Care In Mind Limited

Stubble Bank

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Stubble Bank is a specialist residential mental health service, which provides treatment and rehabilitation to up to five young women aged between 16 and 30 years. The service is based in a large house in a residential area of North Bury. At the time of our inspection, the service supported five young people.

The service supports young people who have a diagnosis of complex or enduring mental health difficulties, and who may have spent a lot of time in hospital or secure settings. The service provides a psychologically informed therapeutic environment in which young people can receive the appropriate therapy to help them recover and reintegrate back into society. People usually stay at the service for about two years.

People's experience of using this service and what we found
Young people received the care and treatment they needed to support their rehabilitation and recovery. The service used evidence-based practice and a range of recognised tools to assess risks and develop individual care and treatment plans. Staff complied with good infection control practices when supporting people such as wearing personal protective equipment. The service managed medicines safely.

The service had a residential support team directed by a multi-disciplinary clinical team based offsite. Staff knew young people's needs and risks well. Staff received the appropriate training and supervision to help them support people effectively. People received support that gave them maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff worked closely with other health and social care professionals to ensure that young people received appropriate and timely care. Staff developed good working relationships with young people. The service placed a strong focus on developing and maintaining young people's independent living skills and supported them based on their recovery goals. Young people described the staff as genuinely dedicated and caring.

The service had an open and honest culture and staff showed commitment to achieving good outcomes for young people with complex mental health difficulties. Staff described good team working and communication that helped ensure consistency and continuity of care. Staff found managers accessible and supportive.

Regional and local managers used a range of governance systems, tools and processes to assess the safety and quality of the service and identify areas for further improvement. The service had good partnership working and communication with key stakeholders such as young people's social workers and commissioners.

Rating at last inspection

This service registered with us on 28 September 2020 and this is the first comprehensive inspection. We undertook a targeted inspection on 29 October 2020 to look at the infection prevention and control measures the service had in place.

Why we inspected
The inspection was prompted in part due to concerns received about risk management practices used by the service and staff. A decision was made for us to bring forward our inspection and examine those risks.

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.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe, Effective and Well-Led sections of this full report.

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 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?

Good

The service was well-led.

Details are in our Well-Led findings below.

Stubble Bank

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 and prevention 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 team comprised one inspector and a specialist advisor who was a psychologist.

Service and service type
Stubble Bank is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during 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 service a short period of notice of the inspection. This was because some of the care team are based off site and we needed to be sure we could access them on the day of our inspection.

What we did before the inspection
We reviewed the information we held about the service including the concerns relating to risk management practices. We reviewed a range of records received from the provider. These included their staff training matrix, environmental risk assessment, service model, and various policies and procedures relating to the management of the service.

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.

During the inspection
We spoke with two people who used the service and a relative about their experience of the care provided. We spoke with 12 members of staff including the registered manager, deputy manager, clinical director, psychologist, mental health nurse, regional managers and support workers.

We reviewed a range of records. This included five people's care records and one medication file. We looked at two staff files in relation to recruitment and staff supervision. We reviewed a range of records relating to the management of the service, including policies and procedures.

After the inspection
We reviewed additional information received from the provider. We sought feedback from commissioners and care coordinators of all the young people.

Good

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 newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to safeguard people from the risk of abuse and avoidable harm. Staff received extensive training in safeguarding due to the young and vulnerable nature of the young people residing at the home. For example, they received specific training on child sexual exploitation, and drugs and young people.
- The staff we spoke with knew how to recognise and report safeguarding concerns and felt confident to do so. Staff told us they dealt with safeguarding risks on a daily basis due to the needs and risks presented by the young people.
- The registered manager and senior staff ensured they reported any concerns to the appropriate agencies such as the local authority and Care Quality Commission as well as keeping young people's commissioners and social workers fully informed.

Assessing risk, safety monitoring and management

- The home provided a safe environment for young people. The provider had completed a comprehensive residential services risk assessment that assessed a range of risks in the home environment such as ligature, windows, activities, aerosols, medicines, and hot water. The provider had also completed a locality risk assessment that assessed the risks in the immediate vicinity of the home such as proximity to a motorway bridge.
- The service mitigated any identified risks through a range of methods. For example, staff checked window restrictors weekly; staff locked the office door when the medicines cabinet was opened;
- The service used an evidence-based risk assessment tool (Recovery STAR) to identify each young person's risks and developed risk management plans for the risks identified, for example, ligature, medicines, self-harm, and going missing from the home.
- Staff received training in ligature management. The home had ligature cutters and staff knew where they were.
- Staff regularly discussed the risks presented by young people and associated risk management strategies at team meetings, and in supervision and reflective practice sessions.

Staffing and recruitment

- The home had good staffing levels and a stable staff team. The service had two support staff due to leave at the time of our inspection for which recruitment had started. The service had access to trained bank staff but did not use agency staff due to the complexity of the young people's needs. The service had contingency plans for address any gaps in staffing.
- The residential staff team provided 24-hour cover seven days a week. The residential team included the

presence of the registered manager and/or the deputy manager from Monday to Sunday daytime, and an on-call system out of hours. The team had access to clinical support throughout weekdays, and on an on-call basis out of hours.

● The provider had safe recruitment systems and processes. The staff personnel records we reviewed contained the appropriate information and checks.

● Some young people we spoke with told us that although there were enough staff, they spent too much time in the office rather than in the rest of the home. This meant young people had to knock on the office door to access staff, which they found daunting. We shared this feedback with the provider so they could address it.

Using medicines safely

● The home managed medicines safely. Staff stored medicines in a locked cupboard or fridge in a room with restricted access. They locked away controlled drugs separately. They checked fridge temperatures and medicines stocks daily.

● The home had good medicines management practices that included safe administration, secure storage, and good recording keeping. The home held appropriate emergency equipment such as an oxygen cylinder, a defibrillator, and first aid kits. Staff checked these daily.

● The provider permitted self-administration of medicines in some circumstances, which was subject to strict protocols. For example, young people who were self-administering medication went through a training process, a competency process and had a lock box in their bedrooms to ensure medicines were stored correctly and safely. Young people had to complete medicines administration records (MARS) and permit staff oversight in relation to receiving, storing and administering medicines.

Preventing and controlling infection

● The provider had good infection prevention and control policies and practice in place. Staff used personal protective equipment (PPE) effectively and safely.

● The home had high standards of cleanliness and hygiene. All visitors arrived at the main entrance, which contained PPE and sanitiser. Visitors signed a visitors' book using their own pens.

● Health and social care professionals visited by appointment and used a specific room. Visitors such as relatives had to take a COVID-19 test in advance of their visit, and wear PPE in the home.

● Staff completed two COVID-19 tests every week and most staff had received the COVID-19 vaccination.

Learning lessons when things go wrong

● Staff knew how to report incidents and recorded them fully. Most incidents related to self-harm or other high-risk behaviours and therefore the service adopted a vigilant approach to risk assessment and management. For example, the service arranged multi-disciplinary reviews in cases of serious incidents involving the young people; staff and young people received debriefs following serious incidents.

● The service completed their own investigations into safety incidents and safeguarding concerns as well as cooperating fully with external partners in their investigations.

● The provider analysed the data on incidents, accidents and complaints to identify any themes, patterns and learning. The provider shared the learning and any changes made with all staff.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider adopted the principles of the Structured Clinical Management (SCM) approach to their rehabilitation and recovery programme. SCM is an evidence-based approach that provides a coherent systematic approach to working positively with people who have behaviours consistent with emotionally unstable personality disorders. When supported by a specialist psychological service, SCM can offer effective treatment and rehabilitation in a community setting.
- The service used a range of recognised, evidence-based tools to help them assess young people's needs, deliver recovery-based care and monitor young people's progress and outcomes, for example, mental health Recovery Star.
- The provider had a thorough referral and assessment processes to assess the suitability of the young person for the service.
- The service had a multi-disciplinary team (MDT) approach to assessment and care planning comprising clinical psychology, mental health nursing, psychiatry and residential support work. The MDT team was fully integrated into all aspects of the young person's care and rehabilitation.
- The provider worked collaboratively with young people to help them to take responsibility for their own risks and develop healthier ways for managing distress. Young people received regular therapy sessions with trained professionals. They received individual therapy sessions with the clinical psychologist, a minimum of weekly visits from the mental health nurse and monthly appointments with the psychiatrist.
- The provider did not use physical intervention such as restraint. The provider promoted least restrictive practice as part of their therapeutic risk management model that considered immediate harm alongside long-term harm from detention and close monitoring. To support this approach, the provider had adapted the mental health Safewards programme to a community setting (Safewards for Safehomes). Safewards is a ward-based model that promotes least restrictive practices through a list of interventions that aim to reduce conflict.

Staff support: induction, training, skills and experience

- The service had a residential staff team made up of the registered manager, deputy manager and mental health support workers. A clinical multi-disciplinary team (MDT) based offsite directed young people's treatment and care. The MDT comprised clinical psychology, psychiatry and mental health nursing. The service engaged additional support when needed, for example, occupational therapy; eating disorders service.
- Staff were suitably qualified and experienced for their roles. Staff received comprehensive mandatory and specialist training when they started work. Training courses included safeguarding, wound care, safe ligature removal, managing violence and aggression, therapeutic risk, fire safety, health and safety, equality

and diversity, and emergency first aid. However, some staff told us they would benefit from more training on conditions that affected the young people they supported such as autism and eating disorders.
● Psychology staff comprised the clinical director who was a consultant clinical psychologist, and a clinical psychologist. They offered a range of interventions that included trauma-informed care, schema therapy, family therapy, case formulations, and eye movement desensitisation reprocessing.
● Staff had access to a range of further training and development opportunities in their roles. For example, some staff had enrolled on national vocational qualifications courses; some staff had attended short training courses offered by local services.
● Staff had the opportunity to develop their interests if it benefited them and the service. For example, some staff took lead roles in equality and diversity, service user involvement, and Safewards for Safehomes. As a staff member told us, "It's fantastic that we can bring our interests to develop the service."
● Staff received regular supervision sessions and annual appraisals. In addition, and on an ongoing basis, staff had access to team meetings, reflective practice sessions, debriefs, case presentations, and MDT reviews all of which helped them in their practice.

Supporting people to eat and drink enough to maintain a balanced diet
● Staff supported young people to plan meals, shop for, and cook food that met their specific needs and preferences.
● Staff monitored the food and fluid intake of young people who had eating difficulties. They sought support from specialist eating disorder services in the community when needed.

Staff working with other agencies to provide consistent, effective, timely care
● Staff worked closely with other health and social care professionals to ensure that young people received appropriate and timely care. Staff had regular contact with local agencies such as the GP, A&E, NHS 111, and police.
● The service maintained good contact with young people's social workers and commissioners. They provided regular updates, shared information about incidents and invited them to care reviews.
● Staff continued to support young people when they were admitted to hospital, for example, in one case, they provided 24-hour staff support to a detained young person on a general hospital ward while they awaited a bed on a mental health unit.
● The service worked with the relevant agencies to support young people transitioning into or out of the service, for example, mental health wards, housing providers and community mental health teams. The service provider aftercare to young people leaving the service that included practical support and therapy sessions.

Adapting service, design, decoration to meet people's needs
● The home was based in a large, old house located in a residential area. It had a homely feel, looked very clean and well-maintained, and had a good standard of décor and furnishings.
● The home had a good range of shared facilities, for example, bathrooms, a communal lounge, an activity room, kitchen and dining area, a laundry and pleasant gardens.
● The home accommodated up to five young people who had their own bedrooms, which they personalised if they wished.

Supporting people to live healthier lives, access healthcare services and support
● The service actively supported young people to live healthily, for example, staff offered smoking cessation support to people who smoked. The provider had a physical health lead nurse who ensured that young people had access to physical healthcare.
● The home had a physical health champion who oversaw the monthly clinics in which young people

received basic physical health checks such as blood pressure, body mass index (BMI), weight, and pulse.

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.
● Staff had received training on the Mental Capacity Act (MCA) as part of their mandatory training.
● The service required young people to have the capacity to understand risks and consequences of actions taken to operate the service's therapeutic risk management approach effectively.
● Due to the fluctuating presentation of each young person and the high-risk behaviours some had, staff regularly assessed people's capacity for making decisions in line with the MCA and in their best interests.
● Records and policies showed capacity and consent was a consideration in all aspects of care and treatment. For example, staff asked young people for consent to take their photos; young people had the right to refuse their medication.
● Some young people had restrictions such as supervised access to cleaning liquids. Records showed clear evidence of discussions about risks, safety and the person's capacity that helped explain the need for any restrictive practices in the person's best interests.

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.

This is the first inspection for this newly registered service. This key question has been rated 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
- We observed good interactions between staff and young people. Each young person had an allocated keyworker, which helped them build a rapport with staff.
- Staff knew the young people well and responded to them appropriately and sensitively. They responded to each person in a different way tailored to their individual needs, preferences and choices.
- The young people we spoke with gave positive feedback about the service and staff. One young person described the staff as, "Incredibly genuine and really caring."
- Relatives we spoke with gave positive feedback about the service. They commented on the dedication of staff towards the young people. We saw feedback from one relative who said, "[The managers] have gone above and beyond to support [young person]….the staff I have always found to be friendly, approachable and really take the time to get to know [young person]."
- Staff maintained contact with young people if they were admitted to hospital. They visited them regularly to provide emotional support and continuity of care.

Supporting people to express their views and be involved in making decisions about their care
- The service invited young people to collaborate in their care throughout their care journey. Young people attended their assessments and care reviews. The service involved young people's relatives, where appropriate.
- The provider requested feedback from young people via annual surveys. Young people also had opportunities to share their views and give feedback on an ongoing basis. The home had a 'you said, we did' board that showed what had been done to respond to young people's suggestions.
- Young people had access to local advocacy services; two young people received advocacy input. A noticeboard displayed information on how to complain and showed the contact details of local advocacy services, safeguarding team and CQC.

Respecting and promoting people's privacy, dignity and independence
- The service's model of care supported rehabilitation and recovery in young people experiencing complex mental health difficulties. As one young person told us, "I think what is good is that you are given the responsibility to look after yourself but in a gradual process with lots of support and if you have an incident you are never judged or punished, you are provided with support but in a way that doesn't encourage the behaviour and they always encourage independence."
- The service placed a strong focus on developing and maintaining young people's independent living skills. The service requested support from the local occupational therapy team if young people needed specialist support.

● The service supported people with personal care where they had a risk of self-neglect when their mental health declined.

Good

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 been rated 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

- The complexity of young people's mental health difficulties and associated risks required an in-depth understanding of each young person. The service used recognised methods such as psychological case formulations to develop therapy and support plans.
- During the assessment stage, the service collaborated with young people, their relatives if appropriate, and key professionals to learn about the young people's individual needs and their history, background, preferences, interests and key relationships.

- 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.

- The service had started had to develop accessible versions of their policies for the young people. For example, young people had access to a medicines policy that explained their medicines to them.
- The service ensured that young people's individual communication needs were considered as part of their assessment and care planning process.

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

- The service supported young people to take part in activities that mattered to them. For example, two young people had enrolled on courses at a local college.
- The service promoted community access. Young people noted on a weekly planner the activities they wanted to do either onsite or offsite. The service had two vehicles to support their appointments, trips and activities.
- The service encouraged young people to maintain and enhance their independent living skills and sought occupational therapy input, where needed.
- The service allowed young people to keep pets, which helped them with their mental health recovery.
- The service provided aftercare when people moved on into independent living. The aftercare included regular therapy sessions. The aftercare provided young people with consistency and security during their transition into independence.

Improving care quality in response to complaints or concerns

- Young people knew how to complain and were confident to do so. Noticeboards displayed information

about how to complain, who to complain to, and the advocacy services available.

● The provider responded quickly to concerns and complaints raised by local agencies such as the local authority, hospital and clinical commissioning group. The provider actively sought to address concerns by identifying actions and solutions, for example, arranging multi-agency meetings; and sharing information.

Good

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 been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a strong person-centred care culture that genuinely valued each young person's identity and diversity, and actively sought to support their individual preferences. As one member of staff told us, "It's not about the diagnosis, it's about the young person."
- The provider had a clear ethos that underpinned the service model, with associated values and principles, which was understood by all staff, young people and key stakeholders.
- The provider had a values-based recruitment approach. This helped them identify suitable staff for the service whose personal values matched those of the provider.
- Staff showed commitment to working together to make a positive difference for young people. The staff we spoke described good team-working with approachable colleagues. One staff member said, "The staff team are amazing and really motivated."
- Staff received a lot of support in their roles such as supervision sessions, team meetings, reflective practice sessions and debriefs, which helped them keep up to date with good practice and work consistently.

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 understood its responsibility around the duty of candour and showed commitment to openness and honesty when something went wrong.

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

- The provider had robust governance structures, systems and processes for monitoring all aspects of care and treatment. The provider had a quality assurance department that helped the registered manager manage quality and safety at the service. The provider had a range of meetings that oversaw quality, safety and compliance in the service.
- The provider had a robust clinical structure that provided clinical oversight of the service's activities. This included a multi-disciplinary clinical team, a clinical director and a range of clinical audits.
- The provider carried out clinical and non-clinical audits to monitor the effectiveness of the service provided. For example, these included audits on care records, medicines management, personnel files, health and safety, and clinical practice. The provider had checks in place that helped ensure that findings of audits resulted in actions and informed improvements in service delivery and practice.

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

● The provider showed a strong commitment to staff support. Staff received a team brief every two weeks and a monthly newsletter. The provider ran service-level and provider-level staff recognition schemes. The provider offered staff access to an employee assistance programme. The staff we spoke with appreciated these initiatives, which kept them informed and made them feel involved.

● The service had a service user involvement lead in the staff team who engaged with young people regularly and identified opportunities for young people's involvement in the service. Recent developments included creating accessible versions of policies and a resources folder containing information on topics relevant to young people.

● Staff and young people had access to activities and events that promoted their wellbeing. The provider ran an annual ball for staff and a prom for young people.

● The provider sent a survey annually to young people to ask about their experiences of care.

Continuous learning and improving care

● The service completed investigations into individual safety incidents and safeguarding concerns to identify lessons, remedial actions and changes required.

● The provider analysed the data on incidents, accidents and complaints to identify any themes, patterns and learning.

Working in partnership with others

● The service had good partnership working and communication with key stakeholders such as young people's social workers and commissioners. The stakeholders we spoke with gave positive feedback about the service, in particular, they commented on good communication and information sharing. They also commented on the unique service model that offered a different ethos to traditional mental health settings. One social worker told us the service, "Gives [young person] a chance."

● Due to the level of risk managed by the service, staff actively engaged with local agencies such as A&E staff, the GP, local police and safeguarding leads to explain their service model and risk management strategies. This resulted in the development of hospital passports and use of the Philomena Protocol.

● The provider responded quickly to concerns raised by local agencies such as the local authority and clinical commissioning group, and shared information appropriately.