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

Overall summary

We carried out an unannounced inspection on 7 November 2014. At our last inspection on 15 October 2013 there were no breaches of the regulations we inspected.

The service is registered to provide care for five people with a range of mental health conditions. The service is provided by Outlook care Limited. Cherry Tree House is a purpose built house and is located close to local shop amenities and transport links. On the day of our visit there were five people using the service. The recovery model was being used to encourage people to set new goals and develop relationships.

There was a registered manager in place, at the time of our visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

We found that people received individualised care in an environment that encouraged independence. People told us they were treated with respect and dignity by the staff and their personal tastes and preferences were respected.

People were safeguarded from the risk of abuse and cared for by staff who were knowledgeable about identifying and reporting abuse. Individual risk assessments and support plans were in place

to protect from people from harm within the home and the community. These included triggers and how to respond quickly to those risks.

People were cared for in a clean and hygienic environment. There were systems in place to ensure that people's medicine was administered, stored, ordered and disposed of in an appropriate manner.

The service had policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were aware of the procedures to be taken in order to obtain a DoLs authorisation.

There were enough staff on duty to meet the needs of the people. The recruitment and disciplinary procedures meant that staff were recruited safely and there were procedures in place to address poor practice if needed. Staff received appropriate training and development and had annual appraisals.

People told us they were happy and felt involved in the way in which the service was run. They gave examples of how they could speak to the manager directly if they had any concerns. Care plans were reviewed regularly or as and when people's conditions changed.

There were systems in place to monitor the quality of care delivered. These included regular audits, customer satisfaction surveys, resident meetings and health and safety checks.

Summary of findings

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. People were safeguarded from abuse because appropriate procedures were in place. Staff were knowledgeable about how and where to report abuse.

People were protected from the risk of infection and unsafe medicine administration practices because appropriate guidance was followed.

Individualised risk assessments were in place to protect people from harm within the home and the community. These included triggers and how to respond quickly to those risks.

There were procedure in place to deal with emergencies such as fire and missing people. The service ensured that there were enough staff to enable safe delivery of care to people using the service.

Is the service effective?

Good

The service was effective. People were cared for by experienced and knowledgeable staff who had undergone induction when they first started. Staff also completed annual training, appraisals and bimonthly supervision sessions.

People told us they were asked for consent before care was provided. Staff told us “best interests” decisions in liaison with advocates were sought where people did not have capacity to make decisions.

People were involved in planning their meals and were supported to choose a balanced diet. Where specialist advice was required this was sought and implemented from dieticians and speech and language therapists.

Is the service caring?

Good

The service was caring. We saw staff speaking to people in a polite and pleasant manner. People were chatting and laughing with staff whilst engaged in preparing meals, cleaning and doing laundry.

People’s privacy and dignity was respected.

People’s independence and community involvement was encouraged. People completed chores and were encouraged to self-medicate or manage their own finances. One person used to work until recently and others went out with family regularly.

Is the service responsive?

Good

The service was responsive. There were person centred care plans in place that reflected the current needs of people.

Activities were based on people’s main interests and preferences. Those who liked to go out were facilitated to do so and those who stayed in doors were encouraged to be actively reading, watching TV talking or cooking.

People were able to make complaints without fear of being victimised. They told us that complaints were responded to promptly.

Summary of findings

Is the service well-led?

Good

The service was well led. Staff and people said they were listened to by the manager. There was a clear leadership structure. Staff knew their individual roles and where to report any concerns.

There were systems in place in order to ensure that the quality of care delivered was monitored and improved regularly by reviewing audit results and people's feedback.

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 7 November 2014 and was unannounced. One inspector carried out the inspection.

Prior to the inspection we sought feedback from London Borough of Havering, and Havering Healthwatch who both told us they had no concerns about this service. We also reviewed the number of safeguarding referrals received relating to the service and looked at the last inspection report for the service. During the inspection we spoke to four people using the service at length and spoke briefly to the fifth person as they were about to go out. We spoke to the manager and two care staff. We observed care during meal times and when medicines were being administered to people using the service.

We looked at three care records including daily care records including risk assessments, support plans and medicine administration records. We also reviewed three staff appraisal, supervision and training records. We also looked at maintenance records, resident meeting minutes, staff meeting minutes and quality assurance audits.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the service. One person said, “I have no concerns about my safety at all.” Another person said, “staff are quite good here, I don’t think any of them would do anything to harm me.” Whilst another said, “I feel quite secure here as there is always staff on hand even at night.”

There were systems in place to safeguard people from abuse. Staff were knowledgeable about the different types of abuse and told us they would report any abuse to the manager and also document the incident via the internal electronic incident reporting system. We reviewed incidents that had occurred since January 2014 and found 23 incidents, 15 of which involved one person whose health had deteriorated earlier in the year. There was evidence of mental health intervention including an inpatient admission in order to promote recovery and reintegration into the community.

Staff were aware of the procedure to take in an emergency and in the event of a fire. They had up to date training and could demonstrate how they would safely evacuate people in the event of a fire or how they would call for appropriate help in a medical emergency as well as when a person was exhibiting challenging behaviour. Emergency plans were in place to ensure continuity of care in the event of a major incident. Staff were aware of the sister home they could evacuate to and where to obtain the emergency care records and relative contacts.

People had risk assessments in place within the home and for when they went out to ensure that care was delivered safely. For example, one person who got out of breath easily and panicked when they went on public transport, always went out using a mobility transport company instead to prevent panic attacks. We also saw missing person profiles for each person with a brief description of communication needs that could be readily available should a person become lost or missing from the service.

We observed that the premises were well maintained and that equipment was in good working order. Gas safety, insurance and fire safety checks were up to date in order to protect people from the risks of unsuitable premises. Equipment was serviced with next service dates clearly noted in order to prevent people from using unsafe equipment such as bath chairs.

There were enough staff on duty to meet the needs of the people. Two staff were on duty during the day and one sleep in staff with medicine training was on shift at nights. Rotas we reviewed from 3 September 2014 to 7 November 2014 confirmed that these staffing levels were maintained and adjusted when needed. Regular bank staff had covered sickness and absence during that same period. The manager was also on site during the week and there was on call cover at weekends. During our visit two people went out on their own and informed staff when they would be back. One staff went shopping, leaving one staff at the home who was able to care for the three people at the home and could call on the manager when required.

There were recruitment procedures in place. Staff files contained two references, occupational health clearance, evidence of qualifications and criminal record checks in order to ensure that people were cared for by experienced staff of a good character. The manager demonstrated knowledge of the disciplinary procedure and showed us how they had followed it in the past to monitor and improve performance.

People’s medicine was ordered, stored, administered and disposed in a way that ensured people’s safety. Medicine was stored in a locked cupboard in the individual’s room and was administered by staff who had been assessed as competent. There had been one recent medicine error. This had been investigated and the staff involved were stopped from administering medicine until they had been reassessed as competent in order to prevent more errors occurring. Twice a day medicine count checks were monitored by two staff. Self administration was monitored by staff with appropriate risk assessments in place to ensure that people did not miss their medicine. For example, staff said they watched one person take their own medicine before signing for it.

People were protected from the risk of infection because appropriate guidance was followed. There was an infection policy in place which staff knew and followed. On the day of our visit we observed that people’s rooms and communal areas were clean. People told us that the place was always clean. One person said, “We take it in turns to clean communal areas.” Another said, "I help to clean my room.” There were systems in place to ensure that the home was cleaned everyday and to ensure that laundry was segregated properly. Food hygiene preparation notices were in the kitchen to remind people on how to prepare

Good

Is the service safe?

food without cross contamination. We saw a chores and a cleaning schedule which was completed by staff and people who used the service. People had access to hand towels which were changed daily.

Good

Is the service effective?

Our findings

Staff we spoke to demonstrated knowledge about the needs of the people they looked after. They could tell us about people's preferences and about signs and symptoms of a decline in mental health. On the day of the visit we saw staff encourage a person to maintain their personal hygiene. The manager said there was an induction for new staff and we saw this in staff files we reviewed. Staff told us that training was annual and included topics such as manual handling, infection control and communication skills and safeguarding. The training records we reviewed confirmed that training took place.

Supervision was carried out six times a year in line with the service policy in order to ensure staff were up to date with training and changes to care needs of the people they cared for. Staff told us that supervision was very useful as it was time to have an honest discussion with the manger about the quality of care being provided as well as individual hopes and aspirations. We reviewed appraisal records for three staff and found they were completed annually with a personal development plan which identified the learning and development needs of the individual staff.

At the time of our visit there was no one with an authorised deprivation of liberty safeguard (DoLs). The manager we spoke to was aware of changes to the legislation and sought advice from the local authority when required.

People told us they could come and go as they pleased. One person said, "I go out every day. All I have to do is tell staff I am leaving and what time I will be back." Another said, "I usually pop out to the café down the road."

There were arrangements in place to ensure that staff were aware of the Mental Capacity Act 2005 and to ensure that people's capacity was assessed. We observed and were told by people that staff always asked for their consent before they delivered care. One person said, "They do ask me if I want breakfast or if I want to stay in my room." Another said, "yes, they do ask and listen to my view and plan for the day." People's mental capacity was assessed as and when conditions deteriorated. For example at one point some people cold self-medicate but had later been assessed as requiring assistance or supervision.

People were supported to maintain good health and had access to on going support. All three files we reviewed showed that people had regular health checks and medicine reviews by psychiatrists. There was a system in place to ensure that a summary of any visit to a healthcare professional was always documented in detail including advice and treatment given and filed in the person's note. We saw evidence that dietician input was sought and implemented when required. We saw input from opticians and annual diabetic health checks were completed for people with diabetes. There was evidence that people attended their regular hospital appointments. Regular visits to the dentist and chiropodist were also documented.

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People were supported to make healthy eating choices and to eat a balanced diet. We saw people help make the sandwiches for lunch. We saw evidence that people were involved in choosing the weekly menu and took turns to cook with the assistance of staff. We observed that people made hot and cold drinks in the kitchen as often as they liked and had a jug of water in their rooms. Each person had an outline of food preferences including allergies. Staff were able to tell us about people who on special diets, such as diabetes and nutritional supplements. They told us how they encouraged people to eat and drink in accordance to their care plans and support plans. Weights were checked and any weight loss was escalated to the manager who would refer to the dietician depending on the assessment score.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion by staff who respected their needs. We saw positive relationships between staff and people using the service. People knew staff by name and three out of the five people living at the home told us the name of their key worker. People told us that they had built special relationships with staff and looked forward to seeing their key worker on duty. People said they were happy with the care and treatment they received and thought staff were caring and supportive of their needs. One person said, "Staff are very good. They make me laugh. That's all I ask for. Life is too short to grumble." Another person said, "I have no problems with staff. They help me when I need them to."

People told us that they were happy with the support they received and that they were supported to visit their friends and family as often as they liked. People were encouraged to express their views. We observed staff listen to people and involve everyone in the day to day activities. Staff were taught on induction how to respect peoples dignity and human right irrespective of their gender age or race. Although people living at the home were all from the same ethnic origin and did not have any specific cultural beliefs, staff were aware of the need to cater for people who may have different religious or cultural needs. Staff demonstrated knowledge about how they would maintain people's confidentiality over the phone as well as not to disclose people's condition to relatives without consent from the individual.

People's privacy and dignity was respected. There were door knockers on each door and we observed staff knocking and waiting for a response before entering people's rooms. Staff explained what they were about to do before they delivered care. When people chose to stay in their room their wishes were respected and we saw staff check on them intermittently during our visit. Staff spoke to people in a polite and pleasant manner. We saw staff bend down to people's level as they spoke to them. Staff took time to listen to people and persuaded one person who was reluctant to join in or mingle with other people to go out for the afternoon to a local market.

People were involved in planning their care and told us that staff listened to them. They told us that they had chosen how to decorate their rooms. We saw that all five rooms were decorated differently according to individual preferences. For one person who loved animals, their room had pictures of various animals, another room was filled with pictures of the person's family. We saw staff encourage people to clean their rooms and make their bed in order to help them with their recovery plan so that they would be able to live independently in the future provided their condition continued to improve.

We reviewed five residents meeting minutes held between January and November 2014 and found that people's preferences were noted and actioned. For example one person had expressed an interest in jigsaw puzzles and theses had been bought for them, another wanted to make patterns. Another had complained about the washing machine drawer not shutting properly and this had been fixed. Menus and chores were also discussed and agreed and everyone was given the opportunity to say their view. One person said, "The meetings are useful. I get to have my say on the meals and the chores and anything else that comes to mind."

Good

Is the service responsive?

Our findings

The service was responsive to the needs of the people. People were encouraged to take up personal hobbies. People told us that they chose what they wanted to do which included going out for walks or to do the shopping. On the day of our visit one person told us they were going to spend the day with their mum. Another person visited his sister regularly. A third person had held a part time job until recently when their condition deteriorated. We saw all these documented in people's care plans and support plans. For example, one support plan read, "please knock on my door to remind me that I am going to visit my mum so that I will not be late."

Risk assessments were specific to people's needs. For example one person had a risk assessment for doing the laundry as they tended to watch the cycle several times and also needed help to carry their laundry up and down the stairs. People were supported and encouraged to take control of their lives by use of through recovery focussed support. This included key workers following a structured model in the form of a booklet where they monitored risks and triggers to risks as well and encouraged people to develop long and short term goals for their future. We saw an example of a support plan for a person who was supported to manage their finances and accompanied by staff weekly to go to the bank to withdraw their weekly allowance.

Care plans and individual risk assessment were reviewed every six months or when people's condition deteriorated.

Care for people was improved and adjusted according to their needs and recommendations by other partners in care such as the community practice nurse and psychiatrists. We saw evidence that people got interventions from other healthcare professionals when their condition deteriorated. For example there was evidence of regular psychiatrist, community psychiatric nurse input as well as a hospital admission when a patient's mental health condition had deteriorated. We saw evidence of prompt medical and psychological intervention to manage an individual's mental health crisis and gradually implement a recovery plan after hospital admission.

People told us that any complaints they made were usually resolved. One person said, "Staff listen if we complain about food or the chores". Another person said, "if I have any concerns I tell the manager." Staff told us that there had only been one formal complaint in the last six months and the manager and records we reviewed confirmed this. The complaint had related to incident that had happened at the home in which staff had apologised to a person using the service for speaking to them in an inappropriate manner.

The complaints policy was displayed at the main entrance and both people and staff we spoke to were familiar with the procedure to follow if they wanted to make a formal complaint. People and staff said complaints were dealt with by the senior staff on duty or escalated to the manager if staff could not resolve them to the satisfaction of the complainant.

Good

Is the service well-led?

Our findings

The service was well led. People told us that they were happy and felt involved in the way the service was run. They gave examples of how they could speak to the manager directly if they had any concerns. People told us that the manager "listened" to them and that staff were "attentive" and "responded" to their requests. We saw evidence of this in the minutes of the residents meetings we reviewed and in the weekly menu plans which were devised by people with the help of staff to ensure a balanced diet was maintained. One person said "I hope to live by myself one day so I try and do all I can for myself including house chores."

There was a registered manager in place who had been in place for over two years and kept us notified of any concerns, deaths and issues related to the day to day running of the service. There was always a team leader on duty who would escalate to the manager if any concerns were identified. Staff told us and we saw evidence to support that an on call service was available at nights or weekends for further support if needed. The provider also carried out spot checks to see how the service was performing, these included monitoring sickness and absence, record keeping and health and safety checks. There was an open and honest culture which enabled people and staff to discuss any concerns openly. Staff were aware of the whistle blowing policy and told us that they could raise any concerns with the team leader or the manager without and fear. We saw evidence of such discussions in staff supervision records, staff statements and incident forms we reviewed. Staff told us that the manager was always available to discuss any issues related to care delivery, people's well-being and work life balance issues. One staff gave an example of a challenging time when one of the people using the service had deteriorated significantly and how staff were supported in order to deal with the changes in care needs and challenging behaviour displayed.

The values which were displayed at the main entrance were at the centre of the care we observed and the records we reviewed. The service's values included "treat people with dignity and respect" and "give power to the people to make choices" We observed these values during our visit as we saw people being treated with dignity and respect by asking them what they wanted to do as well as by knocking before entering people's rooms. We also observed people given the choice to stay in their room, the communal areas or go out into the community. Staff we spoke with were aware of these values and could demonstrate to us how they used them daily to deliver person centred care.

We found that fire risk assessment, gas certificates and health and safety checks were current, in order to protect people from the risks posed by the environment

Annual satisfaction audits, monthly medicines audits and infection control audits were completed to ensure that people's feedback was sought and acted upon and to ensure that people were protected from infection control risks and medicine errors. We saw evidence that people's feedback relating to food, weekly outings and holidays had been taken on board. A cleaner was also put in place twice a week to support staff to keep the home clean. We found that regular one to one meetings were held with all staff to ensure that any issues relating to the running of the service and performance of staff was monitored.