Scimitar Care Hotels plc

Five Oaks

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

We undertook an unannounced inspection on 6 and 7 June 2017 of Five Oaks. Five Oaks is registered to provide nursing care and accommodation for a maximum of 45 older people. At this inspection there were 44 people living in the home.

At the last inspection on 27 and 28 November 2014 the home was rated 'Good'. At this inspection we found the service remained 'Good'.

The service had a registered manager. 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 legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the service is run.

Risks had been identified and assessed that provided information on how to mitigate risks to keep people safe.

Medicines were being managed safely.

Staff had the knowledge, training and skills to care for people effectively. Staff received regular supervision and support to carry out their roles.

Staff sought people's consent to the care and support they provided. People's rights were protected under the Mental Capacity Act 2005. Deprivation of Liberty safeguarding (DoLS) applications had been made to deprive people of their liberties lawfully.

People had choices during meal times. Specific diets were catered for. People and relatives told us they generally enjoyed the food. People's weight was regularly monitored and appropriate action taken if people lost weight.

People had access to healthcare services.

People told us that staff were friendly and caring. Our observations confirmed this.

People were treated in a respectful and dignified manner by staff who understood the need to protect people's human rights.

There was a programme of activities. These activities took place regularly.

People received care that was shaped around their individual needs, interests and preferences. Care plans were person centred.

Staff felt well supported by the management team and people and relatives were complimentary about the management of the home.

Quality assurance and monitoring systems were in place to make continuous improvements.

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 remains Good.

Is the service effective?

Good

The service is Good.

At our last inspection we found capacity assessments had not been carried out to determine people's ability to make decisions. DoLS application had not been made to deprive people's liberty lawfully.

At this inspection, capacity assessments were being carried out and DoLS application had been made and authorised to deprive people of their liberty lawfully.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Five Oaks

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 was planned to check 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.

The inspection was carried out on 6 and 7 June 2017 and was unannounced. The inspection was undertaken by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed relevant information that we had about the provider including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. We also received a provider information return (PIR) from the service. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 12 people and seven relatives. We spoke with 11 staff, which included the registered manager, compliance manager, head of care, five care staff, laundry staff, activities coordinator, a maintenance staff member and the chef.

We looked at documents and records that related to people's care and the management of the home. We looked at five people's care plans, which included risk assessments. We reviewed five staff files which included supervision records. We looked at other documents held at the home such as medicine records, training records and quality assurance records.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel safe". A relative told us, "[Person] is safe here" and another relative told us, "Staff check [person] regularly. [Person] has a mat so if [person] falls the mat buzzes. Safe because a lot of people here."

Assessments were carried out with people to identify any risks and provided clear information and guidance for staff to keep people safe. Risk assessments were specific to individual circumstances. A scoring methodology was used to identify risks with skin integrity and falls. Where people had been identified at risk of skin complications or falls, a risk management plan was in place to mitigate those risks. A relative told us, "There are sensitive mats so if [person] falls they would go and see." Risk assessments had been created for people with specific health conditions such as asthma, kidney disease, urinary tract infection, cancer and diabetes. The assessment detailed what the condition was, the symptoms and how to prevent the risk of health complications associated with the condition.

The provider used a staff dependency tool to assess people's dependency levels and calculate staffing levels. All the staff we spoke with had no concerns with staffing levels and told us that they were not rushed in their duties and had time to provide person centred care and talk to people. Observations confirmed this. A relative told us, "You often see carers chatting away to residents. Sometimes I come and someone is talking to [person]." The staff rota confirmed planned staffing levels were maintained. People and relatives we spoke with generally had no concerns with staffing levels. A relative told us, "Staff always around to make sure [person] is safe" and a person told us, "There are enough staff, always people around."

We tested the call bell response times on the upper floors and the lower ground floor with the registered manager. Staff responded promptly on the upper floors but not on the lower ground floor. The registered manager told us at the end of the day that all staff were reminded to respond to call bells promptly. The registered manager was able to analyse call bell response times to ensure calls were being responded to within acceptable timeframes. Records showed that staff generally responded to people within acceptable timeframes. The provider should note two people and one relative we spoke to raised concerns with call bell responses. We fed this back to the compliance manager and the registered manager who told us that they would include call bell responses as part of their quality assurance process and delays would be investigated to ensure responses were prompt at all times.

We saw evidence that demonstrated appropriate gas safety, electrical safety and water safety checks were undertaken by qualified professionals. The checks did not highlight any concerns.

Regular fire tests were carried out and a fire risk assessment was in place to ensure people were kept safe in the event of an emergency. Personal Emergency Evacuation Plans (PEEPs) had been completed for people. The registered manager told us some people living on the upper floors cannot use the stairs. We observed that there was no evacuation equipment installed to evacuate people in the event of an emergency. After the inspection, the registered manager and operations director told us that this was being reviewed and the home was in the processing of acquiring evacuation equipment's. There were fire doors that could withhold

fire for 30 minutes. An emergency evacuation plan was in place. Staff were trained in fire safety and were able to tell us what to do in an emergency such as moving people to an area of safety, ensuring fire doors were closed and calling the emergency services to ensure people were safe.

There were window restrictors in people's bedrooms. We observed that restrictors had not been installed on the sliding doors in the communal lounge on the ground floor that may put people at risk of falling. The opening led to the garden on the lower ground floor. After the inspection, the registered manager told us that restrictors had been installed.

Staff and the registered manager were aware of their responsibilities in relation to safeguarding people. Staff were able to explain what abuse is and who to report abuse to. They also understood how to whistle blow and knew they could report to outside organisations such as the Care Quality Commission (CQC) and the police. There was a safeguarding and whistleblowing policy and staff had been trained in safeguarding.

We checked five staff records and these showed that relevant pre-employment checks such as criminal record checks, references and proof of the person's identity had been carried out when recruiting staff.

Medicine records were completed accurately and were stored securely in a locked trolley. People had received control drugs as prescribed and a second staff member signed entries to witness administration. Controlled drugs were stored in a locked cabinet. People told us that they had access to PRNs (medicines when needed such as paracetamol) and staff would administer PRN upon request. Staff received appropriate training in medicine management and told us they had been competency assessed to ensure they were competent to manage medicines. Staff confirmed that they were confident with managing medicines and we saw that medicines were audited regularly.

We observed the home and people's rooms were very clean and tidy. Staff used appropriate equipment and clothing when supporting people. All chemical items had been stored securely.

We visited the laundry room and observed that people had an allocated space in the laundry room to put their clothing. Soiled and unsoiled items were kept separately and the laundry staff member was aware that soiled items needed to be washed separately and at a high temperature.

Good

Is the service effective?

Our findings

People and relatives told us staff were skilled and knowledgeable to provide care and support. One person told us, "Staff are fine." A relative told us, "Staff are marvellous. Can't say a bad word."

Upon starting work at the home, staff underwent a comprehensive induction, which involved shadowing experienced care staff, meeting people and reading care plans. Staff participated in training and refresher training that reflected the needs of the people living at the home. Staff told us that training was helpful and they were able to approach their manager with any additional training requests if needed. There was a training matrix in place to keep track of training and when training was due. Records showed that a number of staff required refresher basic life support and first aid training. The manager told us after the inspection all staff due to receive this training had been booked for next month. A staff member told us, "We get lots of training."

During our last inspection we found that two staff had not received appraisals. During this inspection, records showed that staff had received regular supervision and had an appraisal carried out this year. Staff confirmed they received regular supervision and appraisals. Staff told us that they were supported by management.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

During our last inspection we found that capacity assessments had not been carried out. During this inspection we found that capacity assessments had been carried out using the MCA principles. Where people did not have capacity to make a decision, then a best interest decision had been made on behalf of the person. The registered manager and staff had a good understanding of the MCA and understood the principles of the Act. There was a 'How I Make Decisions' section in care plans that detailed how people can be supported to make decisions

People confirmed that staff asked for their consent before proceeding with care or treatment. Staff told us that they always requested consent before doing anything.

DoLS are put in place to protect people's liberty where the service may need to restrict people's movement both in and outside the home. We saw that the front door was kept locked and most people did not go out

by themselves. During the last inspection we found that DoLS had not been applied for people whose liberty was being restricted for their own safety. During this inspection DoLS applications had been made and authorised for people whose liberty was being restricted due to their own safety.

There was an eating and drinking section in people's care plan that detailed people's likes and dislikes, assistance required during meal times and any special diets. The menu showed that people were given choices during meal times. We observed that the kitchen was clean and tidy. Cooked and uncooked meat was kept separately. Labels had been used that detailed when a food item had been opened. The kitchen had been awarded an environmental hygiene rating of five. We spoke to the chef who was able to tell us which people had specific diets and the diet for people with specific health conditions such as diabetes. The chefs had records of people that were on specific diets in the kitchen.

We observed during lunch time that staff were responsive to the needs of people in the dining room such as cutting up food or encouraging people to eat. One person who kept on trying to leave the table was gently encouraged by staff to stay and eat. Staff knew people well and people were offered choices with drinks and meals. People and relatives told us that people had choices and people generally enjoyed the food. A relative told us, "Food good here. Always have a choice." A person told us, "Food is lovely" and another person commented, "Something else you can have if you don't like the food"

People's weight was monitored monthly and there were instructions on what to do if people lost a certain amount of weight consistently such as referring to the GP and monitoring weight weekly. Records that people that had lost weight had been referred to a health professional.

Records showed that people had access to a GP, hospitals, dentists and other health professionals. Staff supported people to attend routine health appointments and check-ups as part of the care and support provided. A GP also visited the home weekly to see people and assess their health conditions. A relative told us, "If [person] unwell they get doctor straight away and let us know. [Person] had a UTI [Urinary Tract Infection] and they were on to it straight away."

Good

Is the service caring?

Our findings

People and relatives told us staff were caring. One person told us, "Like the companionship. Staff come round. Like talking to people" and another person commented, "Staff very friendly, very kind." A relative told us, "Staff very caring."

People told us that staff allowed them privacy and we observed people going into their rooms freely without interruptions from staff. Staff told us that when providing particular support or treatment, it was done in private and we did not observe treatment or specific support being provided in front of people that would had negatively impacted on a person's dignity. A relative told us, "Staff treat [person] with dignity. Excellent at preserving [persons] privacy."

Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. They understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity.

Staff told us they supported people to be independent and make choices in their day-to-day lives. Observations confirmed people were independent and we saw people having their meals by themselves during lunch and moving around the home independently.

Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally. We observed that staff treated people with respect and according to their needs such as talking to people respectfully and in a polite way. People confirmed they were treated equally and had no concerns about staff approach.

People's ability to communicate was recorded on their care plans and there was information on how to communicate with people. For example for one person, information included that the person can be repetitive and for staff to speak slowly so the person can understand. We observed that staff regularly communicated well with people and were able to hold conversations with people.

Good

Is the service responsive?

Our findings

People and relatives told us that the staff were responsive to people's needs. One person told us, "You don't have to chase after things. Everything comes to us" and another person commented, "If you want anything you only have to ask." A relative told us, "If I have a concern I tell them and they are responsive."

We saw a number of compliments that were received about the homes. Comments included, 'I just wanted to thank you for the care you gave my [person]', 'Thank you so much for all the care and attention you showed [person], 'I am very grateful for all the loving care [person] received whilst with you, 'I can't thank everyone enough for the care and compassion shown to [person]' and 'Thank you all so very much for the wonderful care and compassion that you gave to my [person]. It was reassuring to know that [person] was in such safe and lovely environment'.

Care plans were person centred, and provided guidance to staff about how people's care and support needs should be met. People's support plans were divided into areas such as personal care, mobility, continence and night care. One person's care plan detailed a person liked to look nice and their hair coloured. Another person's care plan provided information on how staff should not talk over the person if they did not feel well and to speak and listen to the person to help them understand. There was a personal history section that provided information on people's background and upbringing. However, we noted that only one person's personal history had been completed out of the five care plans we looked at. The registered manager told us that the person history had been discussed with family and people and they were waiting for their response but told us this would be followed up.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

Care plans were current and reviews were taking place regularly. People and relatives told us they were involved in reviews. A relative told us, "They include us in decisions about [person]." There was a daily log sheet which recorded information about people's daily routines such as behaviours, activities and the support provided by staff during day and night.

Records showed that no formal complaints had been received by the home. We saw complaints had been received which was classed as minor complaints and these had been investigated and appropriate action taken. Staff were aware on how to manage complaints. People and relatives told us that they had no concerns about the service.

Activities were taking place that people enjoyed. Each person had an activities and hobbies section on their care plans, which listed the activities that they liked and disliked. There was a weekly activities programme in place, which included one to one activities with people. During the inspection we observed that these activities took place. We spoke to the activities coordinator who informed activities were planned with people and that their preferences were taken into account. Staff and people confirmed that they took part in regular activities and people enjoyed these activities.

Good

Is the service well-led?

Our findings

People and relatives told us people enjoyed living at the home. One person told us, "Yes, I love it here" and another person told us, "It is pleasant living here. One of the nicest ones around by far. My daughter looked at loads." A relative told us, "I am quite happy with everything."

People and relatives were complimentary about the management of the home. Comments from people included, "[Registered manager] is lovely. Comes and chats and has a sense of humour", "The manager could not be more helpful" and "It is definitely well managed. [Registered manager] is lovely. Any problem we go to her." Comments from relatives included, "Manager is very easy to talk to. They have meetings but I have no complaints so I don't go", "[Registered manager] is very approachable. Deals immediately when anything is mentioned." We observed that the registered manager had a positive relationship with people and regularly interacted with them throughout the inspection.

Staff told us they enjoyed working at the home, one staff member said, "I enjoy the job" and another staff member told us, "I love my work. I like to care for the elderly, I love it." Staff told us that they were supported in their role, the service was well-led and there was an open culture where they could raise concerns and felt this would be addressed promptly. A staff member told us, "It's a homely and friendly place." Staff were very complimentary about the management team. Comments from staff included, "She [registered manager] is lovely, very approachable", "[Head of care], you can approach her and [registered manager] is lovely as well", "[Registered manager] is a fantastic women, very approachable. [Head of care] is good as well" and "[Head of care] is very good and approachable." We observed that the interactions between staff, head of care and the registered manager were professional and respectful.

Quality monitoring systems were in place. The home requested feedback from people. The survey focused on food, personal care, staffing, activities, and infection control and staff interaction. The feedback was analysed and an action plan was created. The results of the feedback were generally positive. Comments from the survey included, 'All staff provide exceptional service', 'Everyone involved with Five Oaks are friendly and helpful and 'There are quite a number of staff that are all very good and happy, which makes a lovely home'. Records showed that action had been taken following the results of the survey.

There were systems in place for quality assurance. Audits were carried out by members of the management team on care plans, risk assessments and medicines. A health and safety and bedroom audit was carried out to ensure the premises was safe. An external company carried out six monthly mock inspection using the CQC key questions, Safe, Effective, Caring, Responsive and Well-Led. Findings of the audits were clear and follow up actions required to make continuous improvements were documented. Records showed spot checks were also carried out on care staff on area's such as catheter care, dignity, hearing aids and pressure care management. Outcomes of the spot checks were then discussed with staff.

A recent staff meeting was held. The meeting kept staff updated with any changes in the service and allowed them to discuss any issues. Minutes showed staff had discussed call bells, care plans, supervisions, time keeping and personal care. We could not evidence that staff meetings were regularly. The registered

manager told us that staff meetings would be held regularly.

Resident and relatives meetings were being held regularly. These meetings enabled people who used the service and their relatives to have a voice and express their views. Resident meeting minutes showed people discussed rooms, staffing, food and hearing aids. A relative told us, "There was a meeting last week. They listen to comments made."