Care In Mind Limited

Willowhurst

Inspection report

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Date of inspection visit:
30 April 2021
04 May 2021
06 May 2021

Date of publication:
01 September 2021

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

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

People's experience of using this service and what we found
People were not always safe. Staff did not have the training and qualifications the provider had identified to commissioners. No staff had completed either Level 2 or 3 in health and social care. Although staff said they understood the therapeutic model based on Safewards for Safehomes, some staff reported they had not had any introductory training in relation to mental health conditions and would have valued this.

Staff told us effective management and oversight had not always been maintained. There was an acting manager in post, who planned to register with CQC. Staff told us they felt there had been an inconsistency in support from the provider which had impacted on the experience of young people living in the home. On call facilities were available as a contingency from managers and mental health professionals, however, staff had mixed views about how useful they had found this.

We have identified a breach in relation to Governance because we found there had not been effective oversight by the registered manager and provider. We have made recommendations in relation to staffing, training and responding to risks.

Young people we spoke with were positive about their experiences living in Willowhurst. Staff we spoke with reported enjoying working there and were committed to supporting young people.

Young people were fully involved in developing their care plans which were highly person centred. Young people were encouraged to develop their independence and have ownership of their decisions. We saw young people achieved positive outcomes and had moved on from the service.

Young people were supported by caring and compassionate staff. Staff actively promoted young people's equality, diversity and human rights.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Rating at the last inspection

This service was registered with us on 25 September 2020 and this is the first inspection. Prior to this date the service had been registered with the hospitals inspectorate.

Why we inspected
The inspection was prompted in part due to concerns received about risk management and staffing levels. A decision was made for us to inspect 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.

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was 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**

Willowhurst

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection, we looked at the infection control measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was completed by four inspectors from adult social care, hospitals and children's directorates. Two inspectors were on site and two were working remotely.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was not based at this service. There was a manager in post who had applied to register for this location.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

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

Prior to the inspection an assurance visit was undertaken by CQC which did not review all of the key lines of enquiry for safe to make a judgment. Their role was to seek assurance that people would be safe over the weekend until the inspection could be completed.

During the inspection
We spoke with two people who lived at the service. We interviewed eight staff, including; support workers, senior support workers, two managers, a clinical nurse specialist and an area manager. We reviewed a range of records. This included four people's care records, three staff recruitment files, rotas and incident records. We looked at a range of records relating to the management of the service, including, policies and procedures, management oversight and governance and property safety and maintenance records. We carried out a visual inspection, seeing communal areas and bedrooms with the consent of the young people.

After the inspection
We liaised with local authority commissioners and social workers to share our concerns and discuss our findings.

Requires Improvement

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 Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Rotas showed there had been occasions when few staff were on duty. This included during an unsettled period when people were experiencing high levels of distress. One staff said, 'Recently it has improved but over the last few months we have not felt as safe. I did not feel there was enough support to maintain consistency.'

We recommend that you consider an evidence-based staffing dependency calculator to be able to robustly demonstrate staffing levels are consistent.

- The provider had not ensured there were sufficient suitably qualified staff to support young people with mental health support needs. Staff did not have the training and qualifications the provider had identified to commissioners.
- No staff were registered on a health and social care course. Staff we spoke with told us they had not any specific mental health training. The provider had also stated all managers would have or be working towards a level five qualification in health and social care. One manager had not been able to start their training which they identified had been due to lack of staff.

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

- Care records included detailed risk assessments which young people living in the home had been involved in developing. Staff told us they felt the risk assessments were informative and useful.
- We saw specific risk assessments related to exploitation for Young people under the age of 18 had been completed.
- Although individual risk assessments had been completed, the provider had not always responded to risks in a timely manner. We found the premises had not been adapted to minimise the risks of harm in relation to bedroom doors. The provider agreed they would address this during the inspection in response to concerns raised by CQC and commissioners. We have addressed this in the Well-Led domain of this report.
- The provider had a system for analysing incidents and learning lessons, this included within the home and was shared across the other ten locations.
- We found some opportunities to learn from incidents had been missed. These had been discussed with the provider, as part of a wider meeting which involved local authority commissioners and were being addressed.

We recommend the registered provider reviews systems and processes to ensure analysis of accidents and incidents as a means to improve the service and mitigate risk are consistently implemented.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding policies and procedures in place.
- Staff understood how to recognise a safeguarding concern and were aware how to raise concerns both within the service and with the local authority.
- Staff had received training in safeguarding, however, not all staff had received training in safeguarding at level three, which the provider had identified as necessary. Following the inspection, the provider confirmed this had been delayed due to the Covid19 pandemic and would be completed where appropriate.

Using medicines safely

- Medicines had been stored and administered safely. Medicine records were completed and checked by trained staff.
- Medicine reviews had been completed with medical staff including psychiatry and general practitioners.
- Staff supported young adults to understand what their medicines were for.

Preventing and controlling infection

- The provider had clear policies relating to the Covid-19 pandemic. These reflected current Government guidance.
- Personal protective equipment (PPE) was available at the entrance.
- Staff were observed to follow social distancing and use PPE during the inspection.

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. This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support was at times inconsistent.

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

- The provider had a comprehensive assessment process in place which helped ensure they were able to understand and meet the needs of young people prior to their admission. However, feedback we received from other professionals identified not all re-assessments and reviews had been carried out in a timely manner in response to changes in young people's needs. This included when young people had been sectioned under the Mental Health Act. We were assured this was now being addressed.
- The provider promoted the involvement of young people in the development of their care plans.
- Care plans reflected current guidance in relation to young people including those under 18.

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

- The provider had a team of mental health professionals based in a hub off site which provided psychiatric and psychological support for young adults from several locations. There had been some disruption in the face to face appointments during the Covid-19 pandemic.
- Care records included details of other professionals involved with the young adults. Meeting minutes we looked at assured us young people's needs had been reviewed.
- Feedback from local authority commissioners and safeguarding teams identified some concerns from professionals who felt they had not always been communicated with in a timely way. This had been raised with the provider and was being addressed.

Staff support: induction, training, skills and experience

- Staff received induction training and support. Some staff we spoke with said they would have valued more mental health training. We have addressed this in the Safe domain of this report.
- The provider had a support and supervision policy. Staff received a combination of individual support sessions with a senior and group reflective practice sessions with a clinical lead. Staff told us they found the support was useful and effective.

We recommend the provider considers staff feedback in relation to introductory training about specific mental health conditions.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- The provider ensured young people's health needs were assessed and offered support to access health care.
- Young people had health action plans to help promote optimum health.
- Young people had been supported and encouraged to eat and drink well.

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.

We checked whether the service was working within the principles of the MCA
● Staff ensured young people were consulted with and supported to understand and consent to their plans of care. At the time of this inspection all young people living in the home had capacity to make decisions for themselves.

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

- Young people told us they felt respected and treated well by staff. We saw compliments and positive feedback written about staff by young people at the home.
- Young people's equality, diversity and human rights, needs and choices had been considered in their plans of care. Display boards in the home reflected young people's choices. Young people had been supported to be involved in an LGBTQ event.

Supporting people to express their views and be involved in making decisions about their care

- Young people told us they were involved in making decisions about their care and were offered copies of their care plans. One young person we spoke with said they were very pleased with the way no decisions were made without them.
- Young people were encouraged to express their views every day and share this with staff. This helped ensure everyone was aware of what was going on for each young person.

Respecting and promoting people's privacy, dignity and independence

- The provider was committed to maintaining young people's privacy, dignity and independence. Young people were consulted with about what was important to them and their preferences respected.
- The provider actively promoted independence with young people. Care records we looked at included both short and long term goals around areas of development and independence, these included; preparing food, managing medicines, shopping and domestic tasks.
- Young people told us staff always knocked on their doors before entering.

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

- Young people received personalised care which reflected their needs and preferences. Staff encouraged young people to be fully involved in completing their care plans and expressing their views on how they preferred to be supported. Staff we spoke with said care records gave them clear information about what was important to the young person.
- Young people were supported to take responsibility and exercise control in their daily lives.

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 met this standard.
- Young people and staff had developed clear communication strategies which helped ensure young people and staff understood how best to communicate. This included the use of techniques in the safe wards for safe homes model.
- Staff told us they felt confident with the process and found it beneficial for both themselves and the young people they supported.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported young people to maintain contact with the people who were important to them. Young people were supported to plan for home visits.
- Young people attended a variety of activities and were supported to follow their interests. There had been some impact on activities due to the Covid-19 pandemic. Staff had sought alternate activities.
- Young people who were still in education had been supported to attend college and had been involved in making plans for their ongoing education.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. Young people were encouraged to raise any concerns they may have.
- Records we looked at showed concerns were responded to and feedback provided to the complainant.

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. This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent.

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

- The provider had quality monitoring systems in place which helped check on the quality of the service and care records. We saw action plans had been developed to address identified issues. However, we found the provider had not responded in a timely way to risks identified by commissioners following recent serious incidents, and during this inspection in relation to the safety of the environment.
- Some staff described a high turnover of staff which they felt had also led to a lack of consistency which had impacted negatively on the young people. We were assured after the inspection that this would be addressed.
- The registered manager did not have day to day involvement in the home due to also managing another location. However, there was a manager in post at the home who was in the process of completing the providers induction programme. Another manager had been temporarily deployed to the home to support them.

We found evidence the provider had failed to have effective oversight of risks. There had been the potential for people to experience harm. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 208 (Regulated Activities) Regulations 2014.

Working in partnership with others

- The home were involved with several partner organisations. These included; five different local authority commissioners for both adults and children. Feedback we received from stakeholders indicated the home had not always communicated effectively with all partners.
- Recent concerns raised by other agencies had resulted in closer partnership working and an agreement to hold regular multi-disciplinary team meetings which would involve the provider, local authority social workers and commissioners. We were assured this would improve the effectiveness of partnership working.

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

- The provider was clear about their culture and values. Staff we spoke with felt involved and committed to working in the home.
- Care records showed young people had been fully involved and their input into their own progress was valued and respected. Young people were supported to achieve their goals and ultimately to move on to more independence.
- Young people we spoke with praised the level of involvement they had in their own plans.

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 their responsibilities to be open and honest with people when things went wrong.

● The provider had not always ensured relevant agencies were informed of all reportable incidents, two local authorities said they had not been kept up to date. CQC had received notifications for most but not all reportable incidents.

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

● The provider had a variety of ways of engaging with young people living in the home and their families.

●Staff meetings and reflective practice sessions supported staff to express their views about their experiences at work and to seek feedback and support.

Continuous learning and improving care

●Opportunities for continuous learning had not always been possible. Staffing levels had not been sufficient to allow the manager to undertake management training. We were assured, after the inspection, that this would be addressed.

● Staff had opportunities to learn during reflective practice sessions. Staff
told us the sessions helped inform their understanding and practice.

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
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to have effective oversight of risks. There had been the potential for people to experience harm.