Outlook Care

# Outlook Care - Cherry Tree House

## 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

This was an unannounced inspection carried out on 08 June 2017. The service was previously inspected by the Care Quality Commission in November 2014 when it met all legal requirements and was rated Good.

Cherry Tree House provides residential care and accommodation for five adults with learning disabilities and mental health support needs. At the time of the inspection, there were five people living at the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had measures in place to ensure the environment was suitable and safe for people using the service. We have made recommendations about having more suitable and safe window restrictors in place and that full repairs are carried out, where necessary, on facilities that are regularly used by people.

Medicines were managed safely by staff who were trained and assessed as competent. People received their medicines at the required times and in the way they had been prescribed.

People were safe at the service and were cared for by staff who were knowledgeable about safeguarding people. Staff knew how to report any concerns of abuse.

Risks to people had been assessed and there was guidance in place on how to manage them safely. There were sufficient staff available to meet people's needs. Staff received training in relevant areas to ensure they had the skills to provide safe care.

There was a safe recruitment process and suitable staff were recruited to keep people safe. People were supported with their finances.

People's consent was sought where appropriate The provider followed the legal requirements outlined in Deprivation of Liberty Safeguards (DoLS) and was complaint with the Mental Capacity Act 2005 (MCA).

Staff were caring, interacted well with people and respected their privacy. They promoted people's independence.

People were supported by staff with appointments to meet with healthcare professionals. They were able to express their views and to make decisions about their care.

People were supported to have a nutritious and balanced diet. Their health and wellbeing was promoted and they were able to choose their meals.

People's care plans were personalised and contained information about aspects of their life. People were encouraged to take part in household chores and leisure activities.

There was a complaints procedure in place. Staff were able to support people if they wished to complain. Relatives knew how to make a complaint and all complaints were investigated.

Staff, people and relatives told us the registered manager was supportive and approachable.

The provider had systems in place to evaluate and monitor the quality of the service. Annual reviews were conducted by senior managers. The management team demonstrated an understanding of their role and responsibilities.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remains safe. However, we have made some recommendations about maintenance and repairs. | Good |
| **Is the service effective?**<br>The service remains effective. | Good |
| **Is the service caring?**<br>The service remains caring. | Good |
| **Is the service responsive?**<br>The service remains responsive. | Good |
| **Is the service well-led?**<br>The service remains well led. | Good |

# Outlook Care - Cherry Tree House

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 08 June 2017 and was unannounced. Before the inspection, we reviewed the information we held about the registered provider, including previous notifications and information about any complaints and safeguarding concerns received. Notifications are events which providers are required to inform us about. In December 2016, the provider sent us a Provider Information Return (PIR). The PIR is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We looked at the information the provider had submitted.

During the inspection, we viewed four people's care plans and risk assessments, four staff recruitment files, staff training, supervision and appraisal documents, people's medicine administration record (MAR) sheets and health and safety records. We spoke with the registered manager, a team leader, two members of staff and four people using the service.

After the inspection, we spoke with two relatives on the telephone to obtain their views of the service.

Good

# Is the service safe?

## Our findings

People and relatives told us the service was safe. One person said, "Yes it is safe here." Comments from relatives included, "I would say it is a safe place for people to live. The staff look after [family member]."

Upon arriving at the service for our inspection, we noticed that a person's bedroom window on the first floor was wide open. This was a potential risk to their safety. We asked the team leader about this and they told us the person liked to open their window in order to get fresh air. We noted that window restrictors, which limit how far windows can be opened for reasons of safety, were installed on all the windows in the service. However, they did not restrict the window sufficiently and they were easy to remove. The team leader and the registered manager told us they had considered if more suitable and durable restrictors were required.

We recommend that suitable replacement window restrictors are fitted as soon as possible to ensure people's safety.

During our inspection, the team leader informed us that in one of the communal toilets on the first floor, there was no toilet seat because it had been broken. They told us that it was reported to the maintenance team and that it was to be repaired in the coming days. When we viewed the broken toilet, we also noted that water was dripping from the bottom of the tank on to the floor.

This had yet to be noticed by any of the staff and we recommended that the leak was also reported to maintenance in order for full repairs to be carried out so that it was safe to use.

A fire risk assessment was in place and staff were aware of the evacuation process and the procedure to follow in an emergency. Personal Emergency Evacuation Plans (PEEP) were in place to ensure people were kept safe according to their individual needs. Health and safety checks were regularly carried out. Gas and electric services were regularly serviced to ensure that they were safe to use. Records of refrigerator and freezer temperatures were available, which meant they were kept at suitably safe settings. We also saw that opened food items such as packets and bottles had the date they were opened written on them and perishable food such as meat was stored in accordance with food hygiene guidelines. We noted additional food storage was available in the side garage. People who wished to smoke could use a sheltered facility at the back of the premises next to the garden.

People's files contained risk assessments relevant to their individual needs. Guidance was in place, which covered areas where a potential risk might occur and how to manage them. This included their personal care needs or certain behaviours that could put themselves or other people at risk. For example, one person's risk assessment advised staff to be vigilant when the person was in close proximity to another person as there was the potential of a serious incident occurring. Staff were able to reduce the risk by "talking to them separately advising them that conflict with one another is not good."

People were protected from potential abuse and safeguarding concerns were appropriately raised with the local authority safeguarding team. Staff knew how to report incidents of abuse and were aware of the

policies and procedures to follow. They demonstrated an understanding about what constituted abuse and were able to raise concerns of any risks to people in the service. Staff were clear about their role and responsibilities and had received appropriate training in this area. The provider had a whistleblowing procedure, which provided staff with guidance on how to report any concerns about the practice of the service. Staff were able to describe the process they would follow and they understood how to report concerns.

The staff supported people with their finances. The provider held money on behalf of all the people securely in individual locked containers and kept an audit trail of how much was being spent. We saw that monies were counted during the day in order to match them with records of each person's current balance to confirm that the amounts were correct. Records and receipts were usually kept when the staff spent monies on behalf of people. We noted that there was a system of numbering receipts so that they could be kept in chronological order. Although people's records were accurate and up to date, we found that one person's receipts were numbered incorrectly and staff took immediate action to correct any errors.

We looked at two staff files which showed that new staff went through the provider's recruitment procedures. An application form and an interview were completed and two written references, and an evidence of identification obtained. Disclosure Barring Service (DBS) checks were carried out to ensure new staff had no criminal records. These were completed before new staff started their roles caring for people in the service.

On the day of the inspection, two staff were on shift in the morning and afternoon, including the team leader who had been recently appointed. The registered manager was also available at the service when required. There were enough staff working at the service throughout the day and at night, when a member of staff slept in the service. Staff were able to handover any significant information to their colleagues at the end of each shift. We viewed a handover meeting where the team leader fed back important information to staff coming on to the shift. Any sickness or leave was covered by regular or bank staff who were employed by the provider and were familiar with the service and people. This helped to ensure consistency of care as people received support from staff who understood how to meet their needs.

During our inspection, we found medicines were securely stored and the temperature at which medicines should be stored were checked and recorded daily. We saw that medicines were stored in a secure cabinet in people's rooms and there was a thermometer to measure the temperature. Additional medicines were stored in a locked cabinet in the dining room. If medicines exceeded the recommended temperature in people's rooms, they were moved to the dining room where it was cooler or to another unused cabinet.

Staff were able to describe how they administered medicines safely to people. People received medicines from only staff that were trained. Records of when medicines were opened and taken were recorded on Medicine Administration Record (MAR) sheets for each person. They were checked for accuracy as part of the management team's quality and safety checks. We viewed a quality assurance check as part of the handover and noted that it was thorough, which ensured people had received their medicines on time, in the correct dosage and had been signed for by staff.

There was a suitable protocol to inform staff to manage when and how they would administer prescribed medicine to people 'when required' (PRN). Medicine records we viewed were accurate and up to date. People that required insulin to be administered due to diabetes, had this administered daily and we saw records that district nurses attended daily to carry out this procedure.

Good

# Is the service effective?

## Our findings

People and relatives told us that they were happy with the care provided and staff were capable. One person told us, "The staff are excellent." A relative said, "My [family member] gets a good level of support. The staff understand their needs."

Staff had guidance on how to respect people's rights. There were systems in place so that the requirements of the Mental Capacity Act 2005 (MCA) were implemented when required. The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Two people in the service were subject to DoLS and we saw there was the appropriate documentation from the local authority confirming that this was the case. This assured us that people would only be deprived of their liberty where it was lawful.

The provider had suitable arrangements in place for obtaining consent, assessing mental capacity and recording decisions made in people's best interests. We saw that people made choices about their daily lives such as where they spent their time and the activities they participated in. Most people in the service were able to go out freely either on their own or with a member of staff. For example, some people could go to the local post office by themselves but required support to walk further distances.

The provider had a training programme in place for all staff to complete whilst they were employed at the service. The training records showed staff had access to a range of training, including practical and online training, so they were able to meet people's needs. Staff had been trained in areas such as health and safety, moving and handling, safeguarding adults, first aid and MCA/DoLS. Staff were also able to access specialised training on disabilities such as autism and mental health. Staff also completed the 15 Care Certificate standards as part of their training. These were an identified set of standards that social care workers adhere to in their work. Some staff had acquired or were completing Level 3 and 4 diplomas in health and social care, which meant they had the skills and qualifications to carry out their work. The team leader told us that they received a two week induction when they commenced their role, which included the provider's mission and values and team leader training.

Staff told us they were well supported by the registered manager to deliver effective care by means of regular supervision. The registered manager arranged regular one to one meetings with staff. They would check on a staff member's performance and identify any concerns they might have. Topics of discussion included people using the service, team work, managing people's money and medicines. One member of staff said, "Supervision is regular and the supportive. I can discuss the residents, teamwork, tasks, issues and

improvements I need to make." Staff also received an annual appraisal and these were used to review their work performance and any further development they needed, such as additional training for the coming year.

People were supported to access health and social care services when required, such as their GP. We saw records of people attending appointments and the outcomes were recorded. This helped to ensure staff were able to meet people's needs, should they change.

Peoples' nutritional needs were met and staff ensured people ate healthy meals. We viewed menus and saw people were involved with planning them and could choose what they wanted to eat. Staff were aware of people's likes, dislikes and preferences for food and drink. People were supported to keep healthy diets and one person's care plan stated that, "I like to eat food that is not good for me and staff remind me to eat a more varied and healthy diet." Another person said, "The food is nice." We viewed people helping to prepare their lunch in the kitchen and then sit and eat in the dining room. One person required their food to be cut into small pieces as they had difficulty swallowing, which cause them to choke. We saw that their food was suitably prepared and they were able to eat their meal of choice.

Good

# Is the service caring?

## Our findings

People and relatives told us the service was caring and staff treated people with dignity and respect. One person said, "The staff are definitely caring. I am also able to be independent and look after myself." A relative told us, "The service is caring, yes."

Staff were available to support people when they required it. They knew people well and took time to listen to them. We noted that one person did not wish to communicate with staff or visitors. Staff respected their privacy and wishes. They had developed good relationships with people living at the service. This helped to generate a calm and relaxed atmosphere in the service.

One member of staff told us, "I always knock or call before entering someone's room. I explain each process and ask permission before giving personal care so the person knows what I am doing." People could spend time in their bedroom when they wanted or they could use the lounge or other communal areas within the service. People told us their privacy was respected by all staff and told us how staff respected their personal space. One person told us, "I get emotional support when I need it from the staff. We have a chat and feel I can open up to them." One member of staff told us, "I listen to what people have to say and allow them choice in what they want to do. When we give personal care, we make sure there is privacy such as closing the door."

Staff had an understanding of equality and diversity. They were respectful of and had a good understanding of all people's care needs, personal preferences, their religious beliefs and cultural backgrounds. They also treated people as individuals, respected their rights and allowed them to make decisions. One person said, "I feel involved in my care and support. I have a keyworker who is helpful and respectful."

Most people were independent and were able to do as much as possible for themselves. Staff were aware of people's personal needs and preferences. Staff told us how they prompted people to do certain tasks for themselves so their independence was maintained. For example, one person required staff to "remind me about shaving my chin and rinse my hair properly although I am mostly independent with me care needs." Our inspection took place on the day of the General Election and we saw that people had received polling cards. Staff supported people to vote in the election if they wished to.

People were able to access an advocate and were supported to do so by the registered manager. An advocate helps people to express their views and wishes, and makes sure their voice is heard. We saw people's records were kept securely to ensure confidentiality. Staff understood the need to keep people's information private and to protect the confidentiality of people at all times.

Good

# Is the service responsive?

## Our findings

People told us the service was responsive to their needs. One person said, "The staff listen to me and provide the support I need." Another person told us, "Yes the staff are really nice. They take me to see my [family member] when I want to." Relatives told us the staff were supportive of their family members and they were notified of any significant changes in their family members' health needs.

People's needs were assessed before they moved into the service. Care and support was delivered in line with their individual care plan and they were supported with their personal care needs. People had their own detailed plan of care. The care plans were written in a personalised way, which included their health care needs, what activities they liked to do and any behavioural or emotional needs. We noted that people were able to request cultural or sightseeing activities. For example, one person was supported to go on a day trip to visit a cathedral, go on a river boat and visit local taverns. People's religious beliefs were noted and whether they wished to attend places of worship.

The information covered aspects of people's needs and guidance for staff on how to meet their needs. We saw that care plans were reviewed and updated when the need arose. The staff responded to people's daily needs and preferences. A key working system was also in place. A key worker is a member of staff who takes responsibility in reviewing a person's care plan and ensuring that their needs are met. The information from the assessments was used as part of key work reviews to monitor how well they were doing and how they were feeling. We saw that notes from key work and one to one sessions were written up by staff and logged.

Within the service, we saw that there were areas for people to relax and socialise such as a lounge, dining room and garden. The garden was also used for staff and people to enjoy in suitable weather. We viewed one person's room with their permission and noted that it was personalised and kept tidy. Some people had their own door keys and were free to come and go as they pleased during the day.

People also had opportunities to be involved in hobbies and interests of their choice. Staff told us people were offered social activities that suited their preferences. We saw that people were supported to engage in other activities, such as going out into the community, for walks, visiting family members and taking part in gardening at services in the local area. We saw one person knitting during the day and they told us they enjoyed it.

We saw that a complaints procedure was in place which contained information for people about how to make a complaint. Staff knew how to respond to complaints and understood the procedure. One person said, "I would speak to the managers and staff. They will know when I am not happy as I can express myself." Any complaints the provider had received were logged and investigated by the registered manager and a response provided. For example, one relative had complained that their family member was not happy and wanted to move out of the service. We saw that a full investigation was carried out and a meeting, attended by family members and social care professionals, was held to discuss their concerns. We noted that formal arrangements were made for relatives and staff to work together to ensure the person remained happy and relatives satisfied. This showed that concerns raised by relatives were taken seriously and staff worked with

them to ensure a positive outcome.

Good

# Is the service well-led?

## Our findings

People and relatives were satisfied with the way the service was managed. One person said, "The managers are very nice. The staff are really nice." A relative told us, "The service is ok, it is managed well. I know the manager and speak to the team leader when needed." Relatives also complimented the service and one had written, "I am very happy my [family member] is in the care of Cherry Tree House."

The service was run by the registered provider, Outlook Care and the registered manager. When we arrived at the inspection, we met a new team leader who had been in post for only a few months. They told us they had previous experience of social care and said, "The staff have been very supportive and so has the registered manager." The registered manager, team leader and staff were knowledgeable about the people living at Cherry Tree House. Staff worked well together, which created a calm atmosphere in the service. The registered manager said, "[Team leader] has been doing well and we have made improvements."

Staff told us that the management team were supportive and helped them to work effectively. Staff were able to raise any issues with the management team and felt they were listened to. One staff member said, "I enjoy working in the service. There are no issues at the moment and the managers are supportive." Another member of staff told us, "The managers are very helpful."

Staff meetings took place monthly and enabled staff to discuss any areas of practice or concerns. Items covered during team meetings included feedback from people, issues, health and safety and audits, inspections and a more general discussion. Records confirmed people also took part in their own meetings and discussed health and safety, activities and any issues.

Providers of health and social care inform the CQC of important events which took place in their service. The registered manager notified us of incidents or changes to the service that they were legally obliged to inform us about. The registered manager said they also managed two other services and so spread their time over managing these services. They notified us of an absence of more than a month in January 2017 and informed us that the team leader and a regional manager would have lead responsibility during their absence. This also meant that the role of team leader was important in the day to day running of the service and was given supernumerary time by the provider.

We saw that quality assurance and auditing systems were in place. Regional managers from the provider carried out quarterly themed visits to the location, which looked at staffing levels, systems, procedures and risks. We noted that urgent actions were highlighted for completion because the service was without a team leader for a long period of time and some staff had left the service. We noted that action had been taken and improvements had been made to ensure paper work was kept up to date, such as care and support plan reviews.

The management team carried out daily medicine audits to check medicine was administered at the correct times. They also carried out regular checks on health and safety. Staff, people and relatives were asked for their views and this was recorded. The provider issued a questionnaire survey to people annually. We saw

the results, summaries and analyses of surveys were positive.