

## 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

### About the service

Cherry Tree House is a residential care home providing personal care and accommodation to people with mental health needs. The service can support up to five people and at the time of the inspection, five people were living in the home. The service is a two-floor building. Each floor has separate adapted facilities.

### People's experience of using this service and what we found

People were safe in the home. The premises was maintained to ensure the environment was safe for people. The provider had followed up on recommendations we made at the last inspection to improve the safety of the home. Risks associated with people's needs were assessed. There were procedures to protect people from abuse and staff understood how to report abuse. People's medicines were managed safely. Staff followed infection control procedures. Accidents and incidents were reviewed to learn lessons to help prevent them from re-occurring. The home had enough staff at all times to provide support to people. Staff were recruited appropriately to ensure they were suitable.

Staff were kind and caring towards people. Staff understood the importance of promoting equality and diversity. However, we have made a recommendation about ensuring people's privacy and confidential information is respected at all times because we found staff did not always follow procedures in this area.

Staff were provided with training to ensure their skills and knowledge were up to date. Staff felt supported by the management team. They received regular supervision to monitor their performance.

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

People maintained their health and nutrition with balanced meals. The service worked in collaboration with health care professionals, such as GPs and physiotherapists to ensure their health needs were met.

People were supported to remain independent and lead a private life. They were involved in decisions made about their care.

People's communication needs were assessed. People were supported to avoid social isolation and pursue their interests and take part in activities both inside and outside the home.

There was a procedure for people to make complaints about the home. There were quality assurance systems to monitor the safety of the home through audits, checks and obtaining feedback from people and relatives.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Rating at last inspection

The last rating for this service was good (published 11 July 2017).

## Why we inspected

This was a planned inspection based on the previous rating.

## Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

Good 

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

Good 

### **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 well-led.

Details are in our well-led findings below.

Good 

# Outlook Care - Cherry Tree House

## **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.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Cherry Tree House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

The registered manager was unavailable on the day of our inspection but we were supported by a team leader and a regional manager.

#### Notice of inspection

Our inspection was unannounced and took place on 9 January 2020.

#### What we did before the inspection

Before the inspection, we reviewed relevant information that we had about the service including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. A notification is

information about important events, which the provider is required to tell us about by law. We also checked the last inspection report, the provider's action plan and requested feedback from social care professionals.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with the team leader, two regional managers and four staff. We also spoke with four people living in the home.

We reviewed documents and records that related to people's care and the management of the service. We reviewed three people's care plans. We also looked at staff recruitment and training records, quality audits, staff rotas and incident records.

#### After the inspection

We continued to seek further evidence and clarification from the provider, which we have included in the report. We also spoke with two relatives of people living in the home, for their feedback.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection, we made recommendation for the provider to ensure maintenance and repairs in the home were more robust, including the fitting of more suitable window restrictors, to help keep people safe. At this inspection, we found improvements had been made and this had been addressed.

- We found the previous window restrictors in people's rooms were replaced with stronger restrictors that did not allow for the windows to be opened too wide. This sufficiently protected people from coming to harm or injury from an accident. The provider worked with the landlord for the premises to service installations in the home, such as fire extinguishers, water, gas and electrics. However, a recent electrical report had identified some major and minor work that was needed to ensure the home's electrical installations were completely safe for use. We saw that the major work that could put people at risk was completed but the minor work was still outstanding. The management team told us they would follow this up with the landlord to find out when these works were planned to be completed.
- People had personal evacuation plans in the event of a fire or other emergency. There was an outdoor area for people who smoked. However, we noted there was a risk of people smoking in the home, which could lead to a fire. The provider told us they were working towards encouraging people not to do this because it put themselves, other people and staff at risk. People's individual smoking risks were assessed and there was regular testing of fire systems. A fire risk assessment of the home was also completed to ensure the premises met fire safety regulations.
- Risks to people were assessed. People were protected from harm because there were effective systems in place to minimise risks. These included risks around their nutrition, medicines, behaviours that may challenge, mobility and risk of choking. Guidance was in place for staff to reduce these risks. For example, staff were to ensure one person took their time when eating, drank fluid and ate smaller portions to prevent them from choking. This prevented the person coming to harm.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I am very safe and well looked after." A relative told us, "[Family member] seems very safe." Procedures were in place to protect people from the risk of abuse.
- Staff had received training in safeguarding people from abuse. They were aware of the procedures and could identify different types of abuse, such as those of a physical or verbal nature.
- There was a system to protect people from financial abuse as the provider ensured people's monies held in the home were kept in secure cabinets in their rooms. Staff checked the amounts during shift handovers and kept copies of receipts and balances. They signed to confirm the check took place. This process helped to ensure people's finances were secure and prevent abuse.

- Records showed the provider took action and reported incidents to local safeguarding teams to be investigated.

#### Staffing and recruitment

- There were enough staff working in the home throughout the day and night. Two care staff and one team leader were required during the day. We saw them on duty during our inspection. Staff told us staffing levels in the home were suitable for them to be able to do their jobs well. The provider was able to find cover when needed, for example due to staff sickness or holidays.
- People and relatives told us there were enough staff. One person told us, "Yes there is enough staff here."
- There were safe recruitment procedures in place to ensure staff that were employed were suitable to provide care and support to people. Records showed criminal record checks were carried out for new staff. They completed application forms, provided references and proof of their identity.

#### Using medicines safely

- People were supported to take their medicines. They told us staff provided them with their medicines at the required times. One person said, "I get my medicines on time."
- Staff completed medicine administration records to show that people's prescribed medicines had been given to them. Staff had received training in medicine administration and their competency was assessed by the management team. We saw that people's medicine records were accurate and up to date .
- There were protocols for 'as and when required' also known as PRN medicines, such as paracetamol or creams. This helped staff understand how and when to administer these medicines safely.
- People's medicines were stored securely in their rooms. We observed a shift handover where staff checked medicines were administered and recorded. Staff checked and signed each other's work. We also observed medicines being counted during the handover to ensure balances were correct.
- The pharmacy that supplied the medicines carried out yearly audits of the provider's medicine processes. The provider followed recommendations they made to ensure medicines continued to be managed safely.

#### Learning lessons when things go wrong

- There was a procedure for reporting any accidents or incidents in the home. We saw that action was taken following incidents to ensure people were safe, for example if a person sustained an injury or there was an incident between two people in the home.
- Incidents were reviewed and analysed to learn lessons so that any re-occurrence could be prevented.

#### Preventing and controlling infection

- The home had procedures to prevent and control infections. There were hand washing facilities available throughout the home. Harmful cleaning chemicals and substances were locked away to prevent people coming into contact with them.
- Staff told us they washed their hands thoroughly, before and after providing personal care, to help contain the spread of infection. They used personal protective equipment such as disposable gloves and anti-bacterial hand gels when providing personal care to people.

# 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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and relatives told us staff were professional in their approach and understood people's needs. One person said, "The staff are good at what they do."
- Staff received training to ensure their skills and knowledge were up to date. Topics included managing behaviour, safeguarding adults, the Mental Capacity Act (2005), infection control, diabetes, first aid and moving and handling.
- We looked at a training schedule which showed training that had been completed and when it was next due for staff. There was an induction process for new staff to receive essential training before they started working in the home. Staff told us the level of training they received was of a good standard. They also completed the Care Certificate, which is a national set of standards that health and social care staff work towards.
- Staff discussed their work and any concerns they had in supervision meetings. Staff also received a yearly appraisal to review their performance and objectives. Staff told us they felt supported by the management team. One staff member said, "We get very good support from [registered manager] and [team leader]."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to live healthier lives and had access to health services. People's care plans included contact details of health professionals such as doctors, district nurses and social workers. Staff told us they contacted them if they had concerns about a person's health.
- The service worked well with other agencies to provide timely care to people to ensure they were in the best of health. Records showed people were referred to other services and attended hospital or clinic appointments.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet. People's nutritional health was monitored and if a person was at risk of losing weight, they were supported to be seen by a nutritionist.
- We saw people were able to eat and drink independently during our inspection. People were asked what they wanted for their meals in meetings at the beginning of each week, so staff could plan mealtimes. One person told us, "Yes we get good food here."
- We observed people setting the table and assisting staff with cooking to help maintain their independence and living skills. Some people required support to prepare their meals and some people were able to make snacks for themselves. The main meal for the day was prepared by staff but people had the option to choose alternative meals if they changed their minds.

- People's food and drink preferences were recorded in care plans. This included allergies or specific dietary requirements, such as 'fork mashable' foods to help people at risk of choking. This ensured people received food and drink that was suitable for them.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the principles of the MCA and told us they sought consent before providing personal care to people. A staff member said, "Before personal care, I ask people for their consent and permission."
- Records showed people's capacity was assessed. If they did not have capacity to make certain types of decisions, they were supported to make decisions in their best interests.
- There were two people in the home at the time of our inspection who had DoLS authorisations in place and we saw these had been reviewed and were current.

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

- Before people moved into the home, an assessment of their needs was carried out to determine if the home was a suitable place for them to be supported. Assessments of their needs, such as their health conditions and personal care, were undertaken.
- The assessment also took into account any specific preferences the person had, such as their hobbies, interests and religious beliefs. These were set out in people's care plans to ensure care was delivered in line with care standards and guidance.

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

- The home's physical environment was suitable for people with mental health needs. There was a dining room and lounge for people to spend time in. We observed people sitting together in the lounge. There had been some works done inside the home to make it a homelier place for people.
- People's rooms were personalised with items of their choice. There was an outdoor garden area for people to use in suitable weather.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff told us they understood the importance of respecting the privacy and dignity of people and told us they ensured people's doors were closed when they received personal care. People and relatives told us staff were respectful and treated people with dignity. One person said, "Yes the staff respect me and my privacy." Another person said, "I quite like it here. The staff are nice to me. They ask me stuff."
- Staff also told us they understood the importance of confidentiality. They understood their responsibility not to share confidential information about people in the home.
- During our inspection, we saw one staff member open a person's door and walk straight into their room without knocking first. We also saw another person's medicine file placed on a cabinet in the lounge, which meant there was a risk their confidential information could be seen by someone who was not authorised to look at it. We spoke with the team leader about these points and they assured us they would remind staff of the importance of respecting people's privacy and personal information. They said, "These were 'one offs' due to it being a very busy day and staff made some mistakes. I will speak to the staff about this to make sure it doesn't happen again in future."

We recommend the provider seeks best practice guidance on maintaining people's privacy and confidentiality at all times.

- We observed that people in the home were mostly independent but some required support and encouragement with their personal care. Staff supported people to maintain their independence and people participated in household chores, such as sweeping, cleaning and washing up. One person's care and support plan stated, "I would like staff to prompt me to clear the table and put the plates in the dishwasher."

Ensuring people are well treated and supported; equality and diversity

- People told us staff were kind, respectful and caring. One person told us, "Yes the staff are caring." We saw staff interacting with people in a positive and patient way during our inspection. A staff member told us, "You have to have compassion. They [people] rely on us and trust us to provide good care."
- An equality and diversity policy was established for the home. Staff were aware of people's protected characteristics such as age, race, disability, gender and sexual orientation. A staff member said, "Equality and human rights is important to people. I would not impose my own beliefs and I would respect their backgrounds and lifestyles."

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

- People were involved in the decisions made about their care. Their choices and preferences were acknowledged. We observed staff asking people politely about their choices and respecting their wishes during our inspection. For example, one person wished to go to the pharmacy to purchase an ointment that was available over the counter. A member of staff advised they should go with them to make sure they bought the correct item but the person told them they wanted to go by themselves. The staff member respected the person's wishes, which gave the person confidence to do something by themselves. A staff member said, "I like that people express their views to us. It is good they have fire in their belly and feel free to give their opinions. Sometimes people get angry and shout but we know how to handle these situations."
- People retained choice and control over how their care and support was delivered. A key working system was in place. A key worker is a member of staff who is allocated to a person, spends time with them and ensures their preferences and needs are understood. Staff understood their responsibilities with regard to key working and providing a good standard of care. One staff member said, "People are involved in their care. We discuss what they want to achieve and how we can help them."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection, this key question was rated as good. At this inspection, this key question has remained the same. 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

- People received person-centred care, which meant the care that was provided to them was according to their individual needs and wishes. Individual care and support plans were in place that included details of people's preferences, likes and dislikes. They also included details of people's cultural or religious beliefs. One person's care plan stated, "I like to go the cinema and staff should support me to book a taxi to take me there and back. I would like staff to ask me which movie I want to watch when I get to the cinema and what I want to eat." This enabled people to have choice and control of their care and helped staff to support people according to their preferences.
- People, relatives and professionals told us staff were responsive and understood people, which helped them to meet people's needs. One visiting professional told us, "The staff are very responsive and are quick to tell us if people are unwell, so they can get the right treatment. People are always asked about their preferences and are never forced to do things."
- People's care was reviewed every six months and involved the person, professionals and relatives so that any changes in their needs were assessed and accounted for. Staff updated each other during shift handovers and shared important information. This ensured actions were followed up or taken in relation to each person's care and support.

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

- People were supported to pursue activities and interests of their choice. People had their own activity plans for each day of the week. These included going to bingo, learning courses at a college, dancing, music, shopping and the cinema. People were supported to meet friends and relatives in the community. Staff accompanied people if this was appropriate and part of their support needs.
- When the weather was suitable people could spend time in the garden area or go on outings to the seaside or park. This meant people were supported to avoid social isolation, develop relationships and follow hobbies that meant something to them.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People received easy read versions of information about the home if needed. Their communication needs

were described in their care plans. They provided staff with guidance on how to communicate with people.

- People in the home could communicate well with staff and did not have issues with being able to speak verbally. Staff told us there was effective communication and understanding between staff and people in the home. We saw that staff spoke respectfully to people and did not raise their voices.

Improving care quality in response to complaints or concerns

- There was a complaints procedure for people if they wished to raise a concern or were not happy with the care provided.
- There were no complaints made since our last inspection in 2017. The team leader told us the complaints process would be followed should a complaint arise.
- People and relatives told us they knew how to make a complaint. One person said, "I would speak to the manager."

End of life care and support

- At the time of our inspection, the home was not providing end of life care and support. However, systems were in place for people's end of life wishes to be recorded and acted upon.
- The regional manager told us staff would be provided training and the provider would be able to seek support and advice from end of life care professionals, such as hospices if needed.

# 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 good. At this inspection, this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

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

- The management team ensured the home was safe through the provider's quality assurance processes. On the day of our inspection we met two regional managers, who visited the home to support the registered manager and team leader and check how the service was running. The team leader told us they managed the service when the registered manager was not working in the home. They told us they kept the registered manager updated at all times with any events or incidents. The team leader said, "We work well together and I am getting good support from the regional managers."
- The team leader had recently completed a quarterly quality report to check all risks to the health and safety of people had been assessed. This included medicine records, care plans and infection control procedures.
- We observed that staff conducted thorough handovers and checks of people's medicine administration and finances twice a day. This provided assurance that any discrepancies or errors could be identified immediately and prompt action would be taken to resolve them.
- Staff were clear about their roles and responsibilities and told us they were well supported by the management team. A staff member said, "The managers are lovely and very supportive."

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

- People received person centred care. There was a positive culture in the home. We found people were satisfied with the support they received. Staff and people knew each other well. One person said, "I like it here, yes." A staff member told us, "Things are going very well. The managers are supportive and we just get on with things to make sure everyone is OK."

Another staff member said, "It's the best place to work. I love working here and with the service users. It is so interesting. We get the time to sit and chat with them and help them."

- People were supported by staff to achieve good outcomes, such as improving their health, maintaining their safety and engaging in social activities.

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; Continuous learning and improving care

- The management team acknowledged when things had gone wrong and they were open and honest with people and relatives. For example, following incidents or when staff did not follow procedures.
- Lessons were learned to help drive improvements in the home. The provider analysed people and

relative's feedback to make further improvements. Professionals and local authority commissioners also visited the home and the provider ensured recommendations they made were followed up, which would help improve the home and maintain a culture of continuous improvement.

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

- People told us they felt engaged with how the home was run. They completed questionnaires to provide their feedback about the home. We saw that feedback was positive.
- People participated in 'resident' meetings which were an opportunity for people to suggest activities they would like, discuss household chores and raise any concerns. Records showed that where there were concerns, these were investigated and resolved.
- Staff attended meetings with the management team to discuss health and safety issues, training, medicines and procedures. The management team ensured important information was shared and distributed to staff.

Working in partnership with others

- The management team and staff worked well with health and social care professionals and external agencies to review people's ongoing support.
- District nurses visited daily to administer insulin and there was good communication between them and staff. On the day of our inspection, a review of a person's support took place, which was attended by staff and social care professionals.
- Professionals told us the registered manager and staff worked well with them to ensure people remained safe and happy in the home.