Oakfield Psychological Services Limited

Wellfield

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 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
Wellfield is a residential care home providing accommodation, care and support for up to two people. It is also registered for the regulated activity of treatment, disease, disorder and injury and can offer a therapeutic service to the young people living at Wellfield. At the time of our inspection there was one person living at Wellfield, under the age of 18.

People's experience of using this service and what we found
Systems in place to keep people safe from harm or abuse were now operated effectively. Changes had recently been made to risk tools. However, these needed further refining and embedding into practice to ensure all identified risks were appropriately mitigated against. Medicines were managed safely but stocks of medicines received into the home were recorded but not included on the medicine administration chart. We raised this with the provider who intended to improve their documentation to address this. A recent medicines error had been recorded and dealt with appropriately. We were assured that the service was keeping people safe during the COVID-19 pandemic with their infection control practices.

Staff were now appropriately trained and better equipped to deal with complex behaviours. A new building in the rear garden would provide facilities for staff when completed. Until this was finished the service was not looking to accept another person into Wellfield.

Whilst improvements had been made, the service was not yet able to demonstrate over a sustained period of time that management and leadership was consistent, or that staff practice led to good outcomes for people.

There was no registered manager in post. We were assured that the service would continue to receive oversight from the provider and other members of the senior management team until another manager was appointed.

Quality assurance processes were more effective at this inspection. The provider demonstrated lessons had been learned and had used the findings from our last inspection to introduce improvements needed to the service. These needed to be further developed, embedded into practice and sustained.

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

Rating at last inspection and update
The last rating for this service was inadequate (published 15 December 2020) and there were multiple

breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 15 December 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected
This was a planned inspection based on the previous rating.

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 coronavirus and other infection outbreaks effectively.

We carried out an announced comprehensive inspection of this service on 30 July, 3, 4, 5, 7 and 10 August 2020. Multiple breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the service in relation to safe care and treatment, safeguarding service users from abuse and improper treatment, premises and equipment, good governance, staffing.

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

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.
You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wellfield on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service

At the last inspection we recognised that the provider had failed to notify CQC of other incidents that had occurred in the service. This was a breach of Regulation 18 of the Care Quality Commission Regulations 2009 and we issued a fixed penalty notice. The provider accepted a fixed penalty and paid this in full.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Wellfield

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
This inspection was carried out by three inspectors. One adult social care inspector and a children's services inspector attended the home and spent time on site. Another adult social care inspector spoke to staff over the telephone to gather their views on the service.

Service and service type
Wellfield 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 not yet registered with the Care Quality Commission. They left shortly after this inspection. The provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was announced. We gave short notice of the inspection. Due to the COVID-19 pandemic we wanted to review documentation remotely and also make arrangements to speak with staff and other stakeholders in the service by telephone after our site visit. This helped minimise the time we spent in face to face contact with the manager, staff and people who used the service and the risk of the spread of infection was minimised.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
During our visit, we spent time speaking with the provider, the manager, other members of the management team and clinical support workers on shift. We spoke with the person living at Wellfield about their experiences of the care provided.

Whilst on site we looked at care records for the person living at the home and looked at incidents that had occurred in the service or community. We looked at training and recruitment records for staff. We also reviewed various policies and procedures and revised quality assurance processes.

After the inspection
We continued to seek clarification from the provider and from senior managers to validate evidence found. We looked at training data and quality assurance records. We spoke with five support workers, a clinical lead and two professionals who were involved with the young person living at Wellfield.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. However, the service was not yet able to demonstrate that it could sustain these improvements or that people were consistently kept safe from harm.

Assessing risk, safety monitoring and management.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

● Changes had recently been made to tools used to assess risk. These needed further refining and embedding into practice to ensure all identified risks were appropriately mitigated against.
● The young person told us staff explained risks with them and the rationale for any actions taken. There were examples of risk agreement 'contracts' signed by the young person on their support plan; for example, vape liquid was kept in the office as a precaution.
● Risks were identified and updated where necessary. Behavioural triggers were documented, and staff were provided with information to help manage and mitigate risk.
Systems and processes to safeguard people from the risk of abuse
At our last inspection the provider had failed to escalate concerns to relevant bodies to help keep people safe. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.
● Systems and processes were improved, including the incident recording process. Information for staff was summarised and a flow chart outlined the steps staff should take.
● A de-brief with both staff and the young person was held within 24 hours after any incidents by a member of senior management.
● A 'circle of care' tool was used to help in the analysis of the incident and prevent any reoccurrence. Staff took more ownership of different elements within the tool.

Using medicines safely
● Medicines were managed safely. Stocks received into the home were recorded but not included on the MAR chart. We raised this with the provider who intended to improve their documentation to address this.
● A recent medicines error had been recorded and dealt with appropriately. Professionals had been

consulted, competency of staff involved had been re-checked and disciplinary action undertaken.
● 'As required' (PRN) medication was given to people when needed in a timely manner and the service accessed regular reviews of medication with external consultants.

Staffing and recruitment
● The service ensured that relevant and safe staffing levels were maintained. The person being supported felt less confident however, with newer staff.
● The young person was always supported by two staff when accessing the local community and had consistent members of staff providing support.
● The young person told us staff were available to offer support during the night if this was required, which was reassuring.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● The young person living at Wellfield was aware of measures in place at the service to help manage the COVID-19 pandemic and to comply with government guidance.

Learning lessons when things go wrong
● The provider recognised that lessons needed to be learnt and used findings from our previous inspection to move the service forward.
● Staff were aware of findings from the previous inspection and had shared these with the young person, family members and other stakeholders.
● Following any incidents there were periods of reflection with the young person and with staff. This helped towards reducing the reoccurrence of specific incidents.

Requires Improvement

Is the service effective?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to appropriately train staff. Staff did not have the expertise to manage the needs of children displaying complex behaviours. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

●Two members of the senior management team had completed a 'train the trainer' Management of Actual or Potential Aggression (MAPA) programme. This provided them with the skills and qualification to teach others and this training had been cascaded to all staff. This needed embedding into practice.
● Staff now received appropriate support, training and professional development to enable them to carry out their duties. A thorough five-day induction process was in place.
●Staff undertook additional shadow shifts and met with young people living at Wellfield prior to being offered a job role.
●Staff we spoke with were aware of the word used by the young person to indicate they needed additional support. Staff were able to describe the techniques used when restraint was necessary and how they would support the young person when displaying signs of distress.

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

At our last inspection the premises was not fit for purpose following a change in the home's configuration. There were no communal areas of the home and no separate areas for staff. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 15.

● At the time of this inspection an additional building was under construction in the rear garden. This would provide a sensory room for young people living at Wellfield and facilities for staff. We sought assurance from the provider this would be completed.
● At the time of this inspection there was a separate area for staff in the house downstairs, with kitchen

facilities and a bedroom for the sleep-in member of staff. The young person living at Wellfield confirmed that staff did not use their personal facilities for cooking or eating.
● CCTV was in use in the young person's kitchen and living area. The young person was able to have space and time alone and staff were able to check they remained safe.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Positive behaviour plans were now in place and contained within support plans. The young person, management and staff all had input into these.
● Best practice strategies and guidance were communicated to staff. Staff felt more able and better equipped to deliver care in line with national standards.
● The provider planned to build on improvements introduced to achieve compliance with the regulations. They were aware of the need for staff practice to be consistent.

Supporting people to eat and drink enough to maintain a balanced diet
● People living at Wellfield had access to their own kitchen environments. They were supported to choose and shop with support for their own food.
● Staff were flexible with mealtimes and worked around the young person's preferences. Staff were aware of people's preferences with regards to meal choices.
● Staff encouraged healthier food choices and recognised the benefits of this.

Staff working with other agencies to provide consistent, effective, timely care / Supporting people to live healthier lives, access healthcare services and support
● People had access to local healthcare services such as their GP and community healthcare services if this was required.
● Staff at Wellfield maintained contact with key professionals in the young person's life, for example a care coordinator and an advocate.

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). This legal framework did not apply however, in this care setting as the person using the service was under the age of 18, but the Court of Protection framework did.

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.

● The young person was subject to a Court of Protection order. The young person was fully aware of the restrictions placed upon them and the reasons for these.
● Staff were aware of these restrictions and were fully supportive of the young person's wishes to move forward and increase their liberty.

● They were working with the young person to help them become more independent. For example, they were helping them enrol on a course of their choosing at a college.

Requires Improvement

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now to requires improvement. Whilst improvements had been made, the service was not yet able to demonstrate over a sustained period of time that management and leadership was consistent, or that staff practice helped achieve good outcomes for people.

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

At our last inspection there were significant shortfalls in the way the service was led and a lack of oversight from management. The provider's framework for quality assurance was not operating effectively. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

At our last inspection the provider had failed to submit statutory notifications to CQC in relation to any police involvement. This was a breach of Regulation 18 (Notification of other incidents) of the Registration Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- At the time of this inspection a manager was in post but had not submitted an application to become a registered person. The provider later informed CQC the manager had left the service.
- We were assured that management and oversight of the service would be a priority for the senior team until a new manager could be appointed and registered.
- It was clear the provider was now aware of their responsibilities. All incidents were reported through the correct channels.
- There were clearer systems and processes in place and a shared vision from the provider and staff members we spoke with. Reporting mechanisms had improved; the provider needed to demonstrate that the improvements they had introduced were achievable and sustainable.
- The company vision was to ensure all staff understood CQC's fundamental standards, key areas of inspection and how this linked into the service provision and job roles.

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

● Staff felt listened to and involved. The provider had invested in establishing the right team to improve the quality of care provided to young people.
● Engagement with external professionals had improved since the last inspection.
● A health professional we spoke with recognised how the young person had improved, helped by the positive rapport built up with support staff.

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 nominated individual and member of the management team understood their responsibilities with regards to the duty of candour. This requires the provider to be honest with people, their representatives and other professionals when things had not gone well.
● One professional told us of the 'increased level of transparency' from the provider.
● Following any incidents, the provider had notified the commissioners of the service, safeguarding teams and the Care Quality Commission where appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The management team encouraged feedback from people, staff and external professionals which they used to make improvements.
● Staff spoke positively about the service and the journey of change they had been on.
● The provider was in regular contact with the young person and staff at the service. They took on board ideas.

Continuous learning and improving care
● The provider had used the findings from the last inspection to identify how they could improve the service.

● There was evidence the service learned from incidents that occurred; these were analysed, any trends identified, and plans put in place to prevent reoccurrence.
● The provider was looking to achieve accreditation with a recording of achievement scheme. They planned to teach the young people living at Wellfield meaningful life skills, such as shopping and budgeting.
● Skills successfully achieved by young people would be formally recognised with certificates.

Working in partnership with others
● Following the last inspection, the provider demonstrated a commitment to improve the service by voluntary suspending a second placement at Wellfield. This voluntary suspension was still in place.
● Professionals we spoke with were complimentary of the service and of the support staff provided.
● Copies of signed risk agreements were shared with relevant professionals, such as social workers and commissioners.