rated. At this inspection we rated effective as 'requires improvement'. This meant the service was not always effective in promoting a good quality of life.

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

- The dynamic assessment and planning of care and intervention was collaborative between young people, the multi-disciplinary team in The Willow and multi-agency partners. The service understood their responsibilities to ensuring young people were fully involved in their care planning and we saw evidence of this through our review of a young person's records, including positive behaviour support plans.
- Plans clearly articulated young people's short, medium and long-term goals and aspirations. These included for example, preparation for adulthood by promoting skills and independence through retaining control and responsibility, with support, for the living environment.

Staff support: induction, training, skills and experience

- Young people living at The Willow were cared for by staff who had a variety of skills, experience and training in order to deliver effective care and support. Staff were supported to learn through a comprehensive induction programme, mandatory training and continual professional development (CPD). They were trained in a range of specialist areas to enhance their practice with vulnerable young people. This was reflected in the way a young person responded to the interactions we observed, and the documented progress made during their time at The Willow.

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

- Young people had access to their own kitchen at The Willow. Staff considered cultural needs and encouraged healthier food choices when supporting young people to choose and shop for their own food.

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

- There were strong working relationships between staff at The Willow and multi-disciplinary and multi-agency professionals involved with young people's care. Records clearly documented regular conversations and information sharing with partners to inform care planning.

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

- The first floor of the property was home for the young people placed at The Willow. They had choice, control and were involved in decision making about the physical environment. For example, young people were able to choose the furniture, décor and layout of their home.
- The living quarters at The Willow at the time of our inspection, however, were damaged and sparsely furnished. There was a mattress on the floor rather than a bed, there were no curtains or privacy screen at the bedroom window and there was a large hole in the wall. Staff told us that this damage was recent and had been caused by the young person who had become distressed. The young person's parent confirmed that the living quarters were usually "welcoming and cosy".
- We saw photographic evidence that a new bed was delivered the following day. Despite a history of service users damaging property, the service had not purchased anti-damage furniture prior to admission or

during the placement. There was also a lack of timeliness to replace, restore and repair; although it was clear that this was due to a strong awareness and understanding of the triggers that negatively impacted upon young people, and was responsive to their needs.
Recommendation: The service should ensure that care, treatment, interventions and the environment, always promotes person-centred care, to achieve the best quality of life.

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

● Young people were supported to access their GP, the dentist and hospital appointment when required. We also saw evidence of appropriate information sharing between staff at The Willow and external health services.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Young people over the age of 16-years can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). Children and young people under the age of 16-years can only be deprived of their liberty if it is legally authorised by a court of protection order. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● During an episode of crisis, a young person living at The Willow had been asked to remain in the living quarters outside of scheduled activities in the community. They would be verbally guided back upstairs if they did not adhere to this arrangement. We were told the rationale for this was to enhance staff safety until a lock could be applied to the door to staff areas. This meant that the young person spent most of their time in their living quarters, which was overly restrictive practice and did not comply with the care plan. A court of protection order authorising the service to deprive them of their liberty was in place but clearly stated any restraint or intervention must be the least restrictive. The service rectified this quickly after our inspection, however, this level of restrictive practice was preventable. This was a breach of regulation 11 (need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff we spoke with had a mixed understanding of Gillick Competence, which is a term used to determine whether a young person under 16-years has sufficient maturity and understanding to consent to their own treatment and care. Staff understood the importance of obtaining verbal consent from young people and acknowledged this needed to be further strengthened to include written consent.

Good

Is the service caring?

Our findings

At the last inspection this key question was not rated. At this inspection we rated caring as 'good'. This meant the service was caring in their work with young people and treated them with compassion, kindness, dignity and respect.

Ensuring children and young people are well treated and supported; respecting equality and diversity; Supporting children and young people to express their views and be involved in making decisions about their care

● We were told about, and saw evidence of, examples where staff supported young people to explore and embrace their identity and provided care that was sensitive to equality and diversity. For example, listening to culturally sensitive music and reading ethnically appropriate books with young people, as well as exploring sexuality. However, care records reflected just a fraction of the work carried out to support cultural and identity needs.

Respecting and promoting children and young people's privacy, dignity and independence

● Young people were treated with kindness, compassion and respect by caring staff. We observed an episode of distress triggered by inspectors' presence, which led to a young person shouting that they 'hated it at The Willow'. Positive, caring interaction contained them, which successfully de-escalated the incident and resulted in the young person becoming relaxed and calm. We also saw a letter written by the young person to staff which stated how much they valued the staff and their support.

● Staff and leaders at The Willow 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. This enabled staff to observe behaviours and respond quickly to escalating risks yet afforded privacy where appropriate such as the bedroom and bathroom. This also enhanced safety for young people and staff when incidents had occurred.

Good

Is the service responsive?

Our findings

At the last inspection this key question was not rated. At this inspection we rated responsive as 'good'. This meant was responsive to meeting young people's needs.

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

- Young people received thorough and detailed assessments, plans and interventions that were individualised to their needs and risks. This included prior to admission. All assessments and plans we reviewed were comprehensive, dynamic and clearly articulated strategies to respond to a range of situations, as well as proactively identify, manage and minimise risks. This meant that young people received care and intervention that was appropriate to meet their needs and successfully improve outcomes.
- We observed during our inspection, support provided to young people to enable them to communicate their needs in ways other than trauma led aggression. It was clear that personalised care was having a significant and positive impact on young people's well-being and progress made. For example, we saw a young person be successfully contained and heightened behaviours de-escalated quickly and calmly, in a way that parents and multi-agency staff stated had not been possible before living at The Willow.

Meeting people's communication needs

From 2016 onwards all organisations that provide NHS care or publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS) 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 there was no one living in the home who required information in an accessible format.
- Voice of the child was captured well within records and we saw examples of young people rewording documentation before signing to confirm agreement and understanding.

Supporting children and young 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

- Young people were supported to maintain relationships with their families. This was facilitated by pre-arranged telephone contact in line with court orders and face-to-face visits to The Willow.
- Young people were also supported to engage in activities in the community with assistance from staff.
- Staff at The Willow had identified an educational placement which offered vocational courses such as animal care, for young people who had previously experienced repeated educational placement breakdowns.

Improving care quality in response to complaints or concerns

- There was a system in place for recording and acting upon complaints. However, there had been no complaints made by young people or their families since the last inspection so we could not assess if the

system was effective.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection this key question was not rated. At this inspection we rated well-led as 'requires improvement'. This meant the leadership, management and governance did not always ensure practice consistently achieved the best outcomes for young people.

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

- Staff we spoke with felt well supported and valued in their work. This was reflected in their commitment and desire to provide the best service for young people.
- External professionals we spoke with described how the therapeutic relationships staff developed with young people had been integral in making a positive difference to their lives.

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

- The senior leadership were aware of their responsibilities and reported incidents appropriately through the correct channels. There were governance arrangements in place to support staff in their practice and to keep young people, each other and themselves safe.
- There was a monthly audit cycle and we saw evidence of improvements made from the outcome of audits, such as implementing additional Covid safe measures in response to an IPC audit.
- Weekly management meetings explored what was working well in the service as well as what needed to change in order to further manage and mitigate risks. These arrangements demonstrated a commitment from leaders to continually monitor and improve the service.
- The staff at The Willow received regular management and clinical supervision. We saw evidence in staff folders of learning through supervisory discussions, as well as the identification of further training needs. They could further strengthen these arrangements however, through reflective and restorative safeguarding supervision.
- We saw evidence in daily care records of adequate staffing levels and skill mix, although the published rotas did not reflect the same level of assurance as they did not include all staff present on each shift.
- Record keeping at The Willow was inconsistent and requires strengthening and standardising. Whilst all work was clearly documented in detail, there was no single, complete care record that captured all information pertaining to the young person. Records were stored in several places and in different formats, resulting in unnecessary fragmentation. This increased the risk of staff being unaware of important information to support care planning, treatment and intervention. Staff also failed to record physical health and well-being following physical restraint incidents, which leaders recognised was a gap and agreed to take prompt action to rectify this.

Recommendation: The service should ensure that staff maintain complete, comprehensive, holistic and robust records that clearly articulate, and are fully reflective of, all care and intervention provided.

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.
● The Willow was an inclusive employer and staff we spoke with reported feeling supported and spoke positively about working in the service.

Continuous learning and improving care
● Staff and leaders at The Willow demonstrated a shared goal for continuous improvement to achieve positive outcomes for young people. This was evident in the direct work undertaken as well as their receptiveness to our feedback throughout the inspection process.

Working in partnership with others
● Staff and leaders at The Willow worked well with external partners. This included appropriate information sharing with health and multi-agency partners such as the local authority and the police. This strengthen a partnership approach to meeting young people's needs.

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 11 HSCA RA Regulations 2014 Need for consent Defacto seclusion. Service user was confined to living quarters and verbally guided back upstairs when they left the living quarters due to the lack of a lock on the staff room/office door, in order to increase staff safety.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Staff trained in accredited de-escalation, positive behaviour support and restraint but there were situations when these techniques were insufficient. Advanced training was planned but had not yet happened.